

QTE

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

For calendar year 2011, or tax year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20\_\_

**2011**

Department of the Treasury  
Internal Revenue Service

**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

▶ **See instructions.**

Name of exempt organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

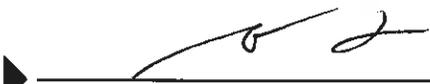
<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b>	615837387
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b>	
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b>	
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b>	
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b>	

**Part II Declaration of Officer**

**6**  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶  | 11/15/2012 ▶ EXE VICE PRESIDENT AND CFO

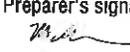
Signature of officer Date Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶ 	Date <u>11/15/2012</u>	Check If also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶	ADVENTIST HEALTHCARE INC. 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850		EIN	301 315 3030

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Michele N Melchior</b>	Preparer's signature 	Date <b>11/15/2012</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00488037</b>
	Firm's name ▶	GRANT THORNTON LLP		Firm's EIN ▶	36-6055558
	Firm's address ▶	201 S COLLEGE STREET CHARLOTTE, NC 28244		Phone no.	704 632 3500

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2011

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

### A For the 2011 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ADVENTIST HEALTHCARE, INC		<b>D</b> Employer identification number 52-1532556
	Doing Business As		<b>E</b> Telephone number 301 351 3030
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 1,113,346,268.
	1801 RESEARCH BOULEVARD	400	
City or town, state or country, and ZIP + 4 ROCKVILLE, MD 20850-3184		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: WILLIAM G. ROBERTSON SAME AS C ABOVE		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.ADVENTISTHEALTHCARE.COM			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1983
			<b>M</b> State of legal domicile: MD

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A (SEE SCH O)		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	6698
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1180
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	249,918.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,382,441.	3,560,948.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	628,049,282.	604,750,199.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,645,861.	7,896,367.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-5,486,174.	-370,127.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	631,591,410.	615,837,387.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	2,170,872.	1,404,105.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	302,423,974.	298,270,836.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,011,191.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	295,692,505.	284,193,805.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	600,287,351.	583,868,746.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	31,304,059.	31,968,641.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	742,822,801.	772,658,817.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	483,117,111.	491,960,250.
		259,705,690.	280,698,567.

### Part II Signature Block

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

<b>Sign Here</b>	▶ Signature of officer		Date
	▶ JAMES G. LEE, EXE. VICE PRESIDENT AND CFO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	MICHELE MELCHIOR		Check if self-employed <input type="checkbox"/> PTIN P00488037
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Phone no. 704 632 3500
	Firm's address ▶ 201 S COLLEGE STREET CHARLOTTE, NC 28244		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 453,742,835. including grants of \$ 1,404,105. ) (Revenue \$ 561,320,550. ) THE MISSION OF ADVENTIST HEALTHCARE IS TO "DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." IN MEETING THIS MISSION AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. COMPASSION IS REFLECTED IN OUR MISSION AND OUR ORGANIZATION CONSISTENTLY PROVIDES HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE. TO MEET THE NEEDS OF OUR COMMUNITIES, ADVENTIST HEALTHCARE CONTINUES TO INNOVATE AND EXPAND THE RANGE OF OUR SERVICES TO BUILD ON THE STRONG FOUNDATION WE HAVE LAID FOR A HEALTHY, ENGAGED COMMUNITY. (CONT'D ON NOTES)

4b (Code: ) (Expenses \$ 37,859,253. including grants of \$ ) (Revenue \$ 43,179,731. ) ADVENTIST BEHAVIORAL HEALTH ADVENTIST BEHAVIORAL HEALTH 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, ADVENTIST BEHAVIORAL HEALTH OFFERS A BROAD RANGE OF SERVICES SUCH AS ACUTE CARE, RESIDENTIAL TREATMENT, SPECIAL EDUCATION AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY PROGRAMS, PARTIAL HOSPITALIZATION PROGRAMS, INTENSIVE OUTPATIENT SERVICES, AND COMMUNITY-BASED RESIDENTIAL SERVICES. IN 2011, ADVENTIST BEHAVIORAL HEALTH PROVIDED \$265,461 IN UNCOMPENSATED MENTAL HEALTH CARE ACROSS ITS THREE MAIN CAMPUSES.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 491,602,088.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
JAMES G. LEE - 301 315 3030
1801 RESEARCH BOULEVARD, SUITE 400, ROCKVILLE, MD 20850

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID E. WEIGLEY CHAIRMAN	1.00	X					0.	0.	0.	
(2) WILLIAM G. ROBERTSON SECRETARY, PRESIDEN &CEO	40.00	X		X			1,187,103.	0.	46,883.	
(3) ROBERT T. VANDEMAN VICE CHAIRMAN	1.00	X					0.	0.	0.	
(4) SETH T. BARDU FINANCE CHAIR	1.00	X					0.	0.	0.	
(5) AVIS E. BUCHANAN TRUSTEE	1.00	X					0.	0.	0.	
(6) BRUCE C. ROBERTSON, PH.D. TRUSTEE	1.00	X					0.	0.	0.	
(7) DREWRY J. WHITE, M.D. TRUSTEE	1.00	X					0.	0.	0.	
(8) FRED M. MANCHUR TRUSTEE	1.00	X					0.	0.	0.	
(9) JEFFREY J.PARGAMENT, JR TRUSTEE	1.00	X					0.	0.	0.	
(10) MARK E. GRIFFIN TRUSTEE	1.00	X					0.	0.	0.	
(11) MARTA BRITO PEREZ TRUSTEE	1.00	X					0.	0.	0.	
(12) PATRICK J. HOGAN TRUSTEE	1.00	X					0.	0.	0.	
(13) PETER H. PLAMONDON JR. TRUSTEE	1.00	X					0.	0.	0.	
(14) RENEE BATTLE-BROOKS, ESQ TRUSTEE	1.00	X					0.	0.	0.	
(15) ROBIN THOMASHAUER TRUSTEE	1.00	X					0.	0.	0.	
(16) RUTH E. BULGER, PHD TRUSTEE	1.00	X					0.	0.	0.	
(17) STEPHEN L. TUCK, MD TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WEYMOUTH SPENCE, ED. D TRUSTEE	1.00	X					0.	0.	0.	
(19) WILLIAM K. MILLER TRUSTEE	1.00	X					0.	0.	0.	
(20) TERRY FORDE EXE. VP & COO	40.00			X			612,878.	0.	16,196.	
(21) JAMES G. LEE EXE VP & CFO	40.00			X			604,986.	0.	33,175.	
(22) GAUROV DAYAL SR.VP & CHIEF MEDICAL OFFICER	40.00			X			562,733.	0.	34,148.	
(23) SUSAN L. GLOVER SR. VP & CHIEF QUALITY OFFICER	40.00			X			367,677.	0.	39,544.	
(24) DENNIS D. HANSEN PRESIDENT, SGAH	40.00			X			607,836.	0.	47,434.	
(25) JOYCE L PORTELLA PRESIDENT, WAH	40.00			X			478,839.	0.	30,149.	
(26) JASON C COE PRESIDENT OF HRMC	1.00			X			358,516.	0.	40,798.	
<b>1b Sub-total</b>							4,780,568.	0.	288,327.	
<b>c Total from continuation sheets to Part VII, Section A</b>							3,615,107.	0.	395,804.	
<b>d Total (add lines 1b and 1c)</b>							8,395,675.	0.	684,131.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **293**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANTHLIO HEALTHCARE SOLUTIONS, INC P.O. BOX 671001, DALLAS, TX 75267	IT SERVICES	33,389,357.
QUEST DIAGNOSTICS 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151	CLININCAL LAB SERVICES	18,674,814.
FIRST COLONIAL ANESTHESIA ASSOC 1901 RESEARCH BLVD, ROCKVILLE, MD 20850	MEDICAL SERVICES	2,749,502.
HOSPITAL HOUSEKEEPING SYSTEM, LTD P.O. BOX, SAN ANTONIO, TX 78293-0826	HOUSEKEEPING SERVICES	2,605,385.
SODEXHO MARRIOTT SERVICES PO BOX 536922, ATLANTA, GA 30352-6922	DIETARY & PLANT OPS	2,350,022.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **94**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	2,249,187.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	637,877.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	673,884.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			3,560,948.			
	<b>Program Service Revenue</b>	<b>2 a</b> WOMEN AND CHILDREN		900099	218,021,755.	218,021,755.	
<b>b</b> CARDIAC		900099	114,025,182.	114,025,182.			
<b>c</b> BEHAVIORAL HEALTH		900099	43,179,731.	43,179,731.			
<b>d</b> ONCOLOGY		900099	27,669,153.	27,669,153.			
<b>e</b> OCCUPATIONAL/SPEECH/PH		900099	18,610,633.	18,610,633.			
<b>f</b> All other program service revenue		900099	183,243,745.	182,993,827.	249,918.		
<b>g Total.</b> Add lines 2a-2f			604,750,199.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			5,496,728.		5,496,728.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	5,058,372.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	5,606,004.				
		<b>c</b> Rental income or (loss)	-547,632.				
	<b>d</b> Net rental income or (loss)			-547,632.		-547,632.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	494,049,122.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	491,649,483.				
		<b>c</b> Gain or (loss)	2,399,639.				
	<b>d</b> Net gain or (loss)			2,399,639.		2,399,639.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>				
	<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	430,899.					
	<b>b</b> Less: cost of goods sold	<b>b</b>	253,394.				
	<b>c</b> Net income or (loss) from sales of inventory			177,505.		177,505.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			615,837,387.	604,500,281.	249,918.	7,526,240.	

