

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning, 2008, and ending, 20

Form header section containing organization name (ADVENTIST HEALTHCARE, INC), address (1801 RESEARCH BOULEVARD, ROCKVILLE, MD 20850), principal officer (WILLIAM G ROBERTSON), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense details.

Part II Signature Block

Signature block section with declaration text, signature of James G Lee, and preparer information.

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 390,113,250. including grants of \$ 1,669,775.) (Revenue \$ 533,995,382.)
SEE STATEMENT 1

4b (Code: _____) (Expenses \$ 40,247,375. including grants of \$ 26,500.) (Revenue \$ 23,691,113.)
SEE STATEMENT 8

4c (Code: _____) (Expenses \$ 28,316,320. including grants of \$ 4,000.) (Revenue \$ 54,348,321.)
SEE STATEMENT 20

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

4e Total program service expenses ▶ \$ 458,676,945. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 27 rows of questions regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, and document retention.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policies, whistleblower policies, document retention, and compensation processes.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, and disclosure of governing documents.

Part VIII Statement of Revenue

52-1532556

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,477,212.				
	e Government grants (contributions) . .	1e	221,859.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	794,659.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			3,493,730.			
Program Service Revenue			Business Code				
	2a ONCOLOGY		900099	34,263,769.	34,263,769.		
	b BEHAVIORAL HEALTH		900099	54,348,321.	54,348,321.		
	c WOMEN AND CHILDREN		900099	201,032,375.	201,032,375.		
	d CARDIAC		900099	120,891,710.	120,891,710.		
	e OCCUPATIONAL/SPEECH/PHYSICAL THERAPY		900099	18,205,893.	18,205,893.		
	f All other program service revenue		900099	179,645,900.	175,716,969.	597,527.	3,331,404.
g Total. Add lines 2a-2f ▶			608,387,968.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			6,085,172.	6,085,172.		
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE			
	5 Royalties ▶			NONE			
		(i) Real	(ii) Personal				
	6a Gross Rents	3,640,113.					
	b Less: rental expenses	3,327,958.					
	c Rental income or (loss)	312,155.					
	d Net rental income or (loss) ▶			312,155.			312,155.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			NONE			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a						
	b Less: direct expenses b						
c Net income or (loss) from fundraising events ▶			NONE				
9a Gross income from gaming activities. See Part IV, line 19. a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			NONE				
10a Gross sales of inventory, less returns and allowances a			427,114.				
b Less: cost of goods sold b			313,811.				
c Net income or (loss) from sales of inventory. ▶		STMT. 25	113,303.			113,303.	
Miscellaneous Revenue		Business Code					
11a OTHER INCOME FROM SUBSIDIARY		900099	941,582.	941,582.			
b NON OPERATING GAIN		900099	239,218.	239,218.			
c INTEREST SWAP		900099	309,808.	309,808.			
d All other revenue							
e Total. Add lines 11a-11d ▶			1,490,608.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			619,882,936.	612,034,817.	597,527.	3,756,862.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	1,700,275.	1,700,275.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	5,620,222.		5,620,222.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	231,932,043.	206,830,474.	23,960,576.	1,140,993.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	6,552,009.	5,629,037.	887,538.	35,434.
9 Other employee benefits	21,641,558.	15,269,298.	6,281,643.	90,617.
10 Payroll taxes	17,583,759.	14,932,645.	2,570,274.	80,840.
11 Fees for services (non-employees):				
a Management	6,300,401.	6,300,401.		
b Legal	719,519.	20,000.	645,745.	53,774.
c Accounting	531,004.		522,580.	8,424.
d Lobbying	208,100.		208,100.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	1,920,441.		1,920,441.	
g Other	5,336,335.	486,059.	4,544,427.	305,849.
12 Advertising and promotion	2,089,406.	43,094.	2,040,790.	5,522.
13 Office expenses	49,315,802.	48,407,986.	729,120.	178,696.
14 Information technology	25,771,876.		25,771,876.	
15 Royalties	NONE			
16 Occupancy	32,746,748.	22,811,429.	9,787,699.	147,620.
17 Travel	2,030,888.	1,317,881.	686,009.	26,998.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	611,311.	360,386.	242,624.	8,301.
20 Interest	8,675,519.	186,379.	8,489,140.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	25,886,960.	25,503,015.	383,945.	
23 Insurance	1,134,130.		1,134,130.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD_DEBT -----	34,536,367.	35,384.	34,500,983.	
b RECRUITMENT -----	1,535,325.	234,615.	1,284,266.	16,444.
c PURCHASED_SERVICES -----	35,676,091.	31,177,681.	4,480,993.	17,417.
d MEDICAL_SUPPLIES -----	61,380,222.	61,288,240.	91,982.	
e CONTRACT_LABOR -----	17,148,724.	16,142,666.	936,438.	69,620.
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	598,585,035.	458,676,945.	137,721,541.	2,186,549.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,659.	1	83,263.
	2 Savings and temporary cash investments	20,894,175.	2	17,212,808.
	3 Pledges and grants receivable, net	1,752,388.	3	329,394.
	4 Accounts receivable, net	80,987,356.	4	93,353,916.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net <small>SFMT. 26</small>	49,889,113.	7	46,396,016.
	8 Inventories for sales or use	8,617,398.	8	8,166,302.
	9 Prepaid expenses and deferred charges	4,917,953.	9	3,733,899.
	10a Land, buildings, and equipment: cost basis	10a 576,262,295.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 273,920,519.		
	11 Investments - publicly traded securities <small>SFMT. 28</small>	281,697,285.	10c	302,341,776.
	12 Investments - other securities. See Part IV, line 11	160,379,786.	11	115,001,827.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	22,296,705.	13	7,525,739.
	15 Other assets. See Part IV, line 11		14	6,060,554.
16 Total assets. Add lines 1 through 15 (must equal line 34)	54,080,120.	15	59,038,984.	
	685,522,938.	16	659,244,478.	
Liabilities	17 Accounts payable and accrued expenses	154,831,862.	17	102,896,815.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	241,663,410.	20	235,243,410.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties <small>SFMT. 29</small>	94,108,948.	23	119,328,110.
	24 Unsecured notes and loans payable		24	20,000,000.
	25 Other liabilities. Complete Part X of Schedule D	19,818,117.	25	32,780,867.
	26 Total liabilities. Add lines 17 through 25.	510,422,337.	26	510,249,202.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	171,767,429.	27	145,467,936.
	28 Temporarily restricted net assets	3,333,172.	28	3,527,340.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	175,100,601.	33	148,995,276.
	34 Total liabilities and net assets/fund balances	685,522,938.	34	659,244,478.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. 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.
16b 33 1/3% support test - 2007. 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.
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. 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.
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 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. 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 - 2007. 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.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
 - Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
 - Section 527 organizations: Complete Part I-A only.
- If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
- If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?; i Other activities?; j Total lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with columns Yes/No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Horizontal dashed lines for supplemental information input.

Part IV Supplemental Information (continued)

LOBBYING

SCHEDULE C, PART II-B, LINE 1

PART IIB LINE 1. DURING 2008, ADVENTIST HEALTHCARE, INC. CONTINUED ITS LOBBYING ACTIVITIES FROM PRIOR YEARS. ADVENTIST HEALTHCARE WAS INVOLVED IN DIRECT CONTACT AND LOBBYING ACTIVITIES AT THE LOCAL, STATE AND FEDERAL LEVEL. ACTIVITIES INCLUDED DISCUSSIONS WITH MONTGOMERY COUNTY COUNCIL OFFICIALS ABOUT VARIOUS COUNTY HEALTH CARE MATTERS, PARTICULARLY REVOLVING AROUND THE LOCAL HEALTH CARE SAFETY NET AND ISSUES OF ACCESS TO CARE. CONTACT WITH LEGISLATORS AND LOBBYING ON ISSUES AT THE STATE LEVEL ALSO TOOK PLACE, PARTICULARLY AROUND ISSUES OF PUBLIC HEALTH AND ACCESS TO HEALTH CARE SERVICES. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WAS ENGAGED IN LOBBYING AROUND APPROPRIATIONS FOR ENSURING ITS FACILITIES AND SERVICES ARE PROPERLY PREPARED FOR A MASS CASUALTY EVENT.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

ADVENTIST HEALTHCARE, INC

52-1532556

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	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 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
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 XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows for reconciliation of net assets. Columns include line numbers (1-10) and descriptions such as 'Total revenue', 'Total expenses', 'Excess or (deficit) for the year', 'Net unrealized gains', 'Donated services', 'Investment expenses', 'Prior period adjustments', 'Other', 'Total adjustments', and 'Excess or (deficit) for the year per financial statements'.

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

Table with 5 main rows for revenue reconciliation. Sub-rows include adjustments like 'Net unrealized gains on investments', 'Donated services', 'Recoveries of prior year grants', 'Other', and 'Investment expenses not included on Form 990'.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Sub-rows include adjustments like 'Donated services', 'Prior year adjustments', 'Losses reported on Form 990', 'Other', and 'Investment expenses not included on Form 990'.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information (continued)

FASB COMPLIANCE

SCHEDULE D, PART XIV

THE CORPORATION FOLLOWS THE GUIDANCE IN FASB STAFF POSITION FAS 126-1,

"APPLICABILITY OF CERTAIN DISCLOSURE AND INTERIM REPORTING REQUIREMENTS

FOR OBLIGORS FOR CONDUIT DEBT SECURITIES" ("FSP 126-1"). FSP 126-1

AMENDED CERTAIN ACCOUNTING LITERATURE TO INCLUDE CONDUIT DEBT OBLIGORS IN

THE DEFINITION OF A PUBLIC ENTITY OR ENTERPRISE. AS A RESULT, THE

CORPORATION ADOPTED FASB INTERPRETATION NO. 48 " ACCOUNTING FOR

UNCERTAINTY IN INCOME TAX - AN INTERPRETATION OF FASB STATEMENT NO. 109."

INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS AND

PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE

SUSTAINED UPON EXAMINATION OF THE APPROPRIATE TAXING AUTHORITY.

MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD

HAS BEEN MET. FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION,

CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,

AND DISCLOSURE. MANAGEMENT HAS DETERMINED THAT THE ADOPTION OF FIN 48 DID

NOT HAVE A MATERIAL EFFECT ON THE FINANCIAL EFFECT ON THE CONSOLIDATED

FINANCIAL STATEMENTS.

SCHEDULE H

(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

▶ To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ADVENTIST HEALTHCARE, INC

52-1532556

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1 a Does the organization have a charity care policy? If "No," skip to question 6a		
b If "Yes," is it a written policy?		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?		
5 a Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c If "Yes" to 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?		
6 a Does the organization prepare an annual community benefit report?		
b If "Yes," does the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

	(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
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

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

Schedule H (Form 990) 2008

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008)

	(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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense (at cost)
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

	Yes	No
1		
2		
3		
4		
5		
6		
7		
9a		
9b		

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Enter line 5 less line 6 - surplus or (shortfall)
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy?
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.

Part IV Management Companies and Joint Ventures (Optional for 2008)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
SHADY GROVE ADVENTIST HOSPITAL 9901 MEDICAL CENTER DRIVE ROCKVILLE MD 20850	X	X					X		
WASHINGTON ADVENTIST HOSPITAL 7600 CARROLL AVENUE TAKOMA PARK MD	X	X					X		
HACKETTSTOWN REGIONAL MEDICAL CENTER 651 WILLOW GROVE STREET HACKETTSTOWN NJ	X	X					X		SEE SCH H PART VI
POTOMAC RIDGE BEHAVIORAL HEALTH CENTER 14901 BROSCART ROAD ROCKVILLE MD 20850	X								BEHAVIORAL HOSPITAL
ADVENTIST BEHAVIORAL HEALTH AT ANNE ARUN 14 ROMIG DRIVE CROWNSVILLE MD 21032									BEHAVIORAL TREATMENT FACILITY
ADVENTIST BEHAVIORAL HEALTH AT EASTERN S 821 FIELDCREST ROAD CAMBRIDGE MD 21613									BEHAVIORAL TREATMENT FACILITY
SHADY GROVE ADVENTIST EMERGENCY CENTER 19731 GERMANTOWN ROAD GERMANTOWN MD 20874							X		FREE STANDING ER CENTER
SHADY GROVE ADVENTIST RADIATION ONCOLOGY 40 WEST GUDE DRIVE ROCKVILLE MD 20850									OUTPATIENT CANCER TREATMENT CENTER
ADVENTIST REHAB HOSPITAL OF MARYLAND 9909 MEDICAL CENTER DRIVE ROCKVILLE MD 20850	X								REHAB HOSPITAL SEE SCH H PART VI
REGINALD S LOURIE CENTER FOR INFANTS AND 12301 ACADEMY WAY ROCKVILLE MD 20852									INFANT AND YOUNG CHILDREN DEVELOPMENT CARE CENTER SEE H VI
SHADY GROVE NURSING & REHAB CENTER 9701 MEDICAL CENTER DRIVE ROCKVILLE MD 20850									SKILLED NURSING HOME SEE SCH H PART VI
SLIGO CREEK NURSING & REHAB CENTER 7525 CARROLL AVENUE TAKOMA PARK MD 20912									SKILLED NURSING HOME SEE SCH H PART VI
SPRINGBROOK NURSING & REHAB CENTER 12325 NEW HAMPSHIRE AVENUE SILVER SPRING MD 20904									SKILLED NURSING HOME SEE SCH H PART VI
FAIRLAND NURSING & REHAB CENTER 2101 FAIRLAND ROAD SILVER SPRING MD 20904									SKILLED NURSING HOME SEE SCH H PART VI
BRADFORD OAKS NURSING & REHAB CENTER 7520 SURRATTS ROAD CLINTON MD 20735									SKILLED NURSING HOME SCH SCH H PART VI
GLADE VALLEY NURSING & REHAB CENTER 56 W FREDERICK STREET WALKERSVILLE MD 21793									SKILLED NURSING HOME SEE SCH H PART VI

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OTHER INFORMATION:

ADVENTIST HEALTHCARE, INC. IS AN INTEGRATED HEALTH CARE SERVICE DELIVERY SYSTEM. OUR GOAL IS TO DELIVER A FULL SPECTRUM OF HEALTH SERVICES IN THE MOST COST EFFICIENT MANNER. WE ACHIEVE THIS OBJECTIVE THROUGH CENTRALIZED AND SHARED SERVICES FOR CERTAIN ADMINISTRATIVE FUNCTIONS. THESE SHARED SERVICES INCLUDE, BUT NOT LIMITED TO, ACCOUNTING, PAYROLL, DISBURSEMENTS TO VENDORS, TREASURY, BILLING AND COLLECTION, HUMAN RESOURCES MANAGEMENT, FINANCIAL PLANNING, AND INFORMATION TECHNOLOGY SERVICES. ALTHOUGH THESE FACILITIES ARE STRUCTURED UNDER SEPARATE LEGAL ENTITIES, THEY ARE MANAGED BY ADVENTIST HEALTHCARE'S EXECUTIVE MANAGEMENT TEAM FOR STRATEGIC DIRECTIONS. THE LOCAL SENIOR MANAGEMENT FOR EACH FACILITY IS RESPONSIBLE FOR DAY-TO-DAY OPERATIONS AND PERFORMANCE EFFICIENCY. ALL LEGAL ENTITIES MANAGED BY ADVENTIST HEALTHCARE ARE GOVERNED UNDER A STANDARDIZED SET OF CORPORATE POLICIES AND PROCEDURES. ALL OF THESE ADMINISTRATIVE COSTS ARE DISTRIBUTED THROUGH PRE-DETERMINED CRITERIA EVERY YEAR DURING OUR BUDGETING PROCESS. THERE ARE NO MARK-UP AND CROSS-SUBSIDIES GIVEN. WE BELIEVE THE OMISSION OF THESE FACILITIES UNDER SEPARATE LEGAL STRUCTURES WOULD NOT FAIRLY PORTRAIT

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE ACTIVITIES OF ADVENTIST HEALTHCARE AND ITS ACCOMPLISHMENTS IN

SERVICING OUR COMMUNITY.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING THE USE OF GRANT FUNDS -----

SCHEDULE I, PART I, LINE 2 -----

SCHEDULE I PART IV RESPONSE TO PART I (2) -----

AHC HAS ESTABLISHED THE FOLLOWING POLICIES AND PROCEDURES TO MONITOR THE -----

USE OF GRANTS AND OTHER ASSISTANCE TO GOVERNMENT AND ORGANIZATIONS IN THE -----

UNITED STATES: -----

-- THE AUTHORIZATION OF GRANTS AND ASSISTANCES CAN ONLY BE MADE BY -----

SELECTIVE SENIOR EXECUTIVES WITH OVERALL DIVISIONAL RESPONSIBILITIES. -----

-- AHC AND ITS AFFILIATES DO NOT MAKE GRANTS TO INDIVIDUALS NOR -----

FOR-PROFIT ENTITIES. -----

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

--AS A NOT-FOR-PROFIT ORGANIZATION, AHC, IN GENERAL, LIMITS OUR GRANT AND ASSISTANCES TO ORGANIZATIONS THAT SHARE A COMMON OR RELATED HEALTH CARE MISSION. AHC RESEARCHES AND EVALUATES THE COMPATIBILITY OF THE GRANTEE'S PROJECTS TO AHC'S MISSION PRIOR TO THE COMMITMENT OF GRANTS.

-- THE AMOUNTS OF GRANTS AND ASSISTANCES ARE BUDGETED EVERY FISCAL YEAR. THE ACTUAL USAGE IS COMPARED TO BUDGET ON A MONTHLY BASIS. ALL VARIANCES ARE INVESTIGATED AND RESOLVED ON A TIMELY BASIS.

-- EACH GRANT OR ASSISTANCE GIVEN IS USUALLY NOT A SUBSTANTIAL PORTION OF THE ANNUAL GRANTEE'S EXPENDITURES. AND AHC DOES NOT FUND ROUTINE OPERATING EXPENSES UNLESS THE SERVICES ARE CRITICAL TO THE NEEDS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

OF THE COMMUNITY.

--ALL SIGNIFICANT GRANTS AND ASSISTANCES ARE EXECUTED THROUGH LEGAL

AGREEMENTS WITH A PROVISION TO REVIEW THE GRANTEE'S FINANCIAL RECORDS

PERTAINING TO THE GRANT AND ASSISTANCE. IN CIRCUMSTANCES WHERE

APPROPRIATE, AHC REQUIRES THE GRANTEE TO SUBSTANTIATE EXPENDITURES FOR

THE DESIGNATED PURPOSES AND DISBURSEMENTS DOCUMENTATION PRIOR TO THE

REIMBURSEMENT OF THE GRANTEE.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION IN MONTGOMERY, INC 8900 GEORGIA AVENUE SILVER SPRING, MD	52-2032072	501(C)(3)	15,000.				LEADERSHIP TRAINING
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA	13-1788491	501(C)(3)	5,100.				CURING CANCER
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX	13-5613797	501(C)(3)	19,925.				CURING HEART DISEASE
CITY OF TAKOMA PARK 7500 MAPLE AVENUE TAKOMA PARK, MD	52-6000808		10,750.				COMMUNITY HEALTH
COLUMBIA UNION COLLEGE 7600 FLOWER AVENUE TAKOMA PARK, MD	52-0643528	501(C)(3)	320,000.				EDUCATION SUPPORT
COLUMBIA UNION HEALTHCARE CORP 5427 TWIN KNOLLS ROAD COLUMBIA, MD	14-1900373	501(C)(3)	75,000.				HOSPITAL DEVELOPMENT
GENERAL CONFERENCE OF SDA 12501 OLD COLUMBIA PIKE SILVER SPRING, MD	52-0643036	501(C)(3)	6,545.				EBSCO LIBRARY
GREATER SILVER SPRING 8601 GEORGIA AVENUE SILVER SPRING, MD	52-1813227	501(C)(3)	13,000.				PROMOTE HEALTH SERVI
IMPACT SILVER SPRING 1313 EAST-WEST HWY SILVER SPRING, MD	52-2164844	501(C)(3)	10,500.				LEADERSHIP DEVELOPME
KETTERING ADVENTIST HEALTHCARE 3535 SOUTHERN BLVD KETTERING, OH	31-1051688	501(C)(3)	165,000.				HEALTHCARE SERVICES
LEADERSHIP MONTGOMERY 5705 ARUNDEL AVENUE ROCKVILLE, MD	52-1627257	501(C)(3)	15,500.				LEADERSHIP DEVELOPME
MARYLAND HEALTHCARE EDUCATION INSTITUTE 6820 DEERPATH ROAD ELKBRIDGE, MD	52-9001664	501(C)(6)	150,000.				HEALTHCARE EDUCATION
MARY'S CENTER FOR MATERNAL & CHILDCARE 9913 KENTDALE DRIVE POTOMAC, MD	52-1594116	501(C)(3)	260,000.				HEALTHCARE FOR UNINS
MERCY HEALTH CLINIC 7-1 METROPOLITAN CT GAITHERSBURG, MD	52-2230932	501(C)(3)	8,000.				HEALTHCARE FOR POOR
MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD	23-7022588	501(C)(3)	358,333.				FREE/LOWCOST HEALTHC

2 Enter total number of Section 501(c)(3) and government organizations	27
3 Enter total number of other organizations	4

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

ADVENTIST HEALTHCARE, INC

52-1532556

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY COUNTY BUSINESS ROUNDTABLE 451 HUNGERFORD ROAD ROCKVILLE, MD	41-2047342	501(C)(3)	9,500.				COMMUNICATIONS
MONTGOMERY COUNTY CHAMBER OF COMMERCE 51 MONROE STREET ROCKVILLE, MD	52-0735621	501(C)(6)	20,300.				PROMOTE MONTGOMERY C
POTOMAC HUNT CLUB 16715 THURSTIBN ROAD DICKERSON, MD	52-6562876	501(C)(3)	10,000.				DONATION FOR RACE SP
PRINCE GEORGE'S COUNTY HEATHLH DEPT 4601 PRESIDENTS DRIVE LANHAM, MD	52-2046026		10,000.				PROMOTE PHYSICAL ACT
SALISBURY UNIVERSITY FOUNDATION PO BOX 2655 SALISBURY, MD	52-1127396	501(C)(3)	20,000.				EDUCATION
SILVER SPRING TAKOMA THUNDERBOLTS 326 LINCOLN AVE SILVER SPRING, MD	52-2237451	501(C)(3)	10,000.				COMMUNITY ACTIVITY S
SISTER TO SISTER EVERYONE HAS A HEART 4701 TUCKERMAN LANE BETHESDA, MD 20852	52-2276395	501(C)(3)	9,620.				PREVENT HEART DISEAS
STRATHMORE HALL FOUNDATION INC 5301 TUCKERMAN LANE BETHESDA, MD 20852	52-1233092	501(C)(3)	15,000.				PROMOTE PERFORMING A
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION 1801 RESEARCH BLVD ROCKVILLE, MD	52-1216429	501(C)(3)	26,750.				GENERAL SUPPORT
WASHINGTON ADVENTIST HOSPITAL FOUNDATION 1801 RESEARCH BLVD ROCKVILLE, MD 20850	52-1692158	501(C)(3)	12,050.				GENERAL SUPPORT
HACKETTSTOWN REGIONAL MEDICAL CENTER FOUNDA 651 WILLOW GROVE STREET HACKETTSTOWN, NJ	22-2333410	501(C)(3)	10,000.				GENERAL SUPPORT
REGINALD CENTER FOR INFANTS AND CHILDREN 1801 RESEARCH BLVD ROCKVILLE, MD 20850	52-1255870	501(C)(3)	7,650.				GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____
3 Enter total number of other organizations ▶ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
WILLIAM G ROBERTSON	(i)	711,139.	154,229.	316,006.	NONE	35,178.	1,216,552.	95,246.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EDMUND F HODGE	(i)	402,330.	108,878.	314,944.	NONE	26,920.	853,072.	80,400.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES G LEE	(i)	366,200.	87,444.	125,099.	NONE	22,078.	600,821.	25,494.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GENE C MILTON	(i)	311,333.	61,037.	909,303.	NONE	34,383.	1,316,056.	29,722.
	(ii)	NONE	NONE	NONE	NONE	22,722.	22,722.	NONE
SUSAN L GLOVER	(i)	252,396.	62,738.	193,042.	NONE	28,023.	536,199.	144,207.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DENNIS D HANSEN	(i)	393,395.	96,223.	326,447.	NONE	31,947.	848,012.	89,596.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JERE D STOCKS	(i)	407,365.	15,835.	344,667.	NONE	21,732.	789,599.	220,039.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HISAKO MAKI THOMPSON	(i)	230,117.	20,000.	60,695.	NONE	14,394.	325,206.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RONALD K BENFIELD	(i)	240,753.	56,686.	296,457.	NONE	28,138.	622,034.	18,180.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KENNETH B DESTEFANO	(i)	271,839.	70,065.	81,173.	NONE	24,893.	447,970.	14,616.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GAUROV DAYAL	(i)	260,527.	51,964.	94,379.	NONE	24,100.	430,970.	36,535.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAULA WIDERLITE	(i)	225,437.	59,868.	68,374.	NONE	26,133.	379,812.	14,520.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS T CHAN	(i)	206,563.	40,790.	72,470.	NONE	21,897.	341,720.	25,268.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CRAIG S JUENGLING	(i)	NONE	NONE	340,819.	NONE	296.	341,115.	208,026.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

COMPENSATION DETAILS

COMPENSATION DEFINED. THE COMPENSATION REPORTED FOR THE EMPLOYEES SET

FORTH ON SCHEDULE J IS COMPRISED OF THE FOLLOWING:

**BASE COMPENSATION - INCLUDES NONDISCRETIONARY PAYMENTS, AGREED UPON IN ADVANCE, CONTINGENT ONLY UPON THE PAYEE'S PERFORMANCE OF AGREED UPON SERVICES (SUCH AS SALARY OR FEES).

**INCENTIVE COMPENSATION - INCLUDES PAYMENTS BASED ON SATISFACTION OF PRE-DETERMINED PERFORMANCE TARGETS SUCH AS QUALITY/PATIENT SAFETY GOALS, EMPLOYEE AND CUSTOMER ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL PERFORMANCE, AMONG OTHER THINGS.

**OTHER REPORTABLE COMPENSATION - INCLUDES CERTAIN CUMULATIVE LUMP-SUM TAXABLE PAYMENTS MADE AS A RESULT OF TAX LAW CHANGES THAT AFFECTED THE ADMINISTRATION OF ADVENTIST HEALTHCARE'S CAPITAL ACCUMULATION ACCOUNT ("CAA") PLAN ESTABLISHED PURSUANT TO SECTION 457(F) OF THE INTERNAL

Part III Supplemental Information

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

REVENUE CODE. IN ADDITION, "OTHER REPORTABLE COMPENSATION" INCLUDES
LONG-TERM DISABILITY COVERAGE, CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED
PAID TIME OFF (PTO) HOURS, IMPUTED VALUE OF LIFE INSURANCE BENEFITS, AND
SEVERANCE, AS APPLICABLE.

"OTHER REPORTABLE COMPENSATION" ALSO INCLUDES THE FOLLOWING, AS APPROVED
BY THE BOARD COMPENSATION COMMITTEE:

*TAXABLE HOUSING ASSISTANCE FOR RELOCATION TO THE AREA FOR ACCEPTANCE OF
EMPLOYMENT:

- DENNIS D. HANSEN
- RONALD K. BENFIELD
- HISAKO MAKI THOMPSON

*TAXABLE ALLOWANCE FOR SPECIAL CIRCUMSTANCE (OUT-OF-STATE COMMUTE):
--EDMUND F. HODGE

*TAXABLE DISTRIBUTION OF TERMINATED SUPPLEMENTAL EXECUTIVE RETIREMENT
PLAN:

- GENE C. MILTON

**NON-TAXABLE BENEFITS - INCLUDES THE EMPLOYER PORTION OF CERTAIN

Part III Supplemental Information

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

BENEFITS SUCH AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE,
LIFE INSURANCE, BASE CONTRIBUTIONS TO RETIREMENT PLANS, MATCHING OF
EMPLOYEES' RETIREMENT CONTRIBUTIONS, ETC.

PAY PRACTICE - ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL
OF ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL
COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE
RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE'S IRS
FORM 990 AS IF PAID DIRECTLY BY SUCH AFFILIATE.

INDEPENDENT GUIDELINES - WHEN SETTING COMPENSATION FOR THE "OFFICERS,
DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED
EMPLOYEES," ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFE
GUARDS EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE
"OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST
COMPENSATED EMPLOYEES" IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST
HEALTHCARE'S BOARD OF TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING
BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN

Part III Supplemental Information

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

INDEPENDENT OUTSIDE COMPENSATION CONSULTANT WHO PROVIDES A SUMMARY OF HEALTH CARE SALARIES AND BENEFITS FOR COMPARABLE SIZED ORGANIZATIONS BOTH NATIONALLY AND IN THE BALTIMORE-WASHINGTON REGION. TO FURTHER ENSURE REASONABLENESS, BOTH COMPENSATION AND BENEFITS ARE TARGETED AT THE 50TH PERCENTILE (OR MEDIAN) OF THE MARKET.

PAY PHILOSOPHY - FOR ALL ADVENTIST HEALTHCARE EMPLOYEES INCLUDING THOSE LISTED ON SCHEDULE J, THE GOAL OF ADVENTIST HEALTHCARE IS TO OFFER COMPETITIVE SALARIES IN ORDER TO ATTRACT, HIRE AND RETAIN QUALIFIED AND TALENTED INDIVIDUALS. MAINTAINING A QUALITY, STABLE WORKFORCE HAS A POSITIVE IMPACT ON THE WORKPLACE AND ON THE CARE PROVIDED TO OUR PATIENTS/RESIDENTS AND THEIR FAMILIES. IN GENERAL, NON-EXECUTIVE EMPLOYEES ARE COMPENSATED UTILIZING THE FULL WAGE SCALE FOR THEIR RESPECTIVE POSITIONS, COMPARED TO THE MARKET. HOWEVER, EXECUTIVES ARE GENERALLY LIMITED TO THE MEDIAN OF THE MARKET FOR THEIR RESPECTIVE POSITIONS.

Part III Supplemental Information

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

RESPONSE TO QUESTION 4A

SEVERANCE PAYMENTS WERE PAID TO A FORMER KEY EMPLOYEE:

MR. CRAIG JUENGLING - \$112,923

RESPONSE TO QUESTION 4B

CUMULATIVE LUMP-SUM TAXABLE PAYMENTS MADE AS A RESULT OF TAX LAW CHANGES

THAT AFFECTED THE ADMINISTRATION OF ADVENTIST HEALTHCARE'S CAPITAL

ACCUMULATION ACCOUNT ("CAA") PLAN ESTABLISHED PURSUANT TO SECTION 457(F)

OF THE INTERNAL REVENUE CODE WERE AS FOLLOWS:

WILLIAM G. ROBERTSON - \$276,462

JAMES G. LEE - \$104,516

EDMUND F. HODGE - \$172,600

SUSAN L. GLOVER - \$183,963

DENNIS D. HANSEN - \$174,026

JERE D. STOCKS - \$313,220

HISAKO MAKI THOMPSON - \$42,150

GENE C. MILTON - \$71,773

Part III Supplemental Information

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

RONALD K. BENFIELD - \$61,551

KENNETH B. DESTEFANO - \$64,692

GAUROV DAYAL - \$85,742

PAULA WIDERLITE - \$54,625

THOMAS T. CHAN - \$58,787

CRAIG JUENGLING - \$208,206

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

ADVENTIST HEALTHCARE, INC

Employer Identification number

52-1532556

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID E WEIGLEY CHAIR	1.	X						5,349.	NONE	NONE
ELAINE L ARTHUR MEMBER	1.	X						NONE	NONE	NONE
SETH T BARDU MEMBER	1.	X						3,266.	NONE	NONE
RUTH E BULGER MEMBER	1.	X						NONE	NONE	NONE
CHARLES L CHEATHAM MEMBER	1.	X						NONE	NONE	NONE
NORTON A ELSON MEMBER	1.	X						74,840.	NONE	NONE
MARK E GRIFFEN MEMBER	1.	X						NONE	NONE	NONE
J NEVILLE HARCOTMBE VICE CHAIR	1.	X						NONE	NONE	NONE
SCOTT MCCLURE MEMBER	1.	X						NONE	NONE	NONE
WILLIAM K MILLER MEMBER	1.	X						NONE	NONE	NONE
JEFFREY J PARGAMENT MEMBER	1.	X						NONE	NONE	NONE
FRANK J PEREZ MEMBER	1.	X						NONE	NONE	NONE
PETER H PLAMONDON JR MEMBER	1.	X						NONE	NONE	NONE
WILLIAM G ROBERTSON SECRETARY, PRESIDENT AND CEO	40.	X		X				1,181,374.	NONE	35,178.
DAVID C STUMP MEMBER	1.	X						NONE	NONE	NONE
ROBIN THOMASHAUER MEMBER	1.	X						NONE	NONE	NONE
STEPHEN L TUCK MEMBER	1.	X						3,000.	NONE	NONE
EDMUND F HODGE EXECUTIVE VICE PRESIDENT & CAO	40.			X				826,152.	NONE	26,920.
JAMES G LEE SENIOR VP & CHIEF FINANCIAL OF	40.			X				578,743.	NONE	22,078.
GENE C MILTON PRESIDENT, HACKETTSTOWN REGION	40.				X			1,281,673.	NONE	57,105.
SUSAN L GLOVER VP & CHIEF QUALITY OFFICER	40.				X			508,176.	NONE	28,023.