**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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,404,105.	1,404,105.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	5,690,033.		5,690,033.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	983,442.		983,442.	
<b>7</b> Other salaries and wages	242,048,641.	214,257,209.	26,137,116.	1,654,316.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,099,643.	6,239,036.	798,593.	62,014.
<b>9</b> Other employee benefits	23,172,788.	18,998,252.	4,031,305.	143,231.
<b>10</b> Payroll taxes	19,276,289.	15,838,397.	3,324,662.	113,230.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	8,818,859.	8,036,911.	781,948.	
<b>b</b> Legal	842,431.		842,431.	
<b>c</b> Accounting	485,276.		485,276.	
<b>d</b> Lobbying	323,461.		323,461.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	5,204,992.		5,204,992.	
<b>g</b> Other	51,845,529.	43,331,782.	7,807,191.	706,556.
<b>12</b> Advertising and promotion	1,870,693.	64,666.	1,799,273.	6,754.
<b>13</b> Office expenses	57,522,130.	51,828,030.	5,505,672.	188,428.
<b>14</b> Information technology	22,342,371.	16,743,373.	5,598,998.	
<b>15</b> Royalties				
<b>16</b> Occupancy	28,181,457.	23,448,526.	4,624,316.	108,615.
<b>17</b> Travel	1,382,759.	779,418.	578,702.	24,639.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	584,239.	380,251.	200,626.	3,362.
<b>20</b> Interest	7,722,397.	155,030.	7,567,367.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	27,487,305.	26,754,871.	732,434.	
<b>23</b> Insurance	5,091,720.		5,091,720.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	62,473,592.	62,473,592.		0.
<b>b</b> RECRUITING	1,145,955.		1,145,909.	46.
<b>c</b> LOSS ON EXTINGUISHMENT	868,639.	868,639.		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	583,868,746.	491,602,088.	89,255,467.	3,011,191.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	57,301.	<b>1</b>	57,500.		
	<b>2</b> Savings and temporary cash investments .....	13,581,054.	<b>2</b>	7,537,979.		
	<b>3</b> Pledges and grants receivable, net .....	1,124,993.	<b>3</b>	1,131,650.		
	<b>4</b> Accounts receivable, net .....	96,673,141.	<b>4</b>	108,624,957.		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....				<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	6,301,893.	<b>7</b>	3,872,994.		
	<b>8</b> Inventories for sale or use .....	9,232,121.	<b>8</b>	9,880,812.		
	<b>9</b> Prepaid expenses and deferred charges .....	7,118,185.	<b>9</b>	6,499,152.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 685,344,197.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 337,221,131.				
			331,228,722.	<b>10c</b>	348,123,066.	
	<b>11</b> Investments - publicly traded securities .....	175,844,638.	<b>11</b>	182,290,110.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,335,406.	<b>12</b>	6,967,559.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	50,981,408.	<b>13</b>	55,362,932.		
	<b>14</b> Intangible assets .....	5,519,669.	<b>14</b>	3,792,124.		
<b>15</b> Other assets. See Part IV, line 11 .....	38,824,270.	<b>15</b>	38,517,982.			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	742,822,801.	<b>16</b>	772,658,817.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	93,420,228.	<b>17</b>	104,345,079.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....	248,377,297.	<b>20</b>	243,742,780.		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	84,203,835.	<b>23</b>	100,199,585.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	16,000,000.	<b>24</b>			
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	41,115,751.	<b>25</b>	43,672,806.			
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	483,117,111.	<b>26</b>	491,960,250.			
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	257,609,555.	<b>27</b>	278,908,204.		
	<b>28</b> Temporarily restricted net assets .....	2,096,135.	<b>28</b>	1,790,363.		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	259,705,690.	<b>33</b>	280,698,567.			
<b>34</b> Total liabilities and net assets/fund balances .....	742,822,801.	<b>34</b>	772,658,817.			

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	615,837,387.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	583,868,746.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	31,968,641.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	259,705,690.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-10,975,762.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	280,698,569.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

<b>Name of the organization</b> ADVENTIST HEALTHCARE, INC	<b>Employer identification number</b> 52-1532556
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
<b>11g(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
<b>11g(ii)</b> A family member of a person described in (i) above? .....		
<b>11g(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above? .....		
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

**2011**

**Name of the organization**

ADVENTIST HEALTHCARE, INC

**Employer identification number**

52-1532556

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization  ADVENTIST HEALTHCARE, INC	Employer identification number  52-1532556
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<hr/> <hr/> <hr/>	\$ 48,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<hr/> <hr/> <hr/>	\$ 1,172,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
1	<hr/> <hr/> <hr/>	\$ 76,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/>	\$ 179,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/>	\$ 589,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  ADVENTIST HEALTHCARE, INC	Employer identification number  52-1532556
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<hr/> <hr/> <hr/>	\$ 20,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
7	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  ADVENTIST HEALTHCARE, INC	Employer identification number  52-1532556
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<hr/> <hr/> <hr/>	\$ 8,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
13	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  ADVENTIST HEALTHCARE, INC	Employer identification number  52-1532556
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<hr/> <hr/> <hr/>	\$ 291,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  ADVENTIST HEALTHCARE, INC	Employer identification number  52-1532556
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization  ADVENTIST HEALTHCARE, INC	Employer identification number  52-1532556
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

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

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

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

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

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011  
LHA

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	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 on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		71,892.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		251,569.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			323,461.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

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

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

**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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

DURING 2011, 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 AND PRINCE GEORGE'S COUNTY

OFFICIALS ABOUT VARIOUS COUNTY HEALTH CARE MATTERS, PARTICULARLY

REVOLVING AROUND THE LOCAL HEALTH CARE SAFETY NET AND ISSUES OF ACCESS TO

**Part IV** Supplemental Information (continued)

CARE. CONTACT WITH LEGISLATORS AND LOBBYING ON ISSUES AT THE STATE LEVEL

ALSO TOOK PLACE, PARTICULARLY AROUND ISSUES OF PUBLIC HEALTH AND ACCESS

TO HEALTH CARE SERVICES. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WAS

ENGAGED IN MONITORING LEGISLATIVE AND EXECUTIVE ACTIONS RELATED TO

FEDERAL HEALTH REFORM, HEALTHCARE REIMBURSEMENT, AND ACCESS TO HEALTHCARE

SERVICES.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<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).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,712,065.		9,712,065.
b Buildings		334,898,439.	176,634,153.	158,264,286.
c Leasehold improvements		26,289,679.	16,410,423.	9,879,256.
d Equipment		246,379,695.	126,325,806.	120,053,889.
e Other		68,064,319.	17,850,749.	50,213,570.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				348,123,066.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT: LAND	55,362,932.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	55,362,932.	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAPS LIABILITY	27,773,564.
(3) DEFERRED COMPENSATION	164,057.
(4) PROFESSIONAL LIABILITY INS: SE	8,946,310.
(5) COMPLIANCE LIABILITY RESERVE	4,575,531.
(6) OTHER LONG TERM LIABILITIES	2,213,344.
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	43,672,806.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

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

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

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

**Part 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	X	
<b>b</b> If "Yes," was it a written policy? .....	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	X	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>450</u> %		
<b>c</b> If the organization did 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 used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	X	
<b>b</b> If "Yes," did the organization make it available to the public? .....	X	

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			13,503,587.		13,503,587.	2.31%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			16,938,700.	14,484,707.	2,453,993.	.42%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			30,442,287.	14,484,707.	15,957,580.	2.73%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			10,945,368.	545,908.	10,399,460.	1.78%
<b>f</b> Health professions education (from Worksheet 5) .....			1,886,673.	69,465.	1,817,208.	.31%
<b>g</b> Subsidized health services (from Worksheet 6) .....			19,215,752.	25,684.	19,190,068.	3.29%
<b>h</b> Research (from Worksheet 7) .....			1,174,403.	536,441.	637,962.	.11%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			1,362,377.		1,362,377.	.23%
<b>j Total.</b> Other Benefits .....			34,584,573.	1,177,498.	33,407,075.	5.72%
<b>k Total.</b> Add lines 7d and 7j .....			65,026,860.	15,662,205.	49,364,655.	8.45%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: SHADY GROVE ADVENTIST HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) SHADY GROVE ADVENTIST HOSPITAL

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>450</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
<b>11</b> Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....	X	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
<b>15</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) SHADY GROVE ADVENTIST HOSPITAL

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		X
If "Yes," explain in Part VI.			