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

Schedule J-2 (Form 990) 2008

Supplemental Information on Tax-Exempt Bonds

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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Part I Bond Issues (Required for 2008)

(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	
						Yes	No	Yes	No
A MD HEALTH & HIGHER EDUCATIONAL FACILITIES AUTHORIT	52-0936091	574217JG1	02/13/2003	22,631,301.	REFUNDING OF SERIES 1999IA SUBSERI		X		X
B MD HEALTH & HIGHER EDUCATIONAL FACILITIES AUTHORIT	52-0936091	574217JH9	02/27/2003	39,560,000.	RENOVATIONS AT MARYLAND HOSPITALS		X		X
C MD HEALTH & HIGHER EDUCATIONAL FACILITIES AUTHORIT	52-0936091	574217TE5	09/14/2004	50,000,000.	SGAH LAND ACQUISITIONS AND VARIOUS		X		X
D MD HEALTH & HIGHER EDUCATIONAL FACILITIES AUTHORIT	52-0936091	574217VS1	12/20/2005	78,000,000.	SGAH TOWER PROJECT AND OTHER QUALI		X		X
E MD HEALTH & HIGHER EDUCATIONAL FACILITIES AUTHORIT	52-0936091	574217VS1	12/20/2005	64,590,000.	ADVANCE REFUNDING OF SERIES 1995		X		X

Part II Proceeds (Optional for 2008)

1 Total proceeds of issue	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10 Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11 Has the final allocation of proceeds been made?		X		X		X		X		X
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X		X

Part III Private Business Use (Optional for 2008)

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

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		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 ▶		%		%		%		%		%
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 ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X		X		X

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X		X
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X		X		X		X
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
 or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
JEFFREY PARGAMENT	TRUSTEE	260,269.	LABOR LAW SERVICES		X

Name of the organization

Employer identification number

ADVENTIST HEALTHCARE, INC

52-1532556

GENERAL EXPLANATION OF EMPLOYEE COMPENSATION

PART VI, SECTION B, LINE 15

GENERAL EXPLANATION

EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX

EXEMPT ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST HEALTHCARE,

INC) ARE PAID THROUGH A COMMON PAYMASTER, ADVENTIST HEALTHCARE, INC. AND

ARE REPORTED ON ITS FORM 941. SALARY AND BENEFIT EXPENSES REPORTED ON

THEIR RESPECTIVE RETURNS ARE ACTUAL CHARGES RELATED TO THE EMPLOYEES

WORKING ON THE SPECIFIC TAX EXEMPT ENTITY.

COMPENSATION INCLUDED REGULAR BASE SALARY, BONUS, PAID TIME OFF CASH OUT,

TAXABLE RELOCATION ALLOWANCE, HOLIDAY GIFT, RETROACTIVE COMPENSATION

ADJUSTMENT, BEREAVEMENT LEAVE, EDUCATION, AND WITHDRAWAL OF DEFERRED

COMPENSATION, AS APPLICABLE. THE SAME AND NON-ADDITIVE COMPENSATION AND

EMPLOYMENT BENEFIT PLAN CONTRIBUTIOON AMOUNTS WERE ALSO DISCLOSED IN THE

ADVENTIST HEALTHCARE INC.'S RELATED ENTITIES RETURNS.

VENDORS PAYMENT FOR ANY OF THE ADVENTIST HEALTHCARE, INC. AND RELATED

ENTITIES IN THE STATE OF MARYLAND ARE MADE THROUGH A COMMON PAYMASTER,

ADVENTIST HEALTHCARE, INC.

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

NOL CARRYFORWARD SCHEDULE

PART V, LINE 3B

2008 FORM 990 T

NOL CARRYFORWARD SCHEDULE

2002 NOL 0

2003 NOL 0

2004 NOL 0

2005 NOL 0

2006 NOL (134,340)

2007 NOL (189,158)

TOTAL (323,498)

2008 INCOME 77,327

CARRYFORWARD (246,171)

Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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GOVERNING BODY AND MANAGEMENT

990 PART VI, SECTION A, LINES 6 - 10

990 PART VI SECTION A LINE 6 ADVENTIST HEALTHCARE, INC HAS A MEMBERSHIP

BODY WITH RESERVE POWERS. MID-ATLANTIC ADVENTIST HEALTHCARE, INC. IS THE

SOLE CORPORATE MEMBER OF ADVENTIST HEALTHCARE, AND IT HAS AUTHORITY TO

APPROVE BOARD MEMBERS OF ADVENTIST HEALTHCARE, INC.

990 PART VI SECTION A LINE 7A THE BOARD OF TRUSTEES APPROVES ALL ACTIONS

OF MANAGEMENT

990 PART VI SECTION A LINE 7B THE BOARD OF TRUSTEES APPROVES ALL ACTIONS

OF MANAGEMENT

990 PART VI SECTION A LINE 10 THE FORM 990 WAS REVIEWED AT A REGULARLY

SCHEDULED BOARD MEETING BY THE FULL MEMBERSHIP OF THE BOARD OF TRUSTEES.

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

990 PART VI, SECTION B, LINES 12C AND 15

990 PART VI. SECTION B. 12C: PURSUANT TO THE ORGANIZATIONS CONFLICT OF

INTEREST POLICY, EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR AND ANY

EMPLOYEE IN A POSITION THAT REQUIRES COORDINATION AND/OR NEGOTIATION WITH

CONTRACTORS OR SUPPLIES, IS REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY

BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE ORGANIZATION.

COMPLIANCE WITH POLICY IS MONITORED AND ENFORCED BY THE HUMAN RESOURCES

DEPARTMENT, CORPORATE INTEGRITY DEPARTMENT AND THE LEGAL DEPARTMENT.

990 PART VI. SECTION B. 15: WHEN SETTING EXECUTIVE COMPENSATION, THE

ORGANIZATION FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBEDDED IN

THE IRS REGULATIONS. EXECUTIVE COMPENSATION IS ENTIRELY SET BY A

COMMITTEE OF THE BOARD OF TRUSTEES. IN SETTING COMPENSATION, THE

GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED

BY AN INDEPENDED OUTSIDE COMPENSATION CONSULTANT. TO ENSURE

REASONABLENESS, COMPENSATION IS SET AT THE 50TH PERCENTILE OF THE NATURAL

MARKET.

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

990 PART VI. SECTION C. 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS, ARE AVAILABLE TO THE PUBLIC UPON

REQUEST.

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

990 PART VIII. FUNDRAISING INCOME IS RECOGNIZED IN THE SUPPORTING

FOUNDATIONS OF AHC

Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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FINANCIAL STATEMENTS AND REPORTING

990 PART XI. LINE 2B

THE FINANCIAL STATEMENTS WERE AUDITED, NOT COMPILED NOR REVIEWED.

HOWEVER, THE STATEMENTS WERE PART OF A CONSOLIDATED AUDIT.

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

FUNDRAISING AND GAMING ACTIVITIES

SCHEDULE G AND PART IX (D)

ADVENTIST HEALTHCARE, INC. DOES NOT SOLICITATE NOR RAISE FUNDING FROM THE PUBLIC ON A REGULAR BASIS. THERE WERE NO GAMING ACTIVITIES CONDUCTED.

ALL FUNDRAISING EVENTS WERE CONDUCTED BY ITS LEGAL CORPORATE AFFILIATES.

THEY INCLUDE SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, WASHINGTON

ADVENTIST HOSPITAL FOUNDATION, AND POTOMAC RIDGE BEHAVIORAL HEALTH SYSTEM

FOUNDATION. HOWEVER, ADVENTIST HEALTHCARE, INC. PROVIDES STAFF, OFFICE,

ADMINISTRATIVE SUPPORT AND SUPPLIES TO THESE FOUNDATIONS AND RECORDED

THESE AS EXPENSES OF THE CORPORATION. ALL SPECIAL FUNDRAISING EVENTS'

REVENUE AND COSTS, CONTRIBUTIONS, AND CAPITAL CAMPAIGNS ARE RECORDED ON

THE BOOKS OF THESE RESPECTIVE FOUNDATIONS. IN REVIEWING THE SCHEDULE G,

WE DO NOT FIND IT APPLICABLE TO ADVENTIST HEALTHCARE, INC.

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

DOING BUSINESS AS

990 PART I, C

D/B/A ADVENTIST CHOICE NURSING, D/B/A ADVENTIST HOME ASSISTANCE, D/B/A
 ADVENTIST PREFERRED NURSING, D/B/A ADVOCATE EAP, D/B/A POTOMAC RIDGE
 BEHAVIORAL HEALTH SYSTEM, D/B/A POTOMAC RIDGE BEHAVIORIAL HEALTH SYSTEM AT
 CROWNSVILLE, D/B/A POTOMAC RIDGE BEHAVORIAL HEALTH SYSTEM- EASTERN SHORE,
 D/B/A SHADY GROVE ADVENTIST EMERGENCY CENTER, D/B/A SHADY GROVE ADVENTIST
 HOSPITAL, D/B/A WASHINGTON ADVENTIST FAMILY PHARMACY AND D/B/A WASHINGTON
 ADVENTIST HOSPITAL.

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

SCHEDULE K

PART 1 A (C)

CUSIP

574217JE6 \$ 1,335,000

574217JF3 1,415,000

574217JC0 4,300,000

574217JD8 2,490,000

574217JG1 13,385,000

TOTAL \$ 22,925,000

SCHEDULE K

PART 1 E (E)

ADVANCE REFUNDING OF:

CITY OF GAITHERSBURG (SGAH) SERIES 1995 MATURING ON SEPT 1, 2005, 2006

AND 2012

CITY OF TAKOMA PARK (WAH) SERIES 1995 MATURING ON SEPT 1, 2005, 2006 AND

2012

CITY OF GAITHERSBURG (SGNRC) SERIES 1995 MATURING ON SEPT 1, 2005, 2006

AND 2012

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ADVENTIST CANCER CARE, LLC ----- 26-2515407 1801 RESEARCH BLVD ROCKVILLE, MD 20850	OUTPATIENT CA	MD	4,125,949.	6,644,221.	N/A
AHC HOLDINGS I, LLC ----- 52-1532556 1810 RESEARCH BLVD ROCKVILLE, MD 20850	HOLDING COMPA	DE	NONE	5,400,000.	N/A
AHC HOLDINGS II, LLC ----- 52-1532556 1801 RESEARCH BLVD ROCKVILLE, MD 20850	HOLDING COMPA	DE	NONE	5,570,774.	N/A

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
SEE SCHEDULE R-1					

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(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?	
							Yes	No		Yes	No
LIFEWORX STRATEGY, LLC 90-049 1801 RESEARCH BLVD	HEALTH & WELLNESS	MD	AHC	RELATED	-289,165.	364,092.	X		930.	X	
GERMANTOWN OUTPATIENT IMAGING 1801 RESEARCH BOULEVARD	OUTPATIENT IMAGE	MD	SGRC, PC	RELATED	465,238.	1,252,971.		X			X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
ADVENTIST MANAGEMENT SERVICES, INC 52-1575694 1801 RESEARCH BLVD ROCKVILLE, MD 20850	MANAGEMENT SERVIC	MD	ADVENTIST HEALT	C CORP	-458,268.	1,575,452.	100.0000
LIFEWORX STRATEGY, INC 52-1704500 1801 RESEARCH BLVD ROCKVILLE, MD 20850	EMPLOYEE ASSISTAN	MD	ADVENTIST HEALT	C CORP	1,281.	223,717.	100.0000
PREMIER MEDICAL NETWORK 52-1952469 1801 RESEARCH BLVD, SUITE 400 ROCKVILLE, MD 20850	JOINT PHYSICIAN C	MD	ADVENTIST HEALT	C CORP	-1,071.	12,276.	50.0000

Part V Transactions With Related Organizations

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

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SEE SCHEDULE R-1		
(2)		
(3)		
(4)		
(5)		
(6)		

Part II Continuation of 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
HACKETTSTOWN COMMUNITY HOSPITAL _____ 22-6106281 651 WILLOW GROVE ST HACKETTSTOWN, NJ	HOSPITAL	NJ	501(C)(3)	3	N/A
ADVENTIST REHABILITATION HOSPITAL OF MAR ____ 20-1486678 9909 MEDICAL CENTER DRIVE ROCKVILLE, MD	REHABILITATI	MD	501(C)(3)	3	N/A
ADVENTIST HOME HEALTH SERVICES, INC _____ 52-0986808 17041 BOURNEFIELD WAY SILVER SPRING, MD 20905	HOME HEALTH	MD	501(C)(3)	9	N/A
ADVENTIST SENIOR LIVING SERVICE _____ 52-1739959 1801 RESEARCH BLVD ROCKVILLE, MD 20850	MANAGEMENT S	MD	501(C)(3)	9	N/A
BRADFORD OAKS NURSING AND REHABILITATION ____ 52-1999975 7520 SURRATTS ROAD CLINTON, MD 20735	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
SHADY GROVE NURSING AND REHABILITATION C ____ 52-1442495 9701 MEDICAL CENTER DRIVE ROCKVILLE, MD	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
SLIGO CREEK NURSING HOME AND REHABILITAT ____ 52-1736368 7525 CARROLL AVENUE TAKOMA PARK, MD	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
SPRINGBROOK NURSING & REHAB CENTER, INC ____ 52-1736305 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
GLADE VALLEY NURSING AND REHABILITATION ____ 52-1924309 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
FAIRLAND NURSING & REHAB CENTER _____ 52-1876447 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATI ____ 22-2333410 651 WILLOW GROVE STREET HACKETTSTOWN, NJ	FUNDRAISING	NJ	501(C)(3)	11 TYPE I	HCH
ADVENTIST PHYSICIAN SERVICES, INC _____ 20-4600646 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	PHYSICIAN SE	MD	501(C)(3)	3	N/A
REGINALD S LOURIE CENTER FOR INFANTS AND ____ 52-1255870 1801 RESEARCH BLVD, SUITE 400 ROCKVILLE, MD 20850	BEHAVIORIAL	MD	501(C)(3)	3	N/A
SHADY GROVE ADVENTIST HOSPITAL FOUNDATIO ____ 52-1216429 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	FUNDRAISING	MD	501(C)(3)	11 TYPE I	N/A
WASHINGTON ADVENTIST HOSPITAL FOUNDATION ____ 52-1692158 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	FUNDRAISING	MD	501(C)(3)	11 TYPE I	N/A

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	B	26,750.
(8) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC	B	12,050.
(9) HACKETTSTOWN REGIONAL MEDICAL CENTER FOUND	B	10,000.
(10) REGINALD LOURIE CENTER INFANTS AND YNG CHILD	B	7,650.
(11) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	C	2,024,127.
(12) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC	C	653,635.
(13) POTOMAC RIDGE BEHAVIORAL HEALTH SYSTEMS FOUND	C	4,683.
(14) HACKETTSTOWN COMMUNITY HOSPITAL, INC	D	39,478,747.
(15) ADVENTIST REHABILITATION HOSPITAL OF MD INC	D	6,917,269.
(16) ADVENTIST REHABILITATION HOSPITAL OF MD INC	K	735,962.
(17) HACKETTSTOWN COMMUNITY HOSPITAL, INC	K	2,734,548.
(18) REGINALD S. LOURIE CENTER INFANTS AND YNCHILD	K	154,945.
(19) ADVENTIST SENIOR LIVING SERVICES, INC	K	1,161,199.
(20) GROW HEALTHCARE, LLC	K	452.
(21) ADVENTIST MANAGEMENT SERVICES, INC	K	215,594.
(22) ADVENTIST PHYSICIAN SERVICES, INC	K	153,227.
(23) ADVENTIST HOME HEALTH SERVICES, INC	K	360,719.
(24) ADVENTIST SENIOR LIVING SERVICES, INC	P	108,005.

Schedule R-1 (Form 990) 2008

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) ADVENTIST MANAGEMENT SERVICES, INC	P	162,075.
(8) ADVENTIST HOME HEALTH SERVICES, INC	P	528,090.
(9) ADVENTIST REHABILITATION HOSPITAL OF MD INC	P	1,661,946.
(10) HACKETTSTOWN COMMUNTIY HOSPITAL, INC	P	3,691,277.
(11) REGINALD LOURIE CENTER INFANTS AND YNG CHILD	P	112,227.
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

FORM 990, PART III - PROGRAM SERVICES
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4A PROGRAM SERVICE

THE MISSION OF ADVENTIST HEALTHCARE IS TO "DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." IN MEETING THIS MISSION AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

AS A LOCALLY BASED, NON-PROFIT ORGANIZATION, IN ROCKVILLE, MARYLAND, WE ARE DEDICATED TO THE GENERAL GOOD HEALTH OF THE COMMUNITY IN WHICH WE ARE INVESTED. OUR PRIMARY SERVICE AREAS ARE THE WASHINGTON, D. C. METROPOLITAN AREA AND NORTHWESTERN NEW JERSEY.