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: WASHINGTON ADVENTIST HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) WASHINGTON ADVENTIST HOSPITAL

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>450</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
<b>11</b> Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....	X	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
<b>15</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) WASHINGTON ADVENTIST HOSPITAL

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		X
If "Yes," explain in Part VI.			

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: HACKETTSTOWN REGIONAL MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) HACKETTSTOWN REGIONAL MEDICAL CENTER

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
<b>11</b> Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....	X	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
<b>15</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) HACKETTSTOWN REGIONAL MEDICAL CENTER

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>18</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	x	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b> <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>20</b> Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		x
If "Yes," explain in Part VI.		
<b>21</b> Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		x
If "Yes," explain in Part VI.		

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: ADVENTIST REHABILITATION HOSPITAL OF MAR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) ADVENTIST REHABILITATION HOSPITAL OF MAR

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>450</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
<b>11</b> Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....	X	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
<b>15</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) ADVENTIST REHABILITATION HOSPITAL OF MAR

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>18</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>20</b> Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		X
If "Yes," explain in Part VI.		
<b>21</b> Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		X
If "Yes," explain in Part VI.		

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: ADVENTIST BEHAVIORAL HEALTH

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) ADVENTIST BEHAVIORAL HEALTH

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>450</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
<b>11</b> Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....	X	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....		X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
<b>15</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) ADVENTIST BEHAVIORAL HEALTH

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		X
If "Yes," explain in Part VI.			

**Part V** Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 ADVENTIST BEHAVIORAL HEALTH AT ANNE A 14 ROMIG DRIVE CROWNSVILLE, MD 21032	BEHAVIORAL TREATMENT FACILITY
2 ADVENTIST BEHAVIORAL HEALTH AT EASTER 821 FIELDCREST ROAD CAMBRIDGE, MD 21613	SPECIALTY HOSPITAL WITH BEDS
3 BRADFORD OAKS NURSING AND REHABILITAT 7520 SURRETTTS ROAD CLINTON, MD 20735	SKILLED NURSING HOME.
4 FAIRLAND NURSING & REHAB CENTER 2101 FAIRLAND ROAD SILVER SPRING, MD 20904	SKILLED NURSING HOME.
5 GLADE VALLEY NURSING AND REHABILITATI 56 WEST FREDERICK STREET WALKERSVILLE, MD 21793	SKILLED NURSING HOME.
6 REGINALD S. LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE, MD 20852	INFANT AND YOUNG CHILDREN DEVELOPMENT CARE CENTER.
8 SHADY GROVE ADVENTIST RADIATION ONCOL 40 WEST GUDE DR ROCKVILLE, MD 20850	OUTPATIENT CANCER TREATMET CENTER
9 SHADY GROVE NURSING HOME AND REHABILI 9701 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	SKILLED NURSING HOME.
10 SLIGO CREEK NURSING & REHABILITATION 7525 CARROLL AVENUE TAKOMA PARK, MD 20912	SKILLED NURSING HOME.
11 SPRINGBROOK ADVENTIST NURSING AND REH 12325 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20904	SKILLED NURSING HOME.



Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: IN CONSIDERATION FOR FINANCIAL ASSISTANCE TO OUR

PATIENTS, AHC ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME. OUR

CIRCUMSTANCES COULD INCLUDE THE NEEDS OF THE PATIENT AND/OR FAMILY AND

OTHER FINANCIAL RESOURCES. IT IS OUR MISSION TO PROVIDE NECESSARY MEDICAL

CARE TO THOSE WHO ARE UNABLE TO PAY FOR THAT CARE. IN GENERAL, AHC HAS 12

LEVELS OF FINANCIAL ASSISTANCE. THEY ARE AS FOLLOW:

- ANNUAL INCOME <= 1.0X OF FPL, 0% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 1.00X AND <= 1.25X OF FPL, 10% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 1.25X AND <= 1.50X OF FPL, 20% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 1.50X AND <= 1.75X OF FPL, 30% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 1.75X AND <= 2.00X OF FPL, 40% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 2.00X AND <= 2.25X OF FPL, 50% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 2.25X AND <= 2.50X OF FPL, 60% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 2.50X AND <= 2.75X OF FPL, 70% PATIENT RESPONSIBILITY
- ANNUAL INCOME >2.75X AND <= 3.00X OF FPL, 80% PATIENT RESPONSIBILITY
- ANNUAL INCOME >3.00X AND <= 3.50X OF FPL, 85% PATIENT RESPONSIBILITY
- ANNUAL INCOME >3.50X AND <= 4.00X OF FPL, 90% PATIENT RESPONSIBILITY
- ANNUAL INCOME >4.00X AND <= 4.50X OF FPL, 95% PATIENT RESPONSIBILITY

**Part VI Supplemental Information**

PART I, LINE 7: MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

FOR THE REPORTING OF COMMUNITY BENEFIT, AHC USED MEDICARE'S COST REPORT METHODOLOGY OF COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS USED TO REDUCE THE YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST.

AHC ALSO APPLIED THE COST TO CHARGE RATIO TO BAD DEBT EXPENSES AND ADMINISTRATIVE DEDUCTION TO COST.

IN ADDITION, AHC ALSO CONSIDERED GOVERNMENT ASSESSMENTS THROUGH THE STATE'S HEALTH SERVICE COST REGULATORY AGENCY AND OTHER RELATED STATE GOVERNMENT AGENCIES.

AHC COMPUTED THE COMMUNITY BENEFITS BY ITS HOSPITAL FACILITIES AND AGGREGATED THE TOTAL.

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

PART I, LN 7 COL(F): BAD DEBT EXPENSE

NO BAD DEBT IS INCLUDED IN THE FUNCTIONAL EXPENSES IN PART IX OF THE FORM

**Part VI Supplemental Information**

990 AND THEREFORE NO ADJUSTMENT WAS NECESSARY TO COMPUTE THE PERCENTAGES

IN THE CHART FOR LINE 7

PART III, LINE 4: PATIENT ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE

DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF

INDIVIDUAL ACCOUNTS. THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS

ESTIMATED BASED UPON A PERIODIC REVIEW OF THE ACCOUNTS RECEIVABLE AGING,

PAYOR CLASSIFICATIONS, AND APPLICATION OF HISTORICAL WRITE-OFF

PERCENTAGES.

AS PRESCRIBED BY HFMA STATEMENT 15, THERE ARE INSTANCES IN WHICH OUR

COLLECTION EFFORTS PROVIDE INFORMATION THAT HELPS US DETERMINE AN ACCOUNT

ACTUALLY QUALIFIES FOR CHARITY CARE. WHEN THIS OCCURS, WE RECORD THIS

CHANGE IN OUR BILLING AND COLLECTION SYSTEM USING A UNIQUE SERVICE CODE.

WE PREPARED AN ANALYSIS THAT PROVIDED US WITH A RATIO OF BAD DEBT ACCOUNTS

THAT WERE SUBSEQUENTLY RECLASSIFIED AS CHARITY CARE. WE THEN MULTIPLIED

THAT RATIO TIMES OUR BAD DEBT PROVISIONS TO DETERMINE THE AMOUNT OF BAD

DEBT THAT WE BELIEVE WILL ULTIMATELY MEET OUR CRITERIA FOR CHARITY CARE.

PART III, LINE 8: IT IS IMPORTANT TO RECOGNIZE THAT MARYLAND IS EXEMPT

FROM MEDICARE REIMBURSEMENT METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE

AND MEDICAID) PAY HOSPITALS' CHARGES, WHICH IN TURN IS REGULATED BY THE

STATE OF MARYLAND'S COMMISSION ON A CASE MIX ADJUSTED CHARGE PER CASE

BASIS. SPECIFICALLY, MEDICARE AND MEDICAID ENJOY A DISCOUNT OF 4 TO 4.25%

OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS. THERE

SHOULD BE NO SHORTFALL AND THEREFORE COUNT TOWARD COMMUNITY BENEFIT.

AHC USED MEDICARE'S COST REPORT STEP DOWN AND INDIRECT COST ALLOCATION TO

**Part VI Supplemental Information**

COMPUTE COST TO CHARGE RATIO TO ASSESS THE LEVEL OF COMMUNITY BENEFITS IN

PROVIDING BAD DEBT, CHARITY AND ADMINISTRATIVE DEDUCTIONS. SINCE

MARYLAND'S COST REGULATION COMMISSION AND RELATED AGENCIES ALSO ASSESS

HOSPITAL PROVIDERS TO SUBSIDIZE MEDICAID AND DISPROPORTION SHARE HOSPITAL

PROVIDERS, THESE ASSESSMENTS ARE ALSO COUNTED TOWARD COMMUNITY BENEFITS.