COMPASSION IS REFLECTED IN OUR MISSION AND OUR ORGANIZATION CONSISTENTLY PROVIDES HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE. IN 2008, WE PROVIDED \$68 MILLION - OR 11.0% OF REVENUE, IN CHARITY AND OTHER FORMS OF UNCOMPENSATED CARE, ONE OF THE HIGHEST LEVELS OFFERED BY ANY HOSPITAL OR SYSTEM IN MARYLAND. TO MEET THE NEEDS OF OUR COMMUNITIES, ADVENTIST HEALTHCARE CONTINUES TO INNOVATE AND EXPAND THE RANGE OF OUR SERVICES TO BUILD ON THE STRONG FOUNDATION WE HAVE LAID FOR A HEALTHY, ENGAGED COMMUNITY.

WE RESPOND PROACTIVELY TO VARIOUS HEALTH CARE NEEDS WITH A CONTINUUM OF EXCELLENT PROGRAMS AND WIDE-RANGING SERVICES TO MEET DIVERSE POPULATIONS AS WE STRIVE TO:

1. MAINTAIN AND GROW CURRENT SERVICES
2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE
3. PROMOTE HEALTH AND WELLNESS
4. ELIMINATE HEALTH DISPARITIES

MAINTAIN AND GROW CURRENT SERVICES

WE CONTINUE TO GROW PROGRAMS AND SERVICES IN THE AREAS OF ONCOLOGY, HEART/CARDIAC, REHABILITATION, BEHAVIORAL HEALTH AND OTHER HEALTH CARE SERVICES SUPPORTING COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR MISSION. THE BENEFIT TO THE COMMUNITY WILL BE IN SUSTAINING AND GROWING QUALITY PROGRAMS THAT PROMOTE HEALTHY CHILDREN, ENCOURAGE HEALTHY LIFESTYLES FOR SENIORS, FOSTER HEALTHY FAMILIES, AND IN A HOLISTIC WAY, BUILD HEALTHIER COMMUNITIES.

ENHANCEMENTS TO OUR COMPREHENSIVE INPATIENT AND OUTPATIENT CANCER CARE SERVICES AT WASHINGTON ADVENTIST AND SHADY GROVE ADVENTIST

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HOSPITALS ENSURE THAT WE CONTINUE TO PROVIDE THE LATEST DIAGNOSTIC AND TREATMENT SERVICES THAT ARE DELIVERED WITH COMPASSION AND A DEEP UNDERSTANDING OF THE UNIQUE DEMANDS OF CANCER. BOTH INPATIENT AND OUTPATIENT SERVICES ARE AVAILABLE TO ACCOMMODATE A RANGE OF PATIENT NEEDS AND PREFERENCES. WE CARE FOR THE WHOLE PATIENT BY OFFERING EDUCATIONAL PROGRAMS AND SPECIAL SERVICES SUCH AS NUTRITION COUNSELING, STRESS MANAGEMENT, FITNESS PROGRAMS, SUPPORT GROUPS AND SMOKING CESSATION PROGRAMS, AS WELL AS THE AMERICAN CANCER SOCIETY PROGRAMS, "REACH TO RECOVERY" AND "LOOK GOOD, FEEL BETTER. "

WASHINGTON ADVENTIST HOSPITAL HAS BEEN PROVIDING FULL-SERVICE MEDICAL AND SURGICAL CARE TO THE RESIDENTS OF EASTERN MONTGOMERY COUNTY, WESTERN PRINCE GEORGE'S COUNTY AND WASHINGTON, D. C. FOR MORE THAN 100 YEARS. WHILE WASHINGTON ADVENTIST'S HISTORY REFLECTS THE SPECIAL CARE IT HAS PROVIDED FOR GENERATIONS OF FAMILIES, OF SPECIAL NOTE IS THE CARDIOVASCULAR INSTITUTE AT WASHINGTON ADVENTIST HOSPITAL. THE HOSPITAL WAS THE FIRST IN THE GREATER D. C. AREA TO PERFORM NUMEROUS CARDIAC PROCEDURES DATING FROM ITS FIRST HEART PROCEDURE IN 1962, INCLUDING MITRAL VALVULOPLASTY AND A NUMBER OF SOPHISTICATED TYPES OF ECHOCARDIOGRAPHY.

NOT ONLY DOES WASHINGTON ADVENTIST HOSPITAL PROVIDE SUBSTANTIAL CARDIAC SURGERY AND PCI PROCEDURES, INCLUDING SERVING AS A SITE FOR CARDIAC RESEARCH, BUT IT ALSO IS THE BACKUP FOR MULTIPLE HOSPITALS WITH PRIMARY AND NONPRIMARY, ELECTIVE PCI PROGRAMS THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM. THE CARDIOVASCULAR INSTITUTE ALSO HOUSES THE CENTER FOR CARDIAC & VASCULAR RESEARCH WHICH IS DEDICATED TO THE PURSUIT OF ADVANCES THAT IMPROVE THE QUALITY OF LIFE FOR PATIENTS COPING WITH CARDIOVASCULAR DISEASE.

ADVENTIST HEALTHCARE HAS RECENTLY UPGRADED OUR THREE HOSPITAL EMERGENCY DEPARTMENTS (ED) TO IMPROVE SERVICES FOR THE THOUSAND OF PATIENTS WHO VISIT THESE EMERGENCY ROOMS EACH YEAR. THE MOST RECENT ADDITION TO THIS SYSTEM WAS THE SHADY GROVE ADVENTIST EMERGENCY CENTER AT GERMANTOWN (GEC), A HIGHLY SUCCESSFUL ALTERNATIVE OUTPATIENT FACILITY THAT HAS MORE THAN EXCEEDED EXPECTATIONS SINCE IT OPENED IN 2006. CONCEIVED INITIALLY AS A WAY OF RELIEVING THE EXTRAORDINARY PRESSURE ON THE SHADY GROVE ADVENTIST HOSPITAL ED, THE GEC HAS SOLIDIFIED ITS PRESENCE BY RESPONDING TO THE NEEDS OF MORE THAN 33,000 MONTGOMERY COUNTY RESIDENTS IN 2008. A RENOVATION TO UPGRADE THE ED AT WASHINGTON ADVENTIST HOSPITAL LAST YEAR HAS ALSO HELPED EASE THE STRAIN ON EMERGENCY ROOMS ACROSS THE COUNTY AND SHORTENED WAITING ROOM TIMES AND IMPROVED CARE TO OUR PATIENTS. MONTGOMERY COUNTY'S ONLY SEXUAL

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ABUSE AND ASSAULT CENTER IS ALSO LOCATED AT SHADY GROVE ADVENTIST HOSPITAL.

EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE
FOR SOME FAMILIES, AN ILLNESS MAY MEAN A DIFFICULT CHOICE BETWEEN PAYING FOR A VISIT TO THE DOCTOR OR THE ELECTRIC BILL. PROXIMITY OF HEALTH CARE FACILITIES AND THE AVAILABILITY OF TRANSPORTATION ARE FACTORS THAT MAY PREVENT PEOPLE FROM RECEIVING BASIC CARE. IN RESPONSE, ADVENTIST HEALTHCARE HAS PARTNERED WITH SEVERAL ORGANIZATIONS IN ORDER TO BRING FREE SERVICES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN. ADVENTIST HEALTHCARE IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES.

ENSURING MATERNAL AND INFANT HEALTH IS A MAJOR PUBLIC HEALTH GOAL, AND YET THERE ARE SIGNIFICANT DISPARITIES THAT EXIST AT THE BEGINNING OF LIFE. IN RESPONSE, SHADY GROVE ADVENTIST HOSPITAL AND WASHINGTON ADVENTIST HOSPITAL ARE ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM, WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME, UNINSURED PREGNANT WOMEN. IN 2008, ACCESS TO HEALTH CARE SERVICES FOR UPCOUNTY RESIDENTS EXPANDED FURTHER WITH THE OPENING OF SHADY GROVE'S PRENATAL CENTER IN GERMANTOWN. THIS CLINIC PROVIDES FREE PRENATAL CARE TO ABOUT 200 COUNTY RESIDENTS EACH YEAR WHO ARE UNINSURED OR UNDER INSURED. THE PARTNERSHIP OF WASHINGTON ADVENTIST HOSPITAL WITH MARY'S CENTER FOR MATERNAL AND CHILD CARE AT ITS NEW PRIMARY CARE CENTER IN THE LONG BRANCH AREA OF MONTGOMERY COUNTY ALSO DEMONSTRATES HOW IMPROVED ACCESS TO FAMILY MEDICAL CARE LEADS TO HEALTHY FAMILIES AND SAFER COMMUNITIES.

OUR PARTNERSHIPS WITH MOBILEMED, MARY'S CENTER IN SILVER SPRING, THE MERCY HEALTH CLINIC IN GAITHERSBURG AND OTHERS HAVE HELPED TO ESTABLISH CLINICS FOR LOW-INCOME, UNINSURED INDIVIDUALS. IN TWO YEARS, THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND PREVENTIVE HEALTH SERVICES TO ABOUT 20,000 MEN, WOMEN AND CHILDREN IN NEED. WE PROVIDE THE VOLUNTEERS, SPACE AND COMMUNITY OUTREACH NECESSARY TO SUPPORT THE WORK OF MOBILEMED'S THREE MOBILE VANS AND 20 CLINICS, WHICH SERVE PEOPLE IN BETHESDA, GAITHERSBURG, POTOMAC, ROCKVILLE AND SILVER SPRING. MOBILEMED FILLS THE HEALTH CARE NEEDS OF COMMUNITIES THAT NEED THEM, BRINGING THOSE SERVICES DIRECTLY TO THEM.

ADVENTIST HEALTHCARE IS ALSO SEEKING TO FILL THE HEALTH CARE NEEDS OF THE UNDERSERVED AND RAPIDLY GROWING COMMUNITIES LOCATED IN UPPER MONTGOMERY COUNTY AND LOWER FREDERICK COUNTY, MARYLAND. OUR

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PROPOSED CLARKSBURG COMMUNITY HOSPITAL (CCH) WILL BE A NEW, ACUTE CARE GENERAL HOSPITAL THAT WILL PROVIDE GENERAL MEDICAL/SURGICAL, INTENSIVE /CRITICAL CARE AND PEDIATRIC SERVICES IN A STATE-OF-THE-ART HOSPITAL FACILITY. THIS NEW FIVE-STORY, 86-BED HOSPITAL WILL OPTIMIZE AND COMPLEMENT CURRENT HEALTH SERVICES LOCATED IN THAT AREA. IN ADDITION, OUR COMMITMENT TO CHARITY CARE AND THE DEVELOPMENT OF PROGRAMS AND SERVICES TO MEET THE NEEDS OF UNINSURED AND UNDER-SERVED INDIVIDUALS WILL CONTINUE AT CCH.

IN THE EAST COUNTY AREA OF MONTGOMERY COUNTY, ADVENTIST HEALTHCARE IS ACTIVELY SEEKING TO RELOCATE WASHINGTON ADVENTIST HOSPITAL TO THE WHITE OAK/CALVERTON AREA. THE COMBINED RELOCATION OF THE HOSPITAL AND REUSE OF THE TAKOMA PARK CAMPUS FOR HEALTH CARE AND COMMUNITY SERVICES IS PART OF WASHINGTON ADVENTIST HOSPITAL'S VISION FOR EXPANDED ACCESS (WWW.EXPANDEDHEALTHACCESS.COM), A MULTI-PART INITIATIVE DESIGNED TO IMPROVE THE HOSPITAL'S ABILITY TO MEET THE NEEDS OF THE COMMUNITY.

THE NEW HOSPITAL WILL HAVE PRIVATE ROOMS, STATE-OF-THE-ART EQUIPMENT AND TECHNOLOGY AND MORE SPACE FOR CLINICAL SERVICES, INCLUDING CARDIAC CARE, EMERGENCY MEDICINE, ONCOLOGY SERVICES, BEHAVIORAL HEALTH CARE AND OTHER MEDICAL SERVICES.

PROMOTE HEALTH AND WELLNESS

WE ARE PROUD TO PROVIDE HEALTH SERVICES TO TENS OF THOUSANDS OF OUR COMMUNITY MEMBERS EACH YEAR. WE SPEND MORE THAN \$1 MILLION ON HEALTH AND WELLNESS PROGRAMS INCLUDING: FREE CHILDHOOD IMMUNIZATIONS; FREE AND LOW-COST SCREENING MAMMOGRAMS; FREE PROSTATE CANCER SCREENINGS; COLON CANCER EDUCATION AND OUTREACH PROGRAM; FLU SHOTS; AND HEALTH EDUCATION CLASSES ON TOPICS FROM EXERCISE AND STRESS REDUCTION TO CPR TRAINING AND SMOKING CESSATION. OUR SIMPLE GOAL IS TO HELP TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES WE SERVE.

OF SPECIAL NOTE ARE THE FOLLOWING HEALTH & WELLNESS PROGRAMS OF ADVENTIST HEALTHCARE

CARDIAC AND VASCULAR DISEASE

ADVENTIST HEALTHCARE IS A LEADER IN THE DIAGNOSIS AND TREATMENT OF HEART DISEASE AND IS COMMITTED TO IMPROVING THE HEART HEALTH OF THE COMMUNITIES WE SERVE, PROVIDING OUTREACH AND SCREENINGS OF MORE THAN 15,000 INDIVIDUALS. THE HEART CENTERS AT BOTH THE WASHINGTON ADVENTIST HOSPITAL AND SHADY GROVE ADVENTIST HOSPITAL PARTNER WITH SEVERAL COMMUNITY GROUPS AND NATIONAL ORGANIZATIONS IN PROVIDING A WIDE ARRAY OF COMMUNITY EDUCATION AND HEALTH SCREENING TO HELP IDENTIFY INDIVIDUALS RISK LEVEL OF HEART AND

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VASCULAR DISEASE AND STROKE AND DIRECT THEM TO THE BEST WAY TO REDUCE THAT RISK. SOME SPOTLIGHTS OF THESE PROGRAMS ARE THE ANNUAL "LEGS FOR LIFE" SCREENING PROGRAM AT BOTH WASHINGTON ADVENTIST HOSPITAL AND SHADY GROVE ADVENTIST HOSPITAL CAMPUSES AS PART OF THE NATIONAL EFFORT PROMOTED BY "THE SOCIETY FOR VASCULAR & INTERVENTIONAL RADIOLOGISTS," AND AS THE MAIN SPONSOR OF THE "SISTER TO SISTER" ANNUAL EVENT, IN ADDITION TO NUMEROUS PROGRAMS WITH THE AMERICAN HEART ASSOCIATION. ALL THESE EVENTS PROVIDE FREE SCREENING AND TESTING AND ARE OPEN TO THE PUBLIC.

CANCER EDUCATION, PREVENTION AND SCREENINGS

THE BREAST CANCER SCREENING PROGRAM AT WASHINGTON ADVENTIST HOSPITAL HELPS LOW-INCOME, UNINSURED WOMEN AGES 40 AND OLDER IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES TO FIGHT AND DEFEAT BREAST CANCER. IN PARTNERSHIP WITH THE MONTGOMERY COUNTY WOMEN'S CANCER CONTROL PROGRAM AND THE STATE OF MARYLAND BREAST AND CERVICAL DIAGNOSIS AND TREATMENT PROGRAM, OUR PROGRAM OFFERS A CONTINUUM OF CARE TO PATIENTS INCLUDING SCREENINGS AND INDIVIDUAL PATIENT EDUCATION, INSTRUCTION ON BREAST SELF-EXAMINATIONS AND ACCESS TO TREATMENT. ALL PATIENTS DIAGNOSED WITH BREAST CANCER ARE CASE MANAGED FROM DIAGNOSIS THROUGH TREATMENT AND BEYOND. DIAGNOSED PATIENTS ARE ALSO RECOMMENDED TO THE SUPPORT GROUP AT WASHINGTON ADVENTIST HOSPITAL AS WELL AS THE LOOK GOOD FEEL BETTER PROGRAM. THE LOW-INCOME BREAST CANCER PROGRAM ANNUALLY SERVES MORE THAN 1,600 WOMEN WITH FREE MAMMOGRAPHY AND PROVIDES EDUCATION TO MORE THAN 2,500 WOMEN ON THE IMPORTANCE OF MAMMOGRAPHY AND EARLY DETECTION.

THE COLORECTAL CANCER SCREENING PROGRAM, SUPPORTED BY THE CIGARETTE RESTITUTION FUND, PROVIDES EDUCATION, OUTREACH, AND FREE SCREENINGS TO ELIGIBLE MEN AND WOMEN RESIDING IN MONTGOMERY COUNTY. THE GOAL OF THE COLORECTAL CANCER SCREENING PROGRAM IS TO TARGET MEN AND WOMEN WHO ARE CONSIDERED TO BE "AT-RISK" FOR COLORECTAL CANCER. THIS INCLUDES PERSONS WHO ARE AGES 50 AND OLDER, MEDICALLY UNINSURED OR UNDERINSURED, AND WHO ARE LOW INCOME. AFRICAN AMERICANS AND HISPANIC/LATINOS HAVE BEEN IDENTIFIED AS OUR MAIN TARGET POPULATIONS AS DATA REVEAL HIGH COLORECTAL CANCER DIAGNOSIS RATES IN PEOPLE OF THESE MINORITY GROUPS. PROGRAM COORDINATORS FOR THE SCREENING PROGRAM ARE CONTINUALLY OUT IN THE COMMUNITY PROMOTING THE PROGRAM AND PROVIDING OUTREACH TO FAITH-BASED SETTINGS (CHURCHES AND SYNAGOGUES), SOUP KITCHENS, AREA SHELTERS, COMMUNITY CENTERS, AND WORK SITES. IT IS OUR GOAL TO INCREASE AWARENESS WITHIN THE COMMUNITY OF THE CANCER RISK AND THE BENEFITS OF EARLY DETECTION AND SCREENING.

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IN ADDITION, ADVENTIST HEALTHCARE HOLDS FREE COMMUNITY CANCER SCREENING DAYS THROUGH WASHINGTON ADVENTIST AND SHADY GROVE ADVENTIST HOSPITALS. THE ANNUAL OUTREACH PROGRAM IS AN OPPORTUNITY FOR PEOPLE TO RECEIVE FREE, IMPORTANT TESTS FOR CERTAIN TYPES OF CANCER THROUGH THE HEALTH & WELLNESS DEPARTMENT AT ADVENTIST HEALTHCARE. A TOTAL OF 543 SCREENINGS WERE PROVIDED TO 125 PEOPLE IN THE COMMUNITY. ONE HUNDRED AND SEVENTY PEOPLE FROM THE COMMUNITY TOOK PART IN THE COMMUNITY CANCER SCREENING DAY OFFERED BY SHADY GROVE ADVENTIST HOSPITAL ON MARCH 29.

HEALTH MINISTRY

THE HEALTH MINISTRY OUTREACH OF ADVENTIST HEALTHCARE WORKS WITH MORE THAN 19 COMMUNITY ORGANIZATIONS AND MORE THAN 65 CONGREGATIONS OF ALL FAITHS, HELPING THEM THROUGH CLASSES AND HEALTH EVENTS TO TRAIN AND SUPPORT FAITH COMMUNITY (PARISH) NURSES WHO WILL DIRECTLY PROVIDE SUPPORT AND CARE AT THE LOCAL COMMUNITY LEVEL. ADVENTIST HEALTHCARE IS ALSO THE SITE OF THE ADVENTIST HEALTHCARE-CLINICAL PASTORAL EDUCATION PROGRAM, AN INTERFAITH PROFESSIONAL EDUCATION FOR THEOLOGICAL STUDENTS AND MINISTERS INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS. SINCE 2005, 48 STUDENTS HAVE GRADUATED FROM THE AHC-CPE PROGRAM, CLINICALLY TRAINED CHAPLAINS WHO NOW SERVE AS STAFF AND DIRECTORS OF AREA HEALTH CARE INSTITUTIONS. CPE GRADUATES WORK IN DIVERSE HEALTHCARE INSTITUTIONS SUCH AS: GENERAL AND ACUTE CARE, UNIVERSITY, CHILDREN'S, PSYCHIATRIC, MILITARY, VA, GERIATRIC CENTERS, HOSPICES, PARISHES, MENTAL HEALTH FACILITIES, CORRECTIONAL INSTITUTIONS, AND A VARIETY OF OTHER SETTINGS.

COMMUNITY HEALTH EDUCATION

OUR ACUTE CARE HOSPITALS NOT ONLY TREAT ILLNESS AND DISEASE, WE ALSO PROMOTE HEALTH AND WELLNESS THROUGH OUR EXTENSIVE HEALTH & WELLNESS PROGRAMS. THESE HEALTH EDUCATION CLASSES, SCREENING EVENTS, SUPPORT GROUPS, AND SPECIAL PROGRAMS AND EVENTS ARE DEDICATED TO PROMOTING PHYSICAL, EMOTIONAL AND SPIRITUAL HEALTH AND HEALING TO OUR COMMUNITY. WE PROVIDE A BROAD RANGE OF COMMUNITY EDUCATION PROGRAMS AND OFFERS PREVENTIVE PROGRAMS AND SCREENINGS THAT TARGET SPECIAL POPULATIONS INCLUDING CHILDREN, MEN, WOMEN, THE ELDERLY AND MINORITIES. MORE THAN 20,000 PEOPLE RECEIVED EDUCATION AND SCREENING SERVICES IN 2008.

IN ADDITION TO THE DIRECT SERVICES OFFERED TO THE COMMUNITY, HEALTH & WELLNESS COLLABORATES WITH MULTIPLE ORGANIZATIONS INCLUDING:

ADVENTIST COMMUNITY SERVICES
AMERICAN HEART ASSOCIATION
AMERICAN LUNG ASSOCIATION

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AVON FOUNDATION
SUSAN G. KOMEN FOUNDATION
MONTGOMERY COUNTY HEALTH AND HUMAN SERVICES
LATINO HEALTH INITIATIVE
AFRICAN AMERICAN HEALTH PROGRAM
ASIAN AMERICAN HEALTH INITIATIVE
MONTGOMERY COUNTY FIRE AND RESCUE SERVICES
HEALTHY KIDS CAMPAIGN
SISTER TO SISTER FOUNDATION
GROWS (GRASS ROOTS ORGANIZATIONS FOR WELL-BEING OF SENIORS)
AFRICAN IMMIGRANT AND REFUGEE FOUNDATION
PRIMARY CARE COALITION
MOBILE MED
COLLABORATION COUNCIL
MONTGOMERY COUNTY CANCER CRUSADE
UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH
MONTGOMERY COUNTY FIRE RESCUE

THESE PARTNERSHIPS HELP IMPROVE COMMUNITY HEALTH AND WELL-BEING. THESE AND OTHER SERVICES AUGMENT AN ARRAY OF PROGRAMS, CLASSES, SCREENINGS, HEALTH FAIRS, AND OTHER EFFORTS DESIGNED TO PROMOTE HEALTH AND WELLNESS TO BUILD AND SUSTAIN THE HEALTHY COMMUNITIES IN WHICH WE LIVE AND WORK.

ELIMINATE HEALTH DISPARITIES

WHEN HELPING A PATIENT, A PROVIDER MAY FACE DIFFICULTIES TO DIAGNOSE AND TREAT A PATIENT'S BOTH SPOKEN AND UNSPOKEN NEEDS. NO MATTER IF THE PATIENT IS A CRYING TODDLER, AN ACTIVE SENIOR OR A YOUNG WOMAN WHO MAY NOT UNDERSTAND THE PROVIDER'S LANGUAGE, ALL DESERVE THE OPPORTUNITY TO RECEIVE GOOD CARE. AMONG THE PROGRAMS WE DEVELOPED IS THE CENTER ON HEALTH DISPARITIES, WHICH WAS CREATED IN 2005 FROM A DEEP DESIRE TO PROVIDE QUALITY CARE TO ALL BY RECOGNIZING THE IMPORTANT ROLE OF COMMUNICATION BETWEEN A PATIENT AND A PROVIDER. THE CENTER SEEKS TO IDENTIFY, ADDRESS AND ELIMINATE HEALTH DISPARITIES AMONG VARIOUS POPULATIONS IN THE COMMUNITIES WE SERVE SO THAT HEALTH CARE IS PROVIDED IN A COMPASSIONATE AND SUCCESSFUL MANNER.

THE CENTER UTILIZES EDUCATION AND TRAINING PROGRAMS TO EQUIP OUR COMMUNITY AND PROVIDERS WITH THE NECESSARY TOOLS TO PROVIDE CARE FOR OUR DIVERSE COMMUNITY IN A CULTURALLY SENSITIVE WAY. THE CENTER'S QUALIFIED BILINGUAL STAFF (QBS) PROGRAM TRAINS BILINGUAL SUPPORT STAFF IN PROPER INTERPRETATION IN THE MEDICAL ENVIRONMENT TO IMPROVE PATIENT-PROVIDER COMMUNICATION. ADVENTIST HEALTHCARE HAS PROVIDED MEDICAL INTERPRETATION AND CULTURAL COMPETENCY TRAINING TO 150 OF ITS BILINGUAL NURSES, JANITORS, TECHNICIANS AND

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OTHER STAFF MEMBERS. THE SUCCESSFUL PROGRAM HAS ALSO PROVIDED TRAINING TO MONTGOMERY CARES AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

THROUGH THE CENTER, WE HAVE PARTNERED WITH IMMIGRANT ADVOCACY ORGANIZATIONS SUCH AS CASA DE MARYLAND TO PROVIDE HEALTH CARE AND COMMUNITY SERVICES FOR THE IMMIGRANT COMMUNITIES IN MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY. THE PARTNERSHIP INCLUDES THE PROVISION OF PRIMARY MEDICAL CARE FOR UNINSURED RESIDENTS, COLLABORATION ON WAYS TO ENCOURAGE IMMIGRANTS TO PURSUE A CAREER IN HEALTH CARE AND A VARIETY OF OTHER COMMUNITY SERVICES INCLUDING LANGUAGE ASSISTANCE AND JOB TRAINING THAT WILL ASSIST THOSE INDIVIDUALS IN BECOMING PART OF THE COMMUNITY.

IN ADDITION TO PROVIDING CHARITY CARE AT ITS 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.

4B PROGRAM SERVICE

SHARED SERVICES

ADVENTIST HEALTHCARE, A NOT-FOR-PROFIT INTEGRATED HEALTH SERVICES SYSTEM IN ROCKVILLE, MD., SEEKS TO CONTRIBUTE VALUE TO THE COMMUNITY BY PROMOTING HEALTH AND WELLNESS AND BY PROVIDING PATIENTS WITH EASY ACCESS TO QUALITY HEALTH SERVICES IN THE MOST APPROPRIATE AND AFFORDABLE SETTING.

IN SOME CASES, THE MOST APPROPRIATE SETTING FOR OPTIMUM HEALTH CARE MAY BE A PATIENT'S OWN HOME OR IN A SPECIALIZED, NON-ACUTE CARE FACILITY. IN OTHER CASES, PERHAPS THERE SIMPLY IS NO AFFORDABLE SITUATION FOR A PATIENT'S CARE, SO LIFE-SAVING TREATMENTS ARE PROVIDED AS CHARITY CARE. WHATEVER THE CIRCUMSTANCE, ADVENTIST HEALTHCARE HAS DEVELOPED ASSOCIATED SERVICES THAT ADDRESS THE PERSONAL DIGNITY AND QUALITY CARE THAT ALL PATIENTS DESERVE FROM A HEALTH CARE INSTITUTION.

IN ADDITION TO ACUTE CARE AND BEHAVIORAL HEALTH PROGRAMS, ADVENTIST HEALTHCARE INCLUDES THE SHARED CORPORATE SERVICES OF CHARITY/UNCOMPENSATED CARE, NURSING HOMES, HOME HEALTH PROGRAMS,

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HEALTH & WELLNESS INITIATIVES AND REHABILITATION SERVICES, AS WE PROMOTE A MORE PATIENT- AND FAMILY-CENTERED PROGRAM OF CARE AND HEALING IN REGARD FOR THE INDIVIDUAL.

ADVENTIST HEALTHCARE HAS IDENTIFIED FIVE CORE VALUES THAT WE USE AS A GUIDE IN CARRYING OUT OUR DAY-TO-DAY ACTIVITIES:

- RESPECT: WE RECOGNIZE THE INFINITE WORTH OF THE INDIVIDUAL AND CARE FOR EACH ONE AS A WHOLE PERSON.
- INTEGRITY: WE ARE ABOVE REPROACH IN EVERYTHING WE DO.
- SERVICE: WE PROVIDE COMPASSIONATE AND ATTENTIVE CARE IN A MANNER THAT INSPIRES CONFIDENCE.
- EXCELLENCE: WE PROVIDE WORLD CLASS CLINICAL OUTCOMES IN AN ENVIRONMENT THAT IS SAFE FOR BOTH OUR PATIENTS AND CARE GIVERS.
- STEWARDSHIP: WE TAKE PERSONAL RESPONSIBILITY FOR THE EFFICIENT AND EFFECTIVE ACCOMPLISHMENT OF OUR MISSION.

OUR R. I. S. E. S. VALUES ARE THE FOUNDATION FOR OUR MISSION, VISION AND STRATEGIES AS WE STRIVE TO BE A LEADER IN CARE AND CLINICAL SERVICE DELIVERY, AN INNOVATOR IN HEALTH AND MEDICAL MANAGEMENT AND AN ACTIVE PARTICIPANT IN EDUCATION AND RESEARCH.

CHARITY AND UNCOMPENSATED CARE

THE MISSION OF ADVENTIST HEALTHCARE IS TO "DELIVER GOD'S CARE TO PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." IN MEETING THIS MISSION AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

ADVENTIST HEALTHCARE CONSISTENTLY PROVIDES HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE AND LAST YEAR PROVIDED \$68 MILLION - OR 11% OF REVENUE, IN CHARITY AND OTHER FORMS OF UNCOMPENSATED CARE, ONE OF THE HIGHEST LEVELS OFFERED BY ANY HOSPITAL OR HEALTH SYSTEM IN MARYLAND.

WASHINGTON ADVENTIST HOSPITAL HAS THE HIGHEST PERCENTAGE OF CHARITY CARE AS A PERCENTAGE OF ITS OPERATING EXPENSES AMONG MONTGOMERY COUNTY HOSPITALS, AND IS THE ONLY HOSPITAL FROM THIS JURISDICTION IN THE FIRST QUARTILE AMONG MARYLAND HOSPITALS. WASHINGTON ADVENTIST WAS RANKED FOURTH (OUT OF A TOTAL OF 47 HOSPITALS) IN THE STATE OF MARYLAND BASED ON DATA FROM THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION; CHARITY CARE REPRESENTED 4 PERCENT OF ITS TOTAL OPERATING EXPENSES IN FY 2007, THE HIGHEST OF ANY OTHER HOSPITAL IN MONTGOMERY COUNTY.

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FOR MORE THAN 100 YEARS, WASHINGTON ADVENTIST HOSPITAL HAS PLACED A PREMIUM ON MEETING THE NEEDS OF ALL IN ITS COMMUNITY, IRRESPECTIVE OF ABILITY TO PAY. THIS TRADITION OF COMPASSION AND CONCERN FOR THE LESS FORTUNATE CONTINUES.

WASHINGTON ADVENTIST HAS INITIATED A NUMBER OF PROGRAMS AND SERVICES DEVOTED TO EXTENDING ACCESS TO HEALTH CARE SERVICES FOR LOW INCOME, UNINSURED, AND HISTORICALLY UNDER-SERVED COMMUNITIES. THESE MEASURES INCLUDE THE DEVELOPMENT OF A CENTER ON HEALTH DISPARITIES, CREATED TO IDENTIFY, ADDRESS, AND ELIMINATE HEALTH DISPARITIES IN COMMUNITIES SERVED BY THE HOSPITAL AND ITS PARENT ORGANIZATION, ADVENTIST HEALTHCARE. THE HOSPITAL ALSO HAS PARTNERED WITH CASA DE MARYLAND TO EXTEND ACCESS TO CARE AND EXPAND SOCIAL SERVICES FOR THE IMMIGRANT COMMUNITY. FURTHER, THE HOSPITAL HAS PARTNERED WITH MARY'S CENTER AND MONTGOMERY COUNTY'S MOBILE MED TO DEVELOP CLINICS FOR LOW INCOME, UNINSURED INDIVIDUALS. THESE MEASURES ARE IN ADDITION TO THE HIGH LEVELS OF CHARITY CARE AND UNCOMPENSATED CARE PROVIDED BY THE HOSPITAL.

THE GROWING DEMANDS ON WASHINGTON ADVENTIST HOSPITAL TO ADDRESS THE NEEDS OF INDIGENT AND MEDICALLY-UNINSURED PATIENTS ARE DIRECTLY RELATED TO THE CHANGING DEMOGRAPHICS OF THE COMMUNITIES SERVED BY THE HOSPITAL. THE COMMUNITIES OF TAKOMA PARK, SILVER SPRING, AND LANGLEY PARK, IN PARTICULAR, HAVE SEEN A SIGNIFICANT INCREASE IN THE NUMBER OF FOREIGN-BORN RESIDENTS OVER THE PAST TWO DECADES, INCLUDING UNDOCUMENTED PERSONS WHO DO NOT QUALIFY FOR MEDICAL ASSISTANCE PROGRAMS, YET STILL HAVE HEALTH CARE NEEDS THAT ARE MET BY WASHINGTON ADVENTIST.