PART III, LINE 9B: AHC PROVIDES QUALITY MEDICAL SERVICES REGARDLESS OF

A PATIENT'S ABILITY TO PAY, RACE, CREED, SEX, AGE, NATIONAL ORIGIN OR

FINANCIAL STATUS. OUR FINANCIAL ASSISTANCE POLICY ENCOURAGES THE PATIENT

AND THEIR REPRESENTATIVE TO COOPERATE WITH AND AVAIL THEMSELVES OF ALL

AVAILABLE PROGRAMS (INCLUDING MEDICAID, WORKERS COMPENSATION, AND STATE

AND LOCAL PROGRAMS) WHICH MIGHT PROVIDE COVERAGE. OUR REGISTRATION,

FINANCIAL COUNSELORS, CUSTOMER SERVICE, AND COLLECTION STAFF ARE

THOROUGHLY FAMILIAR WITH THE CRITERIA AND PROCESS OF FINANCIAL ASSISTANCE.

FINANCIAL ASSISTANCE PROCESS AND COLLECTION PROTOCOL ARE WELL DEFINED WITH

MANAGERS AVAILABLE TO GUIDE AND HANDLE EXCEPTION SITUATIONS. OUTSOURCED

AGENCIES AND COLLECTIONS FIRMS ARE EXPECTED TO ADHERE TO AHC'S POLICY

WITHOUT EXCEPTIONS. BAD DEBT, CHARITY AND ADMINISTRATIVE WRITEOFF ARE

CLEARLY DEFINED WITH PRE-DETERMINED AUTHORIZATION LEVELS DEPENDING ON THE

MAGNITUDE GRANTED. AHC ALSO REVISES ITS FINANCIAL ASSISTANCE POLICY AS

FEDERAL GOVERNMENT AND/OR STATE GOVERNMENT REVISE THEIR POVERTY

GUIDELINES. OVERALL, AHC EXPECTS ITS STAFF TO TREAT ITS PATIENTS WITH

DIGNITY AND RESPECT, AS THEY WOULD LIKE TO BE TREATED.

FORM 990 SCH H PART V, SECTIONS A AND B

ADDITIONAL HOSPITALS INCLUDED

IN ORDER TO PRESENT A MORE COMPLETE VIEW OF OUR HEALTH CARE SYSTEM, WE

HAVE INCLUDED INFORMATION ABOUT THE FOLLOWING TWO HOSPITALS IN PART V

Schedule H (Form 990) 2011

**Part VI Supplemental Information**

OF THIS SCHEDULE: HACKETTSTOWN REGIONAL MEDICAL CENTER AND ADVENTIST

REHABILITATION HOSPITAL OF MARYLAND. THIS INFORMATION IS ONLY INCLUDED

IN PART V OF SCHEDULE H. THE REMAINDER OF SCHEDULE H AND THIS FORM 990

DOES NOT INCLUDE ANY DATA FOR THESE TWO ADDITIONAL HOSPITALS AS THEY

ARE SEPARATE ORGANIZATIONS AND FILE SEPARATE FORMS 990.

WASHINGTON ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 19D: BECAUSE MARYLAND IS A RATE REGULATED STATE,

ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES

ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION

(HSCRC). THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS

THAT CAN BE CHARGED.

ADVENTIST REHABILITATION HOSPITAL OF MAR:

PART V, SECTION B, LINE 19D: BECAUSE MARYLAND IS A RATE REGULATED STATE,

ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES

ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION

(HSCRC). THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS

THAT CAN BE CHARGED.

ADVENTIST BEHAVIORAL HEALTH:

PART V, SECTION B, LINE 19D: BECAUSE MARYLAND IS A RATE REGULATED STATE,

ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES

ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION

(HSCRC). THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS

THAT CAN BE CHARGED.

**Part VI Supplemental Information**

PART VI, LINE 2: NEEDS ASSESSMENT

IN 2011 ADVENTIST HEALTHCARE PARTICIPATED IN HEALTHY MONTGOMERY STEERING COMMITTEE, WHICH IS A COLLABORATION BETWEEN FIVE HOSPITALS (SHADY GROVE ADVENTIST HOSPITAL, WASHINGTON ADVENTIST HOSPITAL, MONTGOMERY GENERAL HOSPITAL, SUBURBAN HOSPITAL AND HOLY CROSS HOSPITAL), ALONG WITH MONTGOMERY COUNTY HEALTH AND HUMAN SERVICES, PUBLIC HEALTH FOUNDATION, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY, KAISER PERMANENTE, FAMILY SERVICES INC., COMMISSION ON VETERANS AFFAIRS, A MONTGOMERY COUNTY COUNCIL MEMBER, MONTGOMERY COUNTY DEPARTMENT OF RECREATION, OFFICE OF COMMUNITY PARTNERSHIP FOR MONTGOMERY COUNTY, MONTGOMERY COUNTY COUNCIL OF PTA, PRIMARY CARE COALITION, PROYECTO SALUD HEALTH CENTER, AND LOCAL PHYSICIANS. THE GROUP COLLABORATIVE EFFORTS IN 2011 FOCUSED ON A SELECTION PROCESS FOR MONTGOMERY COUNTY HEALTH PRIORITIES. DATA WAS COLLECTED AND A VENDOR (HEALTHY COMMUNITY INSTITUTE) WAS SELECTED TO IMPLEMENT A COMMUNITY TRACKING TOOL THAT IS LINKED TO PUBLIC HEALTH INTERVENTIONS THAT IMPROVE HEALTH OUTCOMES. THIS ONGOING SURVEILLANCE IS POPULATION-BASED DATA THAT SHOWS HEALTH SERVICES UTILIZATION AND SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH, INCLUDING SOCIO-ECONOMIC STATUS, SOCIAL ISOLATION, HOUSING AND AIR QUALITY. IT IS AVAILABLE TO THE PUBLIC ON THE HEALTHY MONTGOMERY WEBSITE. ADVENTIST HEALTHCARE CENTER ON HEALTH DISPARITIES DEVELOPED AND RELEASED ITS 2011 ANNUAL PROGRESS REPORT, HEALTH DISPARITIES IN THE ERA OF REFORM IMPLEMENTATION, WHICH WAS MADE AVAILABLE TO THE PUBLIC ON THE CENTER ON HEALTH DISPARTIES' WEBSITE, AS WELL AS IN HARD COPY THROUGH CONFERENCES AND UPON REQUEST. THE FIRST CHAPTER OF THAT REPORT DETAILS DEMOGRAPHIC TRENDS AND ASSESSES DISPARITIES ACROSS A RANGE OF ISSUES WITHIN THREE BROAD HEALTH TOPICS AFFECTING OUR COMMUNITY: MATERNAL AND INFANT HEALTH,

**Part VI Supplemental Information**

HEART DISEASE AND STROKE, AND CANCER. THE REPORT INCORPORATES DESCRIPTIVE FINDINGS FROM NATIONAL, STATE AND COUNTY-LEVEL DATABASES ON THE RACIAL AND ETHNIC MAKEUP OF THE POPULATION, THE PREVALENCE OF DISEASE ACROSS THESE GROUPS, AND THE RATES OF RECEIVING APPROPRIATE TREATMENT.

TO CREATE THIS REPORT, ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES ANALYZED THE U.S. CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY AND PROFILES OF GENERAL POPULATION AND HOUSING CHARACTERISTICS TO PRODUCE A BROAD DEMOGRAPHIC OVERVIEW BY COUNTY, RACE, AND ETHNICITY. IN MARYLAND, THE CENTER PRODUCED DESCRIPTIVE TABULATIONS BASED ON DATA FROM THE MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE MARYLAND CANCER REGISTRY, THE MARYLAND VITAL STATISTICS ADMINISTRATION, THE MARYLAND HEALTH CARE COMMISSION, AND THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (MDHMH) OFFICE ON MINORITY HEALTH & HEALTH DISPARITIES. IN ADDITION TO THESE DATA SOURCES, THE CENTER ALSO SUMMARIZED FINDINGS FROM VARIOUS NATIONAL AND STATE-LEVEL REPORTS ON INSURANCE COVERAGE, DISEASE CONDITION, AND HEALTHY BEHAVIORS RELEASED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, THE KAISER FAMILY FOUNDATION, AND THE MDHMH'S FAMILY HEALTH ADMINISTRATION, OFFICE OF CHRONIC DISEASE PREVENTION.