SHADY GROVE ADVENTIST HOSPITAL RANKED 15TH WITH CHARITY CARE REPRESENTING 2.6 PERCENT OF ITS TOTAL OPERATING EXPENSES.

IN ADDITION TO PROVIDING CHARITY CARE AT ITS 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 CHARACTERISTIC.

NURSING HOMES (SEPARATE LEGAL ENTITIES MANAGED BY ADVENTIST HEALTHCARE'S EXECUTIVE TEAM)

AS WE GROW OLDER, OUR PHYSICAL AND MENTAL ABILITIES CHANGE. THOUGH IT IS NATURAL TO WANT TO CONTINUE TO BE AS INDEPENDENT AS

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POSSIBLE, THERE MAY COME A TIME WHEN LIVING ON ONE'S OWN IS NO LONGER THE SAFEST OR BEST CHOICE. TO ADDRESS THE UNIQUE SITUATIONS AND NEEDS THAT COME WITH AGING, ADVENTIST HEALTHCARE OFFERS A COMPREHENSIVE RANGE OF SENIOR SERVICES THROUGH ITS ADVENTIST SENIOR LIVING SERVICES NURSING AND REHABILITATION CENTERS.

A NURSING AND REHABILITATION CENTER IS A PLACE FOR PEOPLE WHO DO NOT NEED TO BE IN A HOSPITAL BUT CAN NO LONGER BE CARED FOR AT HOME BECAUSE THEY NEED PERSONAL OR MEDICAL CARE. ADVENTIST HEALTHCARE INCLUDES SHADY GROVE NURSING & REHABILITATION CENTER, SLIGO CREEK NURSING & REHABILITATION CENTER, SPRINGBROOK NURSING & REHABILITATION CENTER, FAIRLAND NURSING & REHABILITATION CENTER AND BRADFORD OAKS NURSING & REHABILITATION CENTER AND GLADE VALLEY NURSING & REHABILITATION CENTER

IN 2008, ADVENTIST HEALTHCARE'S CHARITY CARE INCLUDED ALMOST HALF A MILLION DOLLARS FOR RESIDENTS WHO NEEDED CARE AT THESE ORGANIZATION'S NURSING AND REHABILITATION CENTERS THROUGHOUT MONTGOMERY COUNTY.

THESE SPECIAL COMMUNITIES CARE FOR FAMILY MEMBERS WITH PERSONALIZED TREATMENT PLANS DEVELOPED TO HELP EACH PERSON REACH THE HIGHEST LEVEL OF HEALTH POSSIBLE. COORDINATION OF CARE IS MANAGED BY A DEDICATED, EXPERIENCED HEALTH CARE TEAM. HIGHLY SKILLED NURSES AND GERIATRIC NURSING ASSISTANTS PROVIDE ROUND-THE-CLOCK NURSING AND PERSONAL CARE ASSISTANCE TO EACH RESIDENT.

A WIDE ARRAY OF REHABILITATIVE ACTIVITIES GUIDE THE WAY TO A GREATER LEVEL OF INDEPENDENCE. EACH RESIDENT PARTICIPATES IN A COMPREHENSIVE PROGRAM DEVELOPED AND DELIVERED BY EXPERTS IN THE FIELDS OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH LANGUAGE THERAPY, AND THERAPEUTIC RECREATION. MEDICAL PROFESSIONALS PROVIDE CARE WHEN THE PATIENT NEEDS IT. FOR THOSE WHO ARE IN NEED OF ASSISTANCE, AID IN PERSONAL CARE AND HYGIENE IS GIVEN BY NURSING ASSISTANTS. SUPPORT WITH DRESSING, GROOMING AND BATHING IS GIVEN AND LAUNDRY SERVICES ARE AVAILABLE.

A COMMITTED TEAM OF VOLUNTEERS SUPPORT OUR RESIDENTS. WE ENCOURAGE FAMILIES OF OUR RESIDENTS TO JOIN THE VOLUNTEER TEAM, GET INVOLVED IN OUR COMMUNITY AND TO BECOME ACTIVE MEMBERS OF OUR FAMILY COUNCIL-A SUPPORT AND ADVISORY GROUP. VOLUNTEERS AND FAMILIES HELP WITH EVERYTHING FROM LETTER WRITING TO HOLIDAY PARTIES. RELIGIOUS SERVICES FROM A VARIETY OF DENOMINATIONS ARE ALSO OFFERED. WE STRIVE TO PROMOTE SUCH COMFORTS OF HOME AS ATTRACTIVE ARTWORK AND INVITING COMMON AREAS. SECURITY SYSTEMS, SMOKE ALARMS, SPRINKLER

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SYSTEMS AND A 24-HOUR CALL SYSTEM GIVE OUR RESIDENTS A SENSE OF SECURITY.

ADVENTIST HEALTHCARE ALSO HAS COMPREHENSIVE NURSING AND REHABILITATION CENTERS THAT PROVIDE STATE-OF-ART CARE FOR PATIENTS WITH MORE SPECIALIZED NEEDS:

FAIRLAND NURSING AND REHABILITATION CENTER, LOCATED IN SILVER SPRING, MARYLAND, PROVIDES COMPREHENSIVE NURSING AND REHABILITATION SERVICES AS WELL AS A STATE-OF-THE-ART RESPIRATORY CARE UNIT THAT SERVES THE NEEDS OF VENTILATOR AND HIGH INTENSE PULMONARY DEPENDENT PATIENTS FROM THE COMMUNITY. WITH THE EXPERTISE OF PULMONOLOGISTS, RESPIRATORY THERAPISTS AND PROFESSIONAL NURSING STAFF, CARE IS PROVIDED TO PATIENTS WITH COMPLEX RESPIRATORY COMPLICATIONS SUCH AS VENTILATOR/TRACH CARE DEPENDENCY DUE TO RESPIRATORY FAILURE, LUNG DISEASE OR CHEST INJURY, CARDIAC DISORDERS, NEUROLOGICAL DISORDERS, NEUROMUSCULAR DISORDERS, MULTIPLE SCLEROSIS, LOU GEHRIG'S DISEASE, MOTOR VEHICLE ACCIDENTS, POST OPERATIVE WEANING FAILURE, COMPLICATIONS RESULTING FROM OTHER PULMONARY DISORDERS. AT FAIRLAND, A CARING, PROFESSIONAL TEAM HELPS EACH RESIDENT REACH THE HIGHEST LEVEL OF HEALTH AND FUNCTIONING. RESPIRATORY THERAPY, SUCH AS ASSESSMENT AND DIAGNOSTIC EVALUATION, MAINTAINING ARTIFICIAL AIRWAYS, VENTILATOR THERAPY, VENTILATOR WEANING, FREQUENT TRACH SUCTIONING, BRONCHIAL HYGIENE THERAPY, BREATHING RETRAINING, AND PATIENT EDUCATION ARE PROVIDED TO MEET THE NEEDS OF EACH RESIDENT.

GLADE VALLEY NURSING & REHABILITATION CENTER, A 124-BED FACILITY LOCATED IN WALKERSVILLE, MARYLAND, ALSO FEATURES HAVENCOURT, A 36-BED ALZHEIMER'S CARE UNIT THAT OFFERS SECURITY, COMFORT AND CARE FOR LOVED ONES WHO SUFFER FROM DEMENTIA. PROFESSIONALLY TRAINED STAFF CAN ALSO MANAGE CHALLENGING BEHAVIORS, WHILE AT THE SAME TIME ENRICHING THE LIVES OF EACH RESIDENT. AT GLADE VALLEY NURSING AND REHABILITATION CENTER, A TEAM OF SKILLED NURSES AND GERIATRIC NURSING ASSISTANTS PROVIDES AROUND-THE-CLOCK NURSING AND PERSONAL CARE ASSISTANCE TO EACH RESIDENT. PSYCHIATRIC COUNSELING SERVICES, X-RAY AND ELECTRO-CARDIOGRAM (EKG) SERVICES ARE ALSO AVAILABLE.

SHADY GROVE NURSING & REHABILITATION CENTER IS A 130-BED FACILITY LOCATED IN MONTGOMERY COUNTY ON THE MEDICAL CAMPUS NEXT TO SHADY GROVE ADVENTIST HOSPITAL IN THE HEART OF ROCKVILLE. A VARIETY OF OPTIONS FOR CARE ARE AVAILABLE TO LOVED ONES INCLUDING LONG TERM, SHORT TERM, HOSPICE, AND RESPITE CARE. LOCATED ON THE SHADY GROVE NURSING AND REHABILITATION CENTER CAMPUS IS KINGSHIRE MANOR ASSISTED LIVING. WITHIN KINGSHIRE MANOR, RESIDENTS RECEIVE

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PERSONAL CARE IN AN INTIMATE SETTING, WITH LICENSED NURSING STAFF AVAILABLE 24 HOURS A DAY. THE MEDICAL STAFF IS ABLE TO MANAGE AND ACCOMMODATE SPECIAL MEDICAL NEEDS, INCLUDING COLOSTOMY CARE AND TUBE FEEDING.

SPRINGBROOK NURSING & REHABILITATION CENTER, A 91-BED FACILITY LOCATED IN SILVER SPRING, MARYLAND, IN-HOUSE DIALYSIS IN ADDITION TO THE SHORT TERM REHABILITATION AND LONG TERM CARE SERVICES, SPRINGBROOK FEATURES INPATIENT DIALYSIS RESIDENT CARE AND AN ON-SITE HEMODIALYSIS CENTER. THE CENTER PROVIDES DIALYSIS FOR SPRINGBROOK NURSING AND REHABILITATION CENTER RESIDENTS AND OUTPATIENT SERVICES FOR INDIVIDUALS IN THE COMMUNITY WHO REQUIRE ONGOING TREATMENT FOR END-STAGE RENAL DISEASE. WITH SERVICES PROVIDED SIX DAYS PER WEEK AND THREE SHIFTS PER DAY, PATIENTS CAN RECEIVE THE CARE THAT THEY NEED WITH THE ATTENTION THAT THEY DESERVE. THE DIALYSIS CENTER IS STAFFED BY CERTIFIED DIALYSIS TECHNICIANS AND REGISTERED DIALYSIS NURSES. WASHINGTON NEPHROLOGY ASSOCIATES PROVIDE PHYSICIAN MEDICAL COVERAGE. THERE IS A DIRECTOR OF NURSING, SOCIAL WORKER, AND REGISTERED DIETICIAN ON SITE. MEDICARE, MEDICAID, AND OTHER INSURANCES ARE ACCEPTED. CABLE TELEVISION AND INTERNET ACCESS ARE AT THE TREATMENT STATIONS. THERE ARE COMMUNITY EDUCATION SEMINARS HELD ON A REGULAR BASIS.

ADVENTIST HEALTHCARE'S NURSING AND REHABILITATION CENTERS ALSO INCLUDE SLIGO CREEK NURSING AND REHABILITATION CENTER, A 102-BED FACILITY LOCATED ADJACENT TO WASHINGTON ADVENTIST HOSPITAL IN TAKOMA PARK, MARYLAND; BRADFORD OAKS NURSING AND REHABILITATION CENTER, A 180-BED FACILITY LOCATED IN CLINTON, MARYLAND

ADVENTIST HEALTHCARE RECOGNIZES AND AFFIRMS THE WORTH AND DIGNITY OF EVERY HUMAN BEING. WHEN YOU OR YOUR LOVED ONE CAN NO LONGER FUNCTION INDEPENDENTLY AND SKILLED NURSING CARE IS NECESSARY, IT'S TOUGH TO KNOW WHERE TO TURN. ADVENTIST SENIOR LIVING SERVICES OFFERS SENIORS AN EASY SOLUTION WITH ASSISTED LIVING AND COMPREHENSIVE-CARE NURSING AND REHABILITATION CENTERS LOCATED CONVENIENTLY IN AREAS THROUGHOUT MARYLAND. HIGH-QUALITY HEALTHCARE IS AVAILABLE IN AN ATMOSPHERE OF COMFORT AND SECURITY TO CREATE SUPPORTIVE, HEALING, CARING, LIVING COMMUNITY.

HOME HEALTH SERVICES

(SEPARATE LEGAL ENTITY MANAGED BY ADVENTIST HEALTHCARE'S EXECUTIVE TEAM)

FOR ANY NUMBER OF REASONS, RECEIVING CARE AT HOME--WHETHER FOR ONGOING TREATMENT OR RECOVERING AFTER A HOSPITAL STAY -- CAN LIFT A PATIENT'S SPIRITS AND RECOVERY. SINCE 1973, ADVENTIST HOME HEALTH, A MEMBER OF ADVENTIST HEALTHCARE, HAS BROUGHT HEALING HOME

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WITH COMPREHENSIVE SKILLED SERVICES AND COMPASSIONATE CARE. IN 1983 WE EXPANDED OUR HOME CARE DIVISION TO INCLUDE ADVENTIST HOME ASSISTANCE, WHICH PROVIDES PRIVATE DUTY NURSING SERVICES AND PERSONAL CARE FOR PATIENTS THAT REQUIRE ASSISTANCE TO STAY INDEPENDENT IN THEIR HOME. ADVENTIST CHOICE NURSING WAS ESTABLISHED IN 1995 TO OFFER A COST EFFECTIVE OPTION FOR PRIVATE DUTY AND SKILLED NURSING SERVICES.

TODAY, ADVENTIST HOME HEALTH'S TEAM OF SKILLED NURSES, THERAPISTS AND SOCIAL WORKERS DELIVER COMPREHENSIVE SERVICES WITH COMPASSIONATE CARE TO HOMES THROUGHOUT MONTGOMERY, PRINCE GEORGE'S, ST. MARY'S, CHARLES, CALVERT, ANNE ARUNDEL AND HOWARD COUNTIES. ADVENTIST HOME HEALTH'S SERVICES INCLUDE SPECIALIZED CARE FOR CARDIAC PATIENTS, NEW MOTHERS, BABIES AND CHILDREN.

OUR HOME HEALTH SERVICES INCLUDE:

NURSING SERVICES: ADULT NURSING, CARDIAC CARE, LACTATION SUPPORT, DIABETES MANAGEMENT, WOUND CARE, PHOTOTHERAPY, MEDICATION MANAGEMENT, MATERNAL & CHILD CARE, OSTOMY CARE, PEDIATRIC NURSING

REHABILITATION SERVICES: PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY

ANCILLARY SERVICES: MEDICAL, SOCIAL WORK, PERSONAL CARE, CHAPLAINCY, NUTRITIONAL COUNSELING

THE GOALS OF THE PROGRAMS ARE TO HELP PATIENTS RECOVER AND FUNCTION AS INDEPENDENTLY AS POSSIBLE IN THEIR HOMES. OUR NURSES, THERAPISTS AND SOCIAL WORKERS COLLABORATE WITH REFERRING PHYSICIANS AND PROVIDERS - AND WORK CLOSELY WITH FAMILIES - TO DEVELOP THE BEST COURSE OF HOME TREATMENT FOR PATIENTS. THE AIM IS TO INCREASE PATIENT AND CAREGIVER KNOWLEDGE OF THE DISEASE AND RECOVERY PROCESS; ENSURE THAT THE PATIENT AND CAREGIVER COMPLY WITH THE MEDICATION REGIMEN AND REHABILITATION PROGRAM; ASSIST HOSPITALS AND PHYSICIANS IN DECREASING A PATIENT'S LENGTH OF STAY AND TO DECREASE THE INCIDENCE OF A PATIENT'S HOSPITALIZATION AND NEED FOR EMERGENCY CARE.

ADULT NURSING SERVICES PROVIDE SUPPORT FOR COMMONLY TREATED CONDITIONS SUCH AS DIABETES MELLITUS, CORONARY ARTERY DISEASE (CAD), CONGESTIVE HEART FAILURE (CHF), CHRONIC OBSTRUCTIVE LUNG DISEASE (COPD), DECUBITUS CARE, POST-SURGICAL WOUND CARE, OSTOMY CARE, FEEDING TUBES AND INDWELLING URINARY CATHETERS. OUR ADULT NURSING SERVICES INCLUDE ASSESSMENT OF THESE CONDITIONS, CARE AND INSTRUCTION ON THE MANAGEMENT OF THESE CONDITIONS SO THAT PATIENTS AND FAMILIES OR CAREGIVERS CAN FOLLOW THE MEDICAL PLAN AT HOME.