IN 2011, ADVENTIST HEALTHCARE ALSO EMBARKED ON A COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR EACH OF ITS ACUTE CARE HOSPITALS. THIS MULTI-DISCIPLINARY TEAM BEGAN EXAMINING STATE AND FEDERAL REQUIREMENTS, AND TRAINING ON COLLECTION METHODS AND ELEMENTS OF WHAT TO INCLUDE IN A COMMUNITY HEALTH NEEDS ASSESSMENT.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY

AHC EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE IN MANY WAYS. THEY INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING: (1) AHC HAS FINANCIAL ASSISTANCE SIGNAGE IN ALL ITS

**Part VI Supplemental Information**

FACILITIES, ON ALL PATIENT STATEMENTS AND ON OUR HOSPITALS' WEBSITE; (2)

PATIENTS THAT ARE REGISTERED AS SELF PAY OR WITH NO INSURANCE, ARE

INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND GIVEN A CHARITY

APPLICATION; (3) WHEN GOING THROUGH THE MEDICAID ELIGIBILITY SCREENING,

SELF PAY PATIENTS ARE GIVEN A CHARITY APPLICATION DURING THAT PROCESS JUST

IN CASE THE PATIENT DOES NOT QUALIFY FOR MEDICAID; (4) WHEN PATIENTS WITH

A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL

HARDSHIP, CUSTOMER SERVICE REPS AND SELF PAY COLLECTORS WILL MAIL A

CHARITY APPLICATION TO THE PATIENT; AND (5) RESIDENTS THAT PARTICIPATE IN

OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY, ETC., ARE

INFORMED OF AHC'S CHARITY PROGRAM PRIOR TO RECEIVING SERVICES.

PART VI, LINE 4: COMMUNITY INFORMATION

AHC'S SERVICE AREAS ARE SITUATED IN THE WASHINGTON/BALTIMORE METROPOLITAN

AREA. SPECIFICALLY, WASHINGTON ADVENTIST HOSPITAL DRAWS PATIENTS

FROM AREAS SUCH AS SILVER SPRING, TAKOMA PARK, GAITHERSBURG, POTOMAC,

ROCKVILLE, THE DISTRICT OF COLUMBIA AND ITS SURROUNDING AREAS. SHADY GROVE

ADVENTIST HOSPITAL (SGAH) DRAWS PATIENTS FROM ROCKVILLE, GAITHERSBURG,

SILVER SPRING, GERMANTOWN, FREDERICK, AND NORTH AND EAST OF THE DISTRICT

OF COLUMBIA.

WE SERVE ONE OF THE MOST ETHNICALLY DIVERSE COMMUNITIES IN THE UNITED

STATES; NON-HISPANIC WHITES NOW COMPRISE ONLY 49% OF THE POPULATION OF

MONTGOMERY COUNTY, MD., A DECREASE OF MORE THAN 20% OVER THE LAST TWO

DECADES. FOR THE FIRST TIME, MINORITIES ACCOUNT FOR MORE THAN HALF OF THE

COUNTY'S POPULATION, MAKING IT ONE OF ONLY 336 MAJORITY-MINORITY

COUNTIES IN THE NATION. ACCORDING TO THE U.S. BUREAU CENSUS BUREAU, THE

PERCENTAGE OF HISPANICS OR LATINOS IN MONTGOMERY COUNTY IS MORE THAN

**Part VI Supplemental Information**

DOUBLE THE PERCENTAGE OF HISPANICS OR LATINOS IN THE STATE OF MARYLAND AND  
 WITHIN THE COUNTY, IT OUTNUMBERS ALL POPULATIONS OTHER THAN NON-HISPANIC  
 WHITES.

THE U.S. CENSUS BUREAU HAS ALSO FOUND THAT MARYLAND IS ONE OF THE TOP TEN  
 DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS, AND 41% OF THE FOREIGN-BORN IN  
 MARYLAND RESIDE IN MONTGOMERY COUNTY. THE COUNTY'S FOREIGN-BORN  
 POPULATION HAS GROWN FROM 12% IN 1980 TO CURRENTLY MORE THAN 30%.  
 IMMIGRANTS CONTRIBUTE GREATLY TO OUR COMMUNITY AND OUR HOSPITAL PROVIDERS  
 ARE COMMITTED TO UNDERSTANDING THEIR NEEDS AND WORKING TO TREAT THEM IN A  
 CULTURALLY COMPETENT MANNER.

## PART VI, LINE 5: PROMOTING COMMUNITY HEALTH

AS THE FIRST, LARGEST AND ONLY NOT-FOR-PROFIT HEALTH SYSTEM HEADQUARTERED  
 IN MONTGOMERY COUNTY, MARYLAND, ADVENTIST HEALTHCARE HAS MORE THAN A  
 CENTURY-LONG TRADITION OF SERVING THE COMMUNITY. WE HAVE DEEP ROOTS  
 WORKING FOR AND WITHIN THE COMMUNITY, WHICH GIVES US SPECIAL INSIGHT TO  
 IDENTIFY AND MEET COMMUNITY HEALTH NEEDS WITH IMPORTANT SERVICES AND  
 RESOURCES. THIS COLLABORATION HELPS US TO IMPROVE THE HEALTH STATUS AND  
 QUALITY OF LIFE FOR OUR RESIDENTS, ESPECIALLY FOR UNDERSERVED GROUPS SUCH  
 AS THE UNINSURED AND MINORITIES. EACH YEAR, ADVENTIST HEALTHCARE ENHANCES  
 OUR CONTRIBUTIONS AND COLLABORATIVE PARTNERSHIPS TO ADDRESS COMMUNITY  
 NEEDS

HERE ARE SOME SNAPSHOTS OF ADVENTIST HEALTHCARE'S WORK IN THE COMMUNITY  
 IN 2011:

WE HAVE PARTNERED WITH SUCH GROUPS AS THE ROCKVILLE AND DAMASCUS SENIOR  
 CENTERS, TAKOMA PARK COMMUNITY CENTER, THE CITY OF GREENBELT, AND THE  
 PRINCE GEORGE'S COUNTY PARKS AND RECREATION DEPARTMENT. THROUGH THESE AND

**Part VI Supplemental Information**

OTHER PARTNERSHIPS, NEARLY 2,500 PEOPLE TOOK ADVANTAGE OF BLOOD PRESSURE

SCREENINGS AND HEALTH EDUCATION CLASSES IN MONTGOMERY AND PRINCE GEORGE

COUNTIES.

AT 56 HEALTH FAIRS THROUGHOUT MONTGOMERY AND PRINCE GEORGE COUNTIES, WE

OFFERED SCREENINGS, COUNSELING AND HEALTH EDUCATION MATERIALS TO THE 4,090

INDIVIDUALS WE ENCOUNTERED. THESE HEALTH FAIRS TOOK PLACE AT SUCH VENUES

AS LEISURE WORLD, THE JEWISH COMMUNITY CENTER AND THE FDA, AND INCLUDED

PARTNERS SUCH AS THE CITY OF GREENBELT AND THE MONTGOMERY COUNTY HEALTH

DEPARTMENT.

THROUGH ADVENTIST HEALTHCARE HELP STOP THE FLU CAMPAIGN, 1,386 FREE OF

LOW-COST INFLUENZA VACCINES WERE GIVEN AT 46 FLU CLINICS HELD AT LOCAL

COMMUNITY AND SENIOR CENTERS.

OUR MATERNAL/CHILD HEALTH EDUCATION PROGRAMS ARE DESIGNED TO INCREASE

KNOWLEDGE AND DECREASE ANXIETY, BOTH FOR EXPECTANT PARENTS AS WELL AS

THOSE WHO ARE JUST BEGINNING THE PARENTING JOURNEY. IN 2011, WE HELD A

TOTAL OF 513 MATERNAL/CHILD HEALTH EDUCATION CLASSES, TOURS AND SUPPORT

GROUPS, AS WELL AS BREASTFEEDING CLASSES AND SUPPORT GROUPS, REACHING

10,837 EXPECTANT AND NEW PARENTS, SIBLINGS AND ADDITIONAL FAMILY MEMBERS

FOR A TOTAL OF 15,229 ENCOUNTERS.

ADVENTIST HEALTHCARE CARDIAC & VASCULAR OUTREACH PROGRAM PROVIDES

PROGRAMMING AND SCREENINGS AIMED AT EDUCATING AND EMPOWERING THOSE IN OUR

COMMUNITY TO BETTER UNDERSTAND AND MANAGE THEIR RISK FACTORS AND TO MAKE

LIFESTYLE CHANGES THAT WILL LOWER THEIR RISKS FOR HEART DISEASE. IN 2011,

987 INDIVIDUALS HAD ACCESS TO 2,790 SCREENINGS AT 34 DIFFERENT EVENTS.

**Part VI Supplemental Information**

ADDITIONAL CLASSES, SUPPORT GROUPS, AND MEETINGS RAISED THE TOTAL NUMBER

OF PATIENT ENCOUNTERS TO 2,745.

IN 2011, 82 PEOPLE ATTENDED THE SPRING INTO BETTER HEALTH EVENT AT SHADY

GROVE ADVENTIST HOSPITAL. SEVENTY-SIX OF THESE INDIVIDUALS TOOK ADVANTAGE

OF HEALTH SCREENINGS AND 25 ATTENDED LECTURES ON SUCH TOPICS AS DIABETES,

HIGH BLOOD PRESSURE, AND VASCULAR DISEASE. IN THE FALL OF 2011, 144

INDIVIDUALS PARTICIPATED IN HEALTH SCREENINGS OFFERED AS PART OF THE

NAVIGATING YOUR VASCULAR HEALTH PROGRAM, HELD AT BOTH SHADY GROVE AND

WASHINGTON ADVENTIST HOSPITALS.

SHADY GROVE AND WASHINGTON ADVENTIST HOSPITALS PRESENTED THE LOVE YOUR

HEART EXPO ON FEB. 12 TO EDUCATE THE COMMUNITY ABOUT HEART HEALTH. AT THE

EVENT, HELD AT THE WHITE FLINT MALL IN ROCKVILLE, MARYLAND, NEARLY 170

PEOPLE RECEIVED A TOTAL OF 528 FREE SCREENINGS. FOR 13 PARTICIPANTS WHO

RECEIVED ABNORMAL RESULTS AT THE EVENT, APPOINTMENTS WERE MADE FOR FREE

FOLLOW-UP SCREENINGS. AFTER THESE RESULTS WERE MAILED, A NURSE

PRACTITIONER PROVIDED ONE-ON-ONE COUNSELING BY PHONE.

ADVENTIST HEALTHCARE RECEIVED A SUSAN G. KOMEN FOR THE CURE GRANT IN 2011

A \$917,000 GRANT OVER FOUR YEARS  THAT WILL ALLOW US TO EXPAND OUR

EXISTING NAVIGATE TO HEALTH: RAPID REFERRAL PROGRAM. WE PROVIDED 1,688

WOMEN WITH SCREENING AND DIAGNOSTIC MAMMOGRAMS IN 2011. THANKS TO A SUSAN

G. KOMEN FOR THE CURE GRANT RECEIVED BY THE PRIMARY CARE COALITION,

WASHINGTON ADVENTIST HOSPITAL BEGAN A PARTNERSHIP WITH THE SPANISH

CATHOLIC CENTER THAT ALLOWED US TO PROVIDE 111 SCREENING MAMMOGRAMS TO

PATIENTS AT THE CENTER.

**Part VI Supplemental Information**

SHADY GROVE ADVENTIST HOSPITAL HELD ITS 4TH ANNUAL BREAST CANCER AWARENESS

EVENT IN OCTOBER. THE PINK FLING PROVIDED FREE EDUCATION, AN

ASK-THE-EXPERT PANEL, MAKEOVERS, AND MORE. NEARLY 100 COMMUNITY

PARTICIPANTS ATTENDED THIS INVALUABLE BREAST CANCER EVENT. THE LOOK GOOD

FEEL BETTER PROGRAM, HELD AT WASHINGTON ADVENTIST HOSPITAL, HELPED 25

WOMEN IN 2011.

EACH YEAR, ADVENTIST HEALTHCARE HOLDS ITS FREE CANCER SCREENING DAY FOR

BOTH THE SHADY GROVE ADVENTIST AND THE WASHINGTON ADVENTIST COMMUNITIES.

ON THOSE DAYS, WE PERFORM FREE SCREENINGS FOR PROSTATE, COLORECTAL, ORAL,

SKIN, BLADDER, AND THYROID CANCERS, AS WELL AS CLINICAL BREAST EXAMS. IN

2011, WE SCREENED 226 PARTICIPANTS, PERFORMING A TOTAL OF 999 SCREENINGS

BETWEEN THE TWO HOSPITALS.

BUDDLE UP FOR PROSTATE HEALTH, AN EXCITING NEW EVENT IN 2011, WAS HELD

IN BOTH MONTGOMERY AND PRINCE GEORGE COUNTIES. THE EVENT FEATURED FREE

PREVENTION EDUCATION AND PSA SCREENINGS TO MEN IN THE COMMUNITY. OF THE 67

INDIVIDUALS WHO ATTENDED THE EVENT IN BOTH COUNTIES, 50 RECEIVED A PSA

SCREENING.

THE COLORECTAL CANCER SCREENING PROGRAM, SUPPORTED BY THE CIGARETTE

RESTITUTION FUND, CONTINUES TO PROVIDE OUTREACH AND FREE SCREENINGS TO

AT-RISK ELIGIBLE MEN AND WOMEN RESIDING IN MONTGOMERY COUNTY. THROUGH THIS

PROGRAM ADVENTIST HEALTHCARE WAS ABLE TO PROVIDE FIVE FREE COLONOSCOPIES

TO RESIDENTS IN THE MONTGOMERY COUNTY COMMUNITY.

SHADY GROVE ADVENTIST HOSPITAL'S GERMANTOWN PRENATAL CENTER PROVIDES

OBSTETRICAL CARE TO UNINSURED WOMEN THROUGH THE MONTGOMERY COUNTY

**Part VI Supplemental Information**

MATERNITY PARTNERSHIP PROGRAM, INCLUDING PRE-AND POST-NATAL CARE, GENERAL

GYNECOLOGICAL CARE AS WELL AS FAMILY PLANNING SERVICES TO PATIENTS.

WASHINGTON ADVENTIST HOSPITAL CONTINUES TO PROVIDE CANCER SCREENINGS AND

SERVICES TO UNINSURED/UNDERINSURED INDIVIDUALS REACHED THROUGH OUR BREAST

CANCER SCREENING PROGRAM, ANNUAL CANCER SCREENING DAYS AND WORK WITH THE

MONTGOMERY COUNTY CANCER CRUSADE.

SHADY GROVE ADVENTIST HOSPITAL ALSO HOLDS ANNUAL CANCER SCREENING DAYS

AND PARTNERS WITH THE MONTGOMERY COUNTY WOMEN'S CANCER CONTROL PROGRAM

AND MARYLAND'S BREAST AND CERVICAL DIAGNOSIS TREATMENT PROGRAM TO OFFER

SCREENINGS, PATIENT EDUCATION AND ACCESS TO TREATMENT FOR LOW-INCOME

WOMEN AGES 40 AND OLDER.

IN ADDITION TO THE SERVICES AND PROGRAMS FOR OFFER TO PROMOTE COMMUNITY

HEALTH, WE HAVE ALSO PARTNERED WITH MANY COMMUNITY GROUPS TO ENSURE THE

EDUCATION OF FUTURE HEALTH CARE PROFESSIONALS WHO MAY THEN FILL A GROWING

NEED IN OUR REGION.

\*\* ADVENTIST HEALTHCARE HAS PARTNERED WITH MANY OF MONTGOMERY COUNTY'S

QUALITY EDUCATION INSTITUTIONS - THE UNIVERSITIES AT SHADY GROVE,

WASHINGTON ADVENTIST UNIVERSITY AND MONTGOMERY COLLEGE- TO PROVIDE

SCHOLARSHIPS FOR THOSE STUDENTS INTERESTED IN A REWARDING HEALTH-CARE

CAREER.

\*\* WE PROVIDE THE LARGEST CLINICAL PARTNERSHIP FOR MONTGOMERY COLLEGE'S

NURSE TRAINING PROGRAM AND ALSO PROVIDE CLINICAL TRAINING FOR NURSING

STUDENTS AT CARROLL COMMUNITY COLLEGE, FREDERICK COMMUNITY COLLEGE,

**Part VI Supplemental Information**

GEORGETOWN UNIVERSITY, HOWARD COMMUNITY COLLEGE, PRINCE GEORGE'S

COMMUNITY COLLEGE, THE UNIVERSITY OF MARYLAND AND WASHINGTON ADVENTIST

UNIVERSITY.

\*\* WE SUPPORT ADDITIONAL NURSING PROGRAMS, AS WITH OUR \$1.5 MILLION

COMMITMENT TO THE MARYLAND HOSPITAL ASSOCIATION'S "WHO WILL CARE?"

CAMPAIGN FOR NURSING EDUCATION, WHICH SUPPORTS THE CARE OF LOCAL

RESIDENTS.

\*\* OUR SHADY GROVE LIFE SCIENCES CENTER EVENTS AND PROGRAMS GIVE LOCAL

STUDENTS THE OPPORTUNITY TO EXPERIENCE CAREERS IN HEALTH CARE AND SCIENCE

AS A FUTURE PROFESSION.

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. THE IMPORTANT PARTNERSHIPS AND RELATIONSHIPS WE HAVE

DEVELOPED WITH MERCY CLINIC, MARY'S CENTER AND MOBILEMED HELP US TO

AUGMENT HEALTH CARE IN LOWER MONTGOMERY AND PRINCE GEORGE'S COUNTIES AS

WELL AS UPPER MONTGOMERY AND LOWER FREDERICK COUNTIES. THESE ARE AREAS

WHERE NUMEROUS RESIDENTS MAY BE UNDERSERVED, EITHER BY BEING UNINSURED,

OR IN AN AREA WHERE HEALTH SERVICES MAY BE LOCATED FAR AWAY.