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ADVENTIST HOME HEALTH HAS BEEN PROVIDING SERVICES TO NEW MOTHERS AND NEWBORNS IN OUR COMMUNITY FOR OVER 20 YEARS. OUR PROGRAM IS AVAILABLE TO MOTHERS PRIOR TO AND FOLLOWING DELIVERY AND THEIR HOSPITAL STAY, AND INCLUDES PROMPT TELEPHONE REPORTS TO THE PHYSICIAN REGARDING COMPLICATIONS. MATERNAL/CHILD SERVICES INCLUDE MATERNAL ASSESSMENT SERVICES, NEWBORN ASSESSMENT SERVICES, AND MATERNAL/CHILD SPECIALTY SERVICES. THESE INCLUDE A RANGE OF PRENATAL TO POST-NATAL AREAS RANGING FROM ASSESSMENT AND TEACHING FOR HIGH-RISK OBSTETRIC PATIENTS TO BREASTFEEDING ASSISTANCE PROVIDED BY CERTIFIED LACTATION CONSULTANTS.

PEDIATRIC NURSING BY EXPERIENCED PEDIATRIC REGISTERED NURSES PROVIDE CARE FOR THE SMALLEST AMONG US WHO NEED SPECIAL - AND HIGHLY SPECIALIZED - HEALTH CARE SERVICES. ADVENTIST HOME HEALTH HAS BEEN PROVIDING PEDIATRIC HOME CARE TO FAMILIES FOR MORE THAN 15 YEARS. EACH PATIENT RECEIVES AN INDIVIDUALIZED PLAN OF CARE DEVELOPED UNDER THE DIRECTION OF A PHYSICIAN. COMMONLY TREATED CONDITIONS INCLUDE OREMATUREITY, BRONCHOPULMONARY DYSPLASIA (BPD), APNEA, REFLUX, CONGENITAL SYNDROMES, DEVELOPMENTAL DELAYS CARDIAC ANOMALIES, AND OTHER CONDITIONS IN ADDITION TO A TOTAL NURSING ASSESSMENT, INCLUDING GROWTH PARAMETERS, VITAL SIGNS AND PHYSICAL ASSESSMENT.

OUR HOME HEALTH AIDES PROVIDE A VARIETY OF PERSONAL CARE SERVICES FOR PATIENTS OF ALL AGES. THEY WORK UNDER THE DIRECT SUPERVISION OF A REGISTERED NURSE, WHO PERFORMS A SUPERVISORY VISIT EVERY 14 DAYS. THESE VISITS ENSURE THAT THE PLAN OF CARE CONTINUES TO ADDRESS THE PATIENT'S NEEDS. SERVICES INCLUDE: DOCUMENTING AND REPORTING THE PATIENT'S STATUS AND THE CARE OR SERVICES PROVIDED; MEASURING TEMPERATURE, PULSE, RESPIRATION AND BLOOD PRESSURE; BATHING, SHAVING AND ORAL HYGIENE, DRESSING, CHANGING BED LINENS; NAIL AND SKIN CARE; ADMINISTERING MEDICATIONS THAT DO NOT REQUIRE THE SKILLS OF A REGISTERED NURSE. LIGHT HOUSEKEEPING, PERSONAL LAUNDRY AND PREPARING SIMPLE, NUTRITIOUS MEALS ARE ALSO OFFERED, AS DIRECTED.

ADVENTIST HOME HEALTH ALSO PROVIDES PHYSICAL THERAPY SERVICES DESIGNED TO TREAT A WIDE RANGE OF PATIENT NEEDS AND IMPROVE FUNCTIONAL INDEPENDENCE AT HOME. THESE CONDITIONS MAY INCLUDE STROKE/NEUROLOGICAL DISORDERS, JOINT REPLACEMENT, AMPUTATION, HEAD INJURY, DEVELOPMENTAL DELAYS, FRACTURES OF UPPER AND LOWER EXTREMITIES, SPINAL CORD INJURY, ARTHRITIS OR POST-TRAUMATIC INJURIES. AGAIN, STAFF PROVIDE CARE AND INSTRUCTION SO THAT PATIENTS MAY RECOVER AT HOME.

QUALIFIED MEDICAL SOCIAL WORKERS OR SUPERVISED SOCIAL WORK

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ASSISTANTS ARE AVAILABLE IN ACCORDANCE WITH THE PLAN OF CARE. MEDICAL SOCIAL SERVICES INCLUDE: PREPARATION OF CLINICAL AND PROGRESS NOTES; WORKING WITH THE PATIENT'S FAMILY; IDENTIFYING AND USING COMMUNITY RESOURCES; PARTICIPATION IN DISCHARGE PLANNING. PATIENTS QUALIFYING FOR MEDICAL SOCIAL SERVICES INCLUDE STROKE, CANCER, AIDS AND ALZHEIMER'S PATIENTS; TERMINALLY ILL PATIENTS; AND THOSE WITH A HISTORY OF PSYCHIATRIC OR EMOTIONAL PROBLEMS.

NUTRITIONAL SCREENING AND SERVICES HELP TO IDENTIFY PATIENTS WHO ARE AT RISK FOR POOR NUTRITIONAL HEALTH, AND TO IDENTIFY PATIENTS WHOSE OVERALL NUTRITIONAL HEALTH COULD BE IMPROVED. NUTRITIONAL COUNSELING IS ALSO PROVIDED. OUR STAFF USE A NUTRITIONAL SCREENING TOOL PATIENT CLASSIFICATION SYSTEM TO ASSESS A PATIENT'S NUTRITIONAL CONDITION. PATIENTS QUALIFYING FOR NUTRITIONAL SERVICES INCLUDE: DIABETIC PATIENTS; THOSE WITH CANCER OR AIDS; PATIENTS WITH ORAL-MOTOR PROBLEMS THAT COMPROMISE THE QUALITY OF FOOD INTAKE; THOSE WITH FEEDING TUBES USED AS A PARTIAL OR SOLE SOURCE OF NUTRITIONAL SUPPORT.

ADVENTIST HOME HEALTH IS A STATE-LICENSED HOME HEALTH AGENCY AND IS CERTIFIED BY MEDICARE. IT IS ACCREDITED BY THE COMMUNITY HEALTH ACCREDITATION PROGRAM (CHAP), AN INDEPENDENT, NON-PROFIT ACCREDITING BODY WHOSE PURPOSE IS "TO OBJECTIVELY VALIDATE THE EXCELLENCE OF COMMUNITY HEALTH CARE PRACTICE THROUGH CONSISTENT MEASUREMENT OF THE DELIVERY OF QUALITY SERVICES."

REHABILITATION

WE BELIEVE THAT REHABILITATION IS ALL ABOUT HELPING OUR PATIENTS SET THEIR GOALS AND REACH THEM. EXPERT CARE TEAMS WORKING SIDE-BY-SIDE WITH PATIENTS, USING INNOVATIVE THERAPIES, STATE-OF-THE-ART EQUIPMENT AND GROUND-BREAKING TECHNOLOGY COMBINE TO OFFER NEW WAYS TO HEAL. ADVENTIST REHABILITATION HOSPITAL IS BUILT AROUND OUR PATIENTS AND LEADS THE WAY BACK TO LIFE FROM STROKE, BRAIN INJURY, SPINAL CORD INJURY, AMPUTATION AND TRAUMA. EVERY DAY, WE CELEBRATE PATIENT ADVANCES, BIG AND SMALL.

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, A SEPARATE LEGAL ENTITIES MANAGED BY ADVENTIST HEALTHCARE'S EXECUTIVE TEAM, IS THE FIRST AND ONLY ACUTE REHABILITATION HOSPITAL IN MONTGOMERY COUNTY, MD., OFFERS COMPREHENSIVE REHABILITATION PROGRAMS FOR TRAUMATIC BRAIN INJURIES, SPINAL CORD INJURIES, STROKES, AMPUTATIONS, ORTHOPEDIC INJURIES AND SURGERIES, SPORTS-RELATED INJURIES, WORK-RELATED INJURIES, CARDIOPULMONARY CONDITIONS AND NEUROLOGICAL DISORDERS. WE HAVE RECENTLY UPGRADED OUR SERVICES THROUGH THE ADDITION OF AN ACCESSIBLE VAN, REHABILITATION EQUIPMENT (SUCH AS POWER WHEEL CHAIRS OR LIGHT/SPORT WHEEL CHAIRS) A CAR SIMULATOR

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FOR PRACTICE CAR TRANSFERS AND SLEEPER CHAIRS. ADVENTIST REHAB HAS LOCATIONS IN ROCKVILLE AND TAKOMA PARK WITH OUTPATIENT SERVICES IN ROCKVILLE AND SILVER SPRING.

ADVENTIST REHAB OFFERS SPECIALIZED INPATIENT AND OUTPATIENT TREATMENT FOR PERSONS WITH FUNCTIONAL LIMITATIONS, CARING FOR PATIENTS 18 AND OLDER AND, UNDER SPECIAL CIRCUMSTANCES, EMANCIPATED MINORS. OUR MANY REHABILITATION PROGRAMS AND SERVICES INCLUDE:

- ACUTE INPATIENT REHABILITATION
- SPINAL CORD INJURY
- AMPUTEE PROGRAM
- STROKE
- BRAIN INJURY
- ORTHOPEDIC PROGRAMS
- ORTHOPEDIC REHABILITATION
- PROSTHETICS & ORTHOTICS
- OUTPATIENT SERVICES
- DRIVER REHABILITATION PROGRAM
- LYMPHEDEMA THERAPY
- JOINT REPLACEMENT PROGRAM
- SEATING & MOBILITY CLINIC
- LEE SILVERMAN VOICE TREATMENT (LSVT) SPEECH LANGUAGE & SWALLOWING THERAPY

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND IS THE ONLY HOSPITAL IN THE D.C. METROPOLITAN AREA AND THE THIRD IN THE NATION TO EARN A SPECIALTY ACCREDITATION IN AMPUTEE REHABILITATION FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) INTERNATIONAL. CARF INTRODUCED ITS AMPUTEE SPECIALTY STANDARDS IN JULY 2007 WITH INPUT FROM THE AMPUTEE COALITION OF AMERICA (ACA), VETERANS HEALTH ADMINISTRATION, DEPARTMENT OF DEFENSE, AMERICAN ACADEMY OF ORTHOTISTS & PROSTHETISTS, AND PERSONS WITH LIMB LOSS. THE STANDARDS, WHICH BECAME EFFECTIVE IN JANUARY 2008, REQUIRE ACCREDITED AMPUTEE PROGRAMS TO PROVIDE A HOLISTIC, INTERDISCIPLINARY TEAM APPROACH TO CARE AND TO OFFER POST-CARE ASSISTANCE IN TRANSITIONING BACK TO THE COMMUNITY.

OUR ACUTE INPATIENT REHABILITATION PROGRAM IS RUN BY A TEAM OF REHABILITATION EXPERTS WHO WILL GUIDE YOU ALONG A PRACTICAL AND PERSONAL TREATMENT PROGRAM FOCUSED ON INCREASING SELF-RELIANCE AND GAINING INDEPENDENCE. THE TEAM IS LED BY A PHYSIATRIST, A MEDICAL DOCTOR WHO SPECIALIZES IN PHYSICAL REHABILITATION. WE PROVIDE SPECIALIZED REHABILITATION NURSING 24 HOURS A DAY, SEVEN DAYS A WEEK. THERAPY SERVICES INCLUDE PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY, AND RECREATIONAL THERAPY.

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THE SPINAL CORD INJURY PROGRAM ADDRESSES BOTH TRAUMATIC SPINAL CORD INJURIES RESULT FROM A FALL OR SOME KIND OF ACCIDENT, AND NON-TRAUMATIC SPINAL CORD INJURIES THAT RESULT FROM A STROKE AND DISRUPTION TO THE SPINAL CORD, TUMOR ON SPINAL CORD, OR INFECTION. AGAIN, A TEAM APPROACH TO PUT TOGETHER AN INTERDISCIPLINARY PLAN OF CARE HELPS THE PATIENT ON THE ROAD TO RECOVERY.

ADVENTIST REHABILITATION'S AMPUTEE PROGRAM UTILIZES AN INTERDISCIPLINARY TEAM APPROACH TO HELP POST-AMPUTEE PATIENTS TO ADJUST PHYSICALLY AND PSYCHOLOGICALLY AFTER THE LOSS OF A LIMB AND RESUME ACTIVE AND PRODUCTIVE LIVES. INDIVIDUALS MAY BE TREATED AS INPATIENTS OR OUTPATIENTS, DEPENDING ON THEIR PERSONAL NEEDS. PATIENTS WORK TO IMPROVE STRENGTH, COORDINATION AND ENDURANCE AND ALSO LEARN PROPER WOUND CARE. WHEN READY, OUR PATIENTS ARE PRESCRIBED PROSTHETIC DEVICES THAT ARE BOTH FUNCTIONAL AND COMFORTABLE TO WEAR. ONCE TINED WITH A NEW LIMB, THE PATIENT LEARNS TO USE THE PROSTHESIS WITH CONFIDENCE AND TO INCORPORATE IT INTO DAILY LIFE.

THE INTERDISCIPLINARY TEAM APPROACH OF THE BRAIN INJURY PROGRAM AT ADVENTIST REHAB ADDRESSES TRAUMATIC BRAIN INJURIES CAUSED BY AN EXTERNAL PHYSICAL FORCE, SUCH AS A CAR ACCIDENT, FALL, SPORTS OR WORKPLACE INJURIES, ETC.; AS WELL AS ACQUIRED BRAIN INJURIES CAUSED BY INTERNAL TRAUMA TO THE BRAIN, SUCH AS TUMORS, BLOOD CLOTS, SEIZURES, INFECTIONS, ETC. EACH OF THESE TYPES OF BRAIN INJURIES MAY RESULT IN IMPAIRMENT OF PHYSICAL, COGNITIVE, BEHAVIORAL, AND/OR EMOTIONAL CAPABILITIES. REHABILITATION FOLLOWING A BRAIN INJURY IS VERY COMPLEX BECAUSE OF THE NEED TO ADDRESS MULTIPLE AREAS OF DEFICIT, INCLUDING PHYSICAL IMPAIRMENTS, FUNCTIONAL DEFICIENCIES (SUCH AS DIFFICULTY WALKING OR DRESSING), BEHAVIORAL DIFFICULTIES, EMOTIONAL CONSEQUENCES AND SOCIAL OR INTERPERSONAL LIMITATIONS. OFTEN, SIGNIFICANT COGNITIVE DEFICITS, SUCH AS LIMITED ATTENTION SPAN OR POOR MEMORY, UNDERLIE AND EXACERBATE THESE PROBLEMS. PATIENTS IN OUR BRAIN INJURY PROGRAM RECEIVE INTENSIVE, INTEGRATED REHABILITATION DESIGNED TO MAXIMIZE THEIR RECOVERY. TEAM MEMBERS, INCLUDING A NEUROPSYCHOLOGIST, MEET AT LEAST ONCE A WEEK TO DISCUSS GOALS, PROGRESS AND TREATMENT STRATEGIES.

OTHER PROGRAMS OFFERED INCLUDE A STROKE PROGRAM FOR RECOVERING STROKE PATIENTS TO TAKE PART IN AN INTENSIVE COURSE OF INTEGRATED THERAPY AND MEDICAL MANAGEMENT. THE OBJECTIVE IS TO RESTORE MOVEMENT, IMPROVE SPEECH, TEACH SELF CARE AND HOME CARE SKILLS AND IMPROVE COGNITIVE AND MEMORY FUNCTIONS. STROKE PATIENTS AND THEIR FAMILIES WILL BE GUIDED THROUGH A PATIENT-FOCUSED, COMPREHENSIVE,

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AND OUTCOME-ORIENTED STROKE PROGRAM BY A CARING, COMPETENT TEAM OF HEALTHCARE PROFESSIONALS.

THE ORTHOPEDIC REHABILITATION PROGRAM IS DESIGNED FOR THOSE WHO HAVE UNDERGONE A TOTAL HIP OR KNEE REPLACEMENT OR HAVE SUSTAINED TRAUMA TO BONES OR JOINTS. THE PROGRAM FOCUSES ON HELPING PATIENTS REGAIN THEIR STRENGTH, MOBILITY, ENDURANCE AND RANGE OF MOTION.

THE DRIVER REHABILITATION PROGRAM DETERMINES WHETHER IT IS SAFE FOR THE CLIENT TO CONTINUE DRIVING FOLLOWING AN INJURY/ILLNESS OR AGE RELATED CHANGES. A DRIVING PROGRAM MAY INCLUDE A CLINICAL EVALUATION WHICH INCLUDES AN ASSESSMENT OF VISION, VISUAL PERCEPTION, COGNITION, REACTION TIME, AND MOTOR SKILLS RELATED TO DRIVING. IT MAY ALSO INCLUDE A BEHIND-THE-WHEEL EVALUATION, IN ADDITION TO TRAINING CONDUCTED BY AN OCCUPATIONAL THERAPIST WHO SPECIALIZES IN DRIVING REHABILITATION.

OUR CERTIFIED LYMPHEDEMA THERAPISTS PROVIDE A COMPLETE DECONGESTIVE TREATMENT APPROACH FOR PEOPLE SUFFERING FROM LYMPHEDEMA. THIS INVOLVES A SPECIALIZED MASSAGE TECHNIQUE CALLED MANUAL LYMPH DRAINAGE (MLD), SKIN AND NAIL CARE, COMPRESSION BANDAGING AND GARMENTS, REMEDIAL EXERCISE AND SELF-CARE TRAINING. THE GOAL OF OUR PROGRAM IS TO HELP INDIVIDUALS REDUCE INCREASE VOLUME RESULTING FROM LYMPHEDEMA, RESTORE MOBILITY, IMPROVE COSMESIS, PREVENT INFECTION, AND IMPROVE THEIR QUALITY OF LIFE.

A JOINT REPLACEMENT PROGRAM AT ADVENTIST REHABILITATION CENTER HELPS PATIENTS TO ACHIEVE GOALS FOR OPTIMAL RESULTS. ONE OF THE IMPORTANT CRITICAL FACTORS FOR SUCCESSFUL OUTCOMES FOLLOWING KNEE OR HIP REPLACEMENT FOR PATIENTS IS FOR PATIENTS TO DILIGENTLY FOLLOW THE PHYSICAL REHABILITATION PROCESS. ADVENTIST REHAB PROVIDES BOTH THE SUPPORT AND RESOURCES FOR A POSITIVE OUTCOME.

LEE SILVERMAN VOICE TREATMENT (LSVT)-CERTIFIED SPEECH LANGUAGE PATHOLOGISTS AT ADVENTIST REHABILITATION CENTER CAN COMPLETE A COMPREHENSIVE ASSESSMENT TO DETERMINE CANDIDACY FOR LSVT. LSVT IS A HIGHLY EFFECTIVE INTENSIVE SPEECH THERAPY PROGRAM DESIGNED FOR PARKINSON'S PATIENTS. LSVT IS DESIGNED TO IMPROVE SPEECH AND VOICE FUNCTION. THE THERAPY TARGETS VOCAL LOUDNESS IN ORDER TO TRIGGER IMPROVED FUNCTION AND COORDINATION ACROSS THE VARIOUS SUBSYSTEMS OF SPEECH. LSVT COMBINES MOTOR RETRAINING WITH SENSORY RE-TRAINING TO ELICIT MAXIMUM OUTCOMES. THE TREATMENT REGIMEN INCLUDES EMPHASIS ON PATIENT EDUCATION AND CARRYOVER OF GAINS TO DAILY COMMUNICATION ENVIRONMENTS. THE LSVT PROTOCOL INVOLVES FOUR 1-HOUR THERAPY SESSIONS PER WEEK FOR 4 WEEKS.

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ADVENTIST REHABILITATION HOSPITAL IS BUILT AROUND OUR PATIENTS AND LEADS THE WAY BACK TO LIFE FROM STROKE, BRAIN INJURY, SPINAL CORD INJURY, AMPUTATION AND TRAUMA. EXPERT CARE TEAMS WORKING SIDE-BY-SIDE WITH PATIENTS, USING INNOVATIVE THERAPIES, STATE-OF-THE-ART EQUIPMENT AND GROUND-BREAKING TECHNOLOGY COMBINE TO OFFER NEW WAYS TO HEAL. AS A NONPROFIT ORGANIZATION, ADVENTIST REHABILITATION HOSPITAL DEPENDS ON THIS SUPPORT AND DOLLAR FOR DOLLAR, EVERY DONATION MAKES A DIFFERENCE BY HELPING US MAINTAIN OUTSTANDING PROGRAMS AND SERVICES AND KEEP PACE WITH THE LATEST ADVANCES IN TECHNOLOGY AND EQUIPMENT FOR REHABILITATIVE CARE.

4C PROGRAM SERVICE

BEHAVIORIAL HEALTH
POTOMAC RIDGE BEHAVIORAL HEALTH

MENTAL ILLNESS CAN HAPPEN TO A CHILD, A BROTHER, A GRANDPARENT, OR A CO-WORKER. IT CAN HAPPEN TO SOMEONE FROM ANY BACKGROUND. IT CAN OCCUR AT ANY STAGE OF LIFE, FROM CHILDHOOD TO OLD AGE. NO COMMUNITY IS UNAFFECTED BY MENTAL ILLNESSES; NO SCHOOL OR WORKPLACE IS UNTOUCHED. IN FACT, THE INCIDENCE OF MENTAL ILLNESS IS MORE COMMON THAN HEART DISEASE AND CANCER, COMBINED. THERE IS SOMETHING ELSE THAT MOST PEOPLE DO NOT REALIZE - MENTAL ILLNESS IS A TREATABLE DISEASE.

POTOMAC RIDGE BEHAVIORAL HEALTH IN MARYLAND IS ONE OF THE MOST VALUABLE HEALTH CARE RESOURCES IN THE REGION, REACHING OUT TO PEOPLE LIVING WITH ONE OF LIFE'S MOST CHALLENGING DISORDERS - MENTAL ILLNESS, BUT, ONE THAT IS EXTRAORDINARILY TREATABLE.

POTOMAC RIDGE BEHAVIORAL HEALTH (PRBH) IS A COMPREHENSIVE NETWORK OF MENTAL HEALTH FACILITIES PROVIDING CARE TO MENTALLY ILL INDIVIDUALS ACROSS THEIR LIFE SPAN. WITH LOCATIONS IN MONTGOMERY AND ANNE ARUNDEL COUNTIES IN MARYLAND AND ON THE EASTERN SHORE OF MARYLAND, PRBH OFFERS A BROAD RANGE OF SERVICES SUCH AS ACUTE CARE, RESIDENTIAL TREATMENT, SPECIAL EDUCATION AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY PROGRAMS, INTENSIVE OUTPATIENT SERVICES AND COMMUNITY-BASED RESIDENTIAL SERVICES.

PRBH IS PART OF ADVENTIST HEALTHCARE BEHAVIORAL HEALTH SERVICES,

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WHICH INCLUDES THE BEHAVIORAL HEALTH UNIT AT WASHINGTON ADVENTIST HOSPITAL IN TAKOMA PARK, MARYLAND, AND THE REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN IN ROCKVILLE, MARYLAND.

ADVENTIST HEALTHCARE BEHAVIORAL HEALTH SERVICES IS THE LARGEST PROVIDER OF MENTAL HEALTH CARE IN MONTGOMERY COUNTY AND THE SECOND LARGEST PROVIDER OF MENTAL HEALTH SERVICES IN MARYLAND. IN 2008, PRBH PROVIDED \$184,251 IN UNCOMPENSATED MENTAL HEALTH CARE ACROSS ITS THREE LOCATIONS. PRBH'S FACILITIES OFFER A TOTAL OF 122 ACUTE CARE BEDS, 152 RESIDENTIAL TREATMENT CENTER BEDS, 32 GROUP HOME BEDS AND A FULL CONTINUUM OF OUTPATIENT SERVICES.

MONTGOMERY COUNTY

POTOMAC RIDGE BEHAVIORAL HEALTH AT ROCKVILLE IS A NON-PROFIT, JOINT COMMISSION ACCREDITED, 87-BED ACUTE PSYCHIATRIC AND DUAL DIAGNOSIS (PSYCHIATRIC AND SUBSTANCE ABUSE) TREATMENT FACILITY IN ROCKVILLE, MARYLAND.

COUPLED WITH AN ADDITIONAL 83-BED RESIDENTIAL TREATMENT CENTER FOR ADOLESCENTS AND VARIOUS OUTPATIENT SERVICES, POTOMAC RIDGE BEHAVIORAL HEALTH IS THE LARGEST PROVIDER OF MENTAL HEALTH SERVICES IN MONTGOMERY COUNTY. POTOMAC RIDGE BEHAVIORAL HEALTH ALSO PROVIDES OUTPATIENT CHEMICAL DEPENDENCY SERVICES FOR ADOLESCENTS AND ADULTS AND OPERATES A PARTIAL HOSPITAL PROGRAM FOR ADOLESCENTS.

THE RIDGE SCHOOL OF MONTGOMERY COUNTY, A SPECIAL AND GENERAL EDUCATION SCHOOL APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION, IS HOUSED AT THE POTOMAC RIDGE BEHAVIORAL HEALTH CAMPUS AND SERVES ADOLESCENTS FROM ACROSS THE STATE OF MARYLAND. IN 2008, PRBH CARED FOR 8,673 PATIENTS ACROSS ITS ENTITIES.

THE BEHAVIORAL HEALTH UNIT AT WASHINGTON ADVENTIST HOSPITAL HAS FOUR ADOLESCENT AND 36 ADULT ACUTE CARE BEDS, IN ADDITION TO PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS. THE REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN PROVIDES FIVE CORE SERVICES TO BENEFIT INFANTS, CHILDREN AND THEIR FAMILIES: THE PARENT-CHILD CLINICAL SERVICES PROGRAM; LOURIE CENTER SCHOOL; THERAPEUTIC NURSERY PROGRAM; EARLY HEAD START; AND THE BEFORE AND AFTER SCHOOL PROGRAM.

PRBH IS COMMITTED TO SERVING AS A MENTAL HEALTH EDUCATION RESOURCE TO FAMILIES AND BEHAVIORAL HEALTH SPECIALISTS IN THE COMMUNITIES IN WHICH IT SERVES. THE ORGANIZATION HAS DEDICATED SIGNIFICANT RESOURCES TO PROVIDING FREE EDUCATIONAL WORKSHOPS FOR CONSUMERS AS WELL AS CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS. PRBH HELD

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TWO SYMPOSIA IN 2008 TO EDUCATE CLINICIANS ABOUT SELF-INJURING BEHAVIORS AMONG ADOLESCENTS AND ADOLESCENT SEX OFFENDERS, RESPECTIVELY.

PRBH ALSO SPONSORS AND SUPPORTS COMMUNITY ORGANIZATIONS SUCH AS THE MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY (MHA) AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI). IN 2008, PRBH PROVIDED FINANCIAL SUPPORT FOR A NUMBER OF MHA EVENTS, INCLUDING THE ANNUAL LEGISLATIVE BREAKFAST AND SEVERAL CONTINUING EDUCATION SEMINARS. IN MAY 2008, PRBH WAS A SILVER SPONSOR OF NAMI'S WALK-A-THON TO HELP RAISE AWARENESS OF MENTAL ILLNESS.

ADDITIONALLY, PRBH'S EMPLOYEES HAVE GENEROUSLY OFFERED THEIR EXPERTISE VIA PARTICIPATION IN HEALTH FAIRS AND SPEAKING ENGAGEMENTS TO BENEFIT THE COMMUNITY. EMPLOYEES OF PRBH'S CHEMICAL DEPENDENCY DEPARTMENT AT THE ROCKVILLE CAMPUS HAVE ALSO PROVIDED IN-SCHOOL SUBSTANCE ABUSE EVALUATIONS FOR STUDENTS AND EDUCATIONAL SERVICES FOR STUDENTS AT GEORGE MASON UNIVERSITY.

ANNE ARUNDEL COUNTY

POTOMAC RIDGE BEHAVIORAL HEALTH AT ANNE ARUNDEL HAS PROVIDED MENTAL HEALTH SERVICES FOR ADOLESCENTS SINCE 2002. LOCATED IN CROWNSVILLE, MARYLAND., OUTSIDE OF ANNAPOLIS, POTOMAC RIDGE AT ANNE ARUNDEL OFFERS 28 ADOLESCENT RESIDENTIAL TREATMENT BEDS, A GROUP HOME FOR 16 ADOLESCENT MALES, AND A SPECIAL AND GENERAL EDUCATION SCHOOL FOR ADOLESCENTS WITH EMOTIONAL AND BEHAVIORAL DISABILITIES. THESE THREE PROGRAMS ARE LOCATED ON THE GROUNDS OF THE FORMER CROWNSVILLE HOSPITAL CENTER.

THE 28-BED RESIDENTIAL TREATMENT CENTER (RTC) IS ONE OF THE MOST CLINICALLY UNIQUE PROGRAMS IN MARYLAND. IT IS CONSIDERED A HIGH SECURITY, HIGH LEVEL OF INTENSITY RTC. BY EMPLOYING RESEARCH-BASED BEST PRACTICES FOR THIS COGNITIVELY IMPAIRED POPULATION, THE ANNE ARUNDEL STAFF DELIVERS TREMENDOUS OUTCOMES FOR THE RESIDENTS.

THE 16-BED GROUP HOME FOR ADOLESCENT MALES PROVIDES TREATMENT IN A SMALL, AGE-APPROPRIATE FAMILY STYLE SETTING. THE GROUP HOME SERVES ADOLESCENTS WHO DO NOT REQUIRE THE ACUTE SERVICES OF INPATIENT HOSPITALIZATION OR RESIDENTIAL TREATMENT CENTER

THE RIDGE SCHOOL OF ANNE ARUNDEL COUNTY OFFERS PROGRAMS FOR STUDENTS IN GRADES EIGHT - 12 IN A HIGHLY-STRUCTURED SETTING THAT ENABLES AND ENCOURAGES MULTI-SENSORY LEARNING. THE RIDGE SCHOOL IS DESIGNED TO PROVIDE EDUCATION FOR EVEN THE MOST CHALLENGING YOUTH UTILIZING A POSITIVE BEHAVIORAL APPROACH AND PHILOSOPHY.

FORM 990, PART III - PROGRAM SERVICES

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EASTERN SHORE OF MARYLAND

POTOMAC RIDGE BEHAVIORAL HEALTH AT THE EASTERN SHORE IS THE REGION'S ONLY ACUTE CARE AND RESIDENTIAL MENTAL HEALTH RESOURCE FOR CHILDREN AND ADOLESCENTS.

AS WITH ALL OTHER POTOMAC RIDGE BEHAVIORAL HEALTH FACILITIES, EASTERN SHORE IS FREE OF MECHANICAL RESTRAINTS, AND EMPLOYEES ARE BEING TRAINED IN THE MANDT ® SYSTEM. THE MANDT® SYSTEM IS AN EVIDENCE-BASED APPROACH THAT FOCUSES ON RELATIONSHIP BUILDING AND TREATING OTHERS WITH DIGNITY AND RESPECT IN ORDER TO CORRECT DIFFICULT BEHAVIOR IN YOUTH WITHOUT THE USE OF RESTRAINT.

POTOMAC RIDGE BEHAVIORAL HEALTH AT THE EASTERN SHORE HAS A ONE-OF-A-KIND PROGRAM IN THE STATE OF MARYLAND FOR LOW-FUNCTIONING ADOLESCENTS WITH IQS BETWEEN 50 AND 70. THIS IS THE ONLY PROGRAM IN THE STATE TO ADDRESS THE SPECIAL CLINICAL AND THERAPEUTIC NEEDS OF THIS POPULATION.

IN 2008, EMPLOYEES AT PRBH'S EASTERN SHORE CAMPUS SUPPORTED A FUNDRAISING EVENT FOR THE MARYLAND COALITION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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PHNS INC PO BOX 671001 DALLAS, TX 75267	IT SERVICES	27,823,652.
QUEST DIAGNOSTICS 14225 NEWBROOK DRIVE CHANTILLY, VA 20151	CLINICLA LAB SERVICE	16,788,842.
HOSPITAL HOUSEKEEPING SYSTEM, LTD PO BOX 826 SAN ANTONIO, TX 78293	HOUSEKEEPING	2,303,281.
FIRST COLONIAL ANESTHESIA ASSOC 1901 RESEARCH BLVD ROCKVILLE, MD 20850	MEDICAL SERVICES	2,225,968.
GE MEDICAL SYSTEMS PO BOX 640944 PITTSBURG, PA 15264	EQUIPMENT MAINTENANC	2,187,768.
TOTAL COMPENSATION		----- 51,329,511. =====

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

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DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
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	427,114.		313,811.				313,811.
TOTALS	427,114.		313,811.				313,811.
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FORM 990, PART X - NOTES AND LOANS RECEIVABLE

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BORROWER:	NOTE RECEIVABLE	
BEGINNING BALANCE DUE		49,889,113.
ENDING BALANCE DUE		46,396,016.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE		49,889,113.
		=====
TOTAL ENDING NOTES AND LOANS RECEIVABLES		46,396,016.
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FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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DESCRIPTION	ENDING BOOK VALUE
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TOTALS	----- 3,733,899. =====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
INVESTMENTS IN PUBLICLY TRADED	115,001,827.	COST
TOTALS	----- 115,001,827. =====	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

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LENDER: LEASING

BEGINNING BALANCE DUE	94,108,948.
ENDING BALANCE DUE	119,328,110.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	94,108,948.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	119,328,110.
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