THE MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES

INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES.

IN THE LONG BRANCH SECTION OF SILVER SPRING, OUR PARTNERSHIP WITH MARY'S

CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE TO

PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TO

SOCIAL-SERVICES PROGRAMS. OUR WORK WITH MOBILE MED IN ITS GERMANTOWN

**Part VI Supplemental Information**

LOCATION AND ITS MOBILE MEDICAL VAN ENABLES REGULAR MEDICAL CARE, SUCH AS  
 ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS.

WE ALSO PROVIDE SPECIALIZED SERVICES AND CARE THAT ARE UNIQUE AND VITAL  
 TO THE COMMUNITY. SHADY GROVE ADVENTIST HOSPITAL'S FORENSIC MEDICAL UNIT,  
 THE ONLY ONE IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE (CONT'D ON  
 SUPP INFO.)

PART VI, LINE 6: AFFILIATED HEALTH CARE

ADVENTIST HEALTHCARE, BASED IN ROCKVILLE, MD., IS A FAITH-BASED,  
 NOT-FOR-PROFIT ORGANIZATION OF DEDICATED PROFESSIONALS WHO WORK TOGETHER  
 EACH DAY TO PROVIDE EXCELLENT WELLNESS, DISEASE MANAGEMENT AND HEALTH-CARE  
 SERVICES TO THE COMMUNITY. WE WERE FOUNDED UPON THE PRINCIPLE OF WELLNESS  
 MORE THAN 100 YEARS AGO AND TODAY PROVIDE INNOVATIVE CARE TO HEART-ATTACK  
 VICTIMS, CANCER PATIENTS AND PREMATURE BABIES AND THE COMMUNITY.

OUR UNWAVERING FOCUS HAS ALWAYS BEEN ON THE HEALTH AND WELLNESS OF THE  
 COMMUNITIES WE SERVE. WE ARE ALREADY A STEP AHEAD AS HEALTH CARE REFORM IS  
 CHALLENGING HOSPITAL SYSTEMS NATIONWIDE TO IMPROVE THE HEALTH OF  
 POPULATIONS; OUR INTEGRATED, HEALTH-CARE DELIVERY NETWORK INCLUDES FIVE  
 NATIONALLY ACCREDITED, ACUTE-CARE AND SPECIALTY HOSPITALS, MENTAL HEALTH  
 SERVICES AND HOME HEALTH AGENCIES, SERVING THE WASHINGTON, D.C.  
 METROPOLITAN AREA AND NORTHWESTERN NEW JERSEY.

ADVENTIST HEALTHCARE IS SHADY GROVE ADVENTIST HOSPITAL, WASHINGTON  
 ADVENTIST HOSPITAL, HACKETTSTOWN REGIONAL MEDICAL CENTER IN NEW JERSEY,  
 ADVENTIST BEHAVIORAL HEALTH, ADVENTIST REHABILITATION HOSPITAL OF  
 MARYLAND, ADVENTIST HOME HEALTH SERVICES, THE REGINALD S. LOURIE CENTER

**Part VI Supplemental Information**

FOR INFANTS AND YOUNG CHILDREN AND OTHER HEALTH SERVICES. TOGETHER, WITH  
OUR HEALTH & WELLNESS PROGRAMS, OUR CENTER ON HEALTH DISPARITIES AND MORE  
THAN 2,000 AFFILIATED PHYSICIANS, ADVENTIST HEALTHCARE ENCOMPASSES MANY OF  
THE NECESSARY CARE DELIVERY COMPONENTS NEEDED TO DELIVER POPULATION-BASED  
CARE ACROSS THE CONTINUUM.

OUR COMMITMENT TO THE COMMUNITY EXTENDS BEYOND OUR WALLS TO ENCOMPASS THE  
MOST VULNERABLE AND UNDERSERVED. IN 2011, WE CARED FOR NEARLY 400,000  
RESIDENTS, AND PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY  
BENEFIT MORE THAN \$62 MILLION. AS ONE OF THE LARGEST EMPLOYERS IN THE  
STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF  
NEARLY 6,500 EMPLOYEES AND ALMOST 1,600 VOLUNTEERS THROUGHOUT ADVENTIST  
HEALTHCARE WHO PROVIDE COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY  
DAY.

IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST  
HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO  
IMPROVE ACCESS TO HEALTH CARE FOR LOW INCOME AND UNINSURED INDIVIDUALS, AS  
WELL AS HISTORICALLY UNDER-SERVED COMMUNITIES INCLUDING MINORITIES AND  
IMMIGRANTS. OUR GOAL IS EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS  
FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR  
DEMOGRAPHIC CHARACTERISTICS.

VISIT [WWW.ADVENTISTHEALTHCARE.COM](http://WWW.ADVENTISTHEALTHCARE.COM) TO LEARN EVEN MORE ABOUT OUR SERVICES  
AND OUR LONGSTANDING BELIEF THAT A HEALTHY LIFESTYLE IS THE BEST WAY TO  
PREVENT DISEASE, AND THAT PREVENTION IS MUCH BETTER THAN A CURE.

AHC EXPECTS OUR OPERATING DIVISION TO BE EFFICIENT IN HEALTH SERVICES

**Part VI Supplemental Information**

DELIVERY AND INVOLVED IN THE LOCAL COMMUNITY WHILE THE OVERALL PLANNING  
AND INVOLVEMENT IN THE COMMUNITY ARE COORDINATED THROUGH THE CORPORATE  
OFFICE. THE PURPOSE IS NOT TO CREATE REDUNDANCY AND INEFFECTIVE USES OF  
RESOURCES.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501-(C)-(3)	11,000.	0.			CURING HEART DISEASE
CASA DE MARYLAND, INC. 310 TULIP AVE. TAKOMA PARK, MD 20912	52-1372972	501-(C)-(3)	7,500.	0.			COMMUNITY SERVICES
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS ROAD COLUMBIA, MD 21045	52-0664576		175,000.	0.			CULTURAL STUDIES
COMMONHEALTH ACTION 1301 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	83-0398572		50,000.	0.			COMMUNITY SUPPORT FOR IMPROVED HEALTH
GERMANTOWN CULTURAL ARTS CENTER 12901 TOWN COMMONS DRIVE GERMANTOWN, MD 20874	52-2010744	501-(C)-(3)	18,000.	0.			COMMUNITY ARTS PROGRAM
GREATER SILVER SPRING 8601 GEORGIA AVENUE SILVER SPRING, MD 20910	52-1813227	501-(C)-(3)	10,400.	0.			PROMOTE HEALTH SERVICE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  **17.**
- 3** Enter total number of other organizations listed in the line 1 table  **4.**

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

Schedule I (Form 990) (2011)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP MONTGOMERY 5910 EXECUTIVE BLVE #200 ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	15,000.	0.			SUPPORT MONT CO ISSUES AND CHALLENGES
MARYLAND HEALTHCARE EDUCATION INSTITUTE - 6820 DEERPATH ROAD - ELKRIDGE, MD 21075	52-9001664	501-(C)-(6)	150,000.	0.			HEALTHCARE EDUCATION
MARY'S CENTER FOR MATERNAL & CHILDCARE - 9913 KENTDALE DRIVE - POTOMAC, MD 20854	52-1594116	501-(C)-(3)	303,000.	0.			HEALTHCARE FOR UNI NS
MOBILE MEDICAL CARE INC. 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814	23-7022588	501-(C)-(3)	400,000.	0.			FREE/LOWCOST HEALTHCARE
MONTGOMERY COUNTY BUSINESS ROUNDTABLE - 451 HUNGERFORD ROAD - ROCKVILLE, MD 20850	41-2047342	501-(C)-(3)	12,000.	0.			COMMUNICATIONS
MONTGOMERY COUNTY CHAMBER OF COMMERCE - 51 MONROE STREET - ROCKVILLE, MD 20850	52-0735621	501-(C)-(3)	7,250.	0.			PROMOTE MONTGOMERY CARE
MONTGOMERY COALITION FOR ADULT 10605 CONCORD TREET, ST 440 KENSINGTON, MD 20895	20-8015355	501-(C)-(3)	10,000.	0.			SUPPORT MC LITERACY PROGRAMS
MONTGOMERY HOSPICE 1355 PICCARD DR. ROCKVILLE, MD 20850	52-1664426	501-(C)-(3)	10,250.	0.			COMMUNITY PARTNERSHIP FUND
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVE, #310 WASHINGTON, DC 20016		501-(C)-(3)	10,000.	0.			MEMBERSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH AMERICAN DIVISION OF SEVENTH-DAY - 12501 OLD COLUMBIA PIKE - SILVER SPRING, MD 20904	20-3164300	501-(C)-(3)	10,000.	0.			SPONSORSHIP FOR MINISTRIES
ONDA CAPITAL, INC 2775 SOUTH QUINCY STREET, STE 100 ARLINGTON, VA 22206	54-1695248		7,500.	0.			SPONSOR TELEMUNDO EXPO
SALISBURY UNIVERSITY FOUNDATION P.O. BOX 2655 SALISBURY, MD 21802	52-1127396	501-(C)-(3)	20,000.	0.			EDUCATION
STRATHMORE HALL FOUNDATION INC. 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	10,000.	0.			PROMOTE PERFORMING A
THE COMMUNITY FOUNDATION FUND 8720 GEORGIA AVENUE SUITE 202 SILVER SPRING, MD 20910	23-7343119	501-(C)-(3)	17,500.	0.			SPONSORSHIP FOR MONT FUND
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVE TAKOMA PARK, MD 20812	52-1692158	501-(C)-(3)	102,500.	0.			GENERAL SUPPORT
WASHINGTON ADVENTIST HOSPITAL FOUNDATION - 1801 RESEARCJH BLVD - ROCKVILLE, MD 20850	52-1692158	501-(C)-(3)	10,000.	0.			GENERAL SUPPORT
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION - 1801 RESEARCJH BLVD - ROCKVILLE, MD 20850	52-1216429	501-(C)-(3)	10,000.	0.			GENERAL SUPPORT
ADVENTIST BEHABIORAL HEALTH FOUNDATION - 1801 RESEARCJH BLVD - ROCKVILLE, MD 20850	20-5479860	501-(C)-(3)	27,205.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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

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

SCHEDULE I, PART I, LINE 2: THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP

FUND PROGRAM OPERATES IN SUPPORT OF OUR ORGANIZATION'S MISSION.

WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE

AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL,

MENTAL AND SPIRITUAL HEALING.

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND SEEKS TO SUPPORT AND

PARTNER WITH COMMUNITY-BASED ORGANIZATIONS TO IMPROVE BOTH OVERALL

**Part IV Supplemental Information**

COMMUNITY HEALTH AND THE HEALTH CARE SYSTEM, THE COMMUNITY PARTNERSHIP FUND

WILL CHANNEL ITS INVESTMENTS INTO AREAS OF FOCUS THAT WILL IMPROVE

COMMUNITY HEALTH. THESE INVESTMENTS INCLUDE, BUT ARE NOT LIMITED TO:

WORKING TO INCREASE ACCESS FOR THE UNDERSERVED, DISSEMINATING CARE

IMPROVEMENTS, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND INFLUENCING

PUBLIC POLICY.

AREAS OF FOCUS:

-PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND LINGUISTIC

SERVICES, HEALTH DISPARITIES RESEARCH PROJECTS, AND EDUCATIONAL CONFERENCES

THAT WILL ADDRESS THE NEEDS OF VULNERABLE POPULATIONS

-PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN THE AREAS OF CANCER AND

CARDIOVASCULAR SERVICES

-PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES

PARTICULARLY IN SERVING THE UNDERSERVED AND UNINSURED IN THE AREA

-INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTE HEALTHCARE CAREERS, AND

POLICY ADVOCACY

ASSESSMENT CRITERIA (RANKED IN ORDER OF IMPORTANCE)

1. FACILITATES ACCOMPLISHMENT OF AHC GOALS (20%)

STRATEGIC FIT BETWEEN PROJECT AND AHC POSITION AS A HEALTH ADVOCATE

DEMONSTRATES CHANGING PERCEPTION OF AHC BRAND

DEMONSTRATES AHC LEADERSHIP IN CARE AND CLINICAL SERVICES

DEMONSTRATES AHC LEADERSHIP IN HEALTH AND MEDICAL MANAGEMENT

Part IV Supplemental Information

DEMONSTRATES AHC LEADERSHIP IN EDUCATION AND RESEARCH

GRAND REPUTATION OF PARTNER

STABILITY OF PARTNER

LEVERAGES EXISTING RELATIONSHIP AND MAKES IT STRONGER

OPENS NEW DOORS FOR RELATIONSHIP (VS. ONE-TIME OPPORTUNITY WITH LIMITED FUTURE)

2. COMMUNITY HEALTH IMPACT (IF COMMUNITY BENEFIT IN NATURE) (15%)

TAKE PLACE IN AHC AREAS OR REGION OF SERVICE

IDENTIFIES POPULATION-SERVED

ADDRESSES RACIAL AND ETHNIC HEALTH DISPARITIES

3. COST & RESOURCE ISSUES (15%)

COST RELATIVE TO BUDGET

MULTIPLE AHC ENTITIES OR DEPARTMENTS SUPPORT REQUIRED

CLINICAL PERSONNEL REQUIRED

VALUE FOR INVESTMENT (E.G. COST VS. IMPACT)

RISK OF EXECUTION

4. FIT WITH CUSTOMER TARGETS (IF COMMERCIAL IN NATURE) (15%)

DEMOGRAPHIC FIT WITH CUSTOMER SEGMENTATION

HOSPITALITY BENEFITS

TRIP ENTERTAINMENT BENEFITS

5. OWNERSHIP/VISIBILITY (10%)

TITLE SPONSOR, ORGANIZATION-NAMED ACTIVITY

OPPORTUNITY TO BUILD EQUITY OVER TIME (LONG-TERM OR SHORT-TERM COMMITMENT?)

**Part IV Supplemental Information**

INDUSTRY CATEGORY EXCLUSIVITY, ABILITY TO PRE-EMPT COMPETITORS

AVOID CLUTTER OF MULTIPLE LAYERS OF SPONSORS

ABILITY TO INFLUENCE CONTENT

6. MEDIA AND PUBLICITY (EXPOSURE) (10%)

QUALITY AND QUANTITY OF OPPORTUNITY FOR MEDIA PLACEMENTS

MEDIA CO-SPONSOR TIE-IN

NEWSWORTHINESS OF ACTIVITY

ATTITUDE TO COMMUNICATE AHC MESSAGES OR LOGO-RECOGNITION?

7. EMPLOYEE IMPACT (10%)

POTENTIAL TO HAVE POSITIVE IMPACT ON EMPLOYEE MORALE

ABILITY TO REACH EMPLOYEES IN KEY COMMUNITIES

FIT BETWEEN PROJECT AND EMPLOYEES' WORK/FAMILY BALANCE ISSUES

8. GENERAL COMMUNITY IMPACT (5%)

BUILDING OF GOODWILL

DEMONSTRATION OF LEADERSHIP

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> 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.	<b>4a</b> <b>4b</b> <b>4c</b>	 X X X
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	 X X
<b>6</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	 X X
<b>7</b> 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	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM G. ROBERTSON	(i)	728,552.	256,569.	201,982.	12,250.	34,633.	1,233,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 TERRY FORDE	(i)	278,424.	10,000.	324,454.	0.	16,196.	629,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JAMES G. LEE	(i)	395,746.	98,105.	111,135.	12,250.	20,925.	638,161.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 GAUROV DAYAL	(i)	361,875.	101,902.	98,956.	12,250.	21,898.	596,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SUSAN L. GLOVER	(i)	256,594.	68,853.	42,230.	12,250.	27,294.	407,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DENNIS D. HANSEN	(i)	419,040.	82,925.	105,871.	12,250.	35,184.	655,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOYCE L PORTELLA	(i)	352,147.	46,666.	80,026.	11,911.	18,238.	508,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JASON C COE	(i)	265,905.	53,412.	39,199.	12,250.	28,548.	399,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DORIS REINHART	(i)	245,705.	27,060.	31,073.	12,250.	50,353.	366,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 KEITH BALLENGER	(i)	154,777.	35,985.	33,637.	8,111.	22,187.	254,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JERE D STOCKS	(i)	415,297.	22,194.	93,213.	4,900.	32,139.	567,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 GENE C. MILTON	(i)	207,598.	261,938.	33,711.	10,765.	90,061.	604,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 KENNETH B. DESTEFANO	(i)	279,290.	62,842.	75,396.	12,250.	24,367.	454,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 PAULA WIDERLITE	(i)	257,109.	27,360.	52,461.	12,250.	28,334.	377,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 KATHLEEN H. DYER	(i)	256,964.	57,775.	35,726.	12,250.	40,141.	402,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 EDMUND F. HODGE	(i)	63,066.	146,080.	37,016.	1,284.	2,849.	250,295.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GEORGE CHILD	(i)	8,256.	196,192.	233,686.	467.	14,871.	453,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 HISAKO MAKI THOMPSON	(i)	91,996.	0.	171,704.	1,914.	14,061.	279,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 3: COMPENSATION DEFINED. THE COMPENSATION REPORTED FOR

THE EMPLOYEES SET FORTH ON SCHEDULE J IS COMPRISED OF THE FOLLOWING:

BASE COMPENSATION INCLUDES NONDISCRETIONARY PAYMENTS, AGREED UPON IN

ADVANCE, CONTINGENT ONLY UPON THE PAYEE'S PERFORMANCE OF AGREED UPON

SERVICES (SUCH AS SALARY OR FEES).

INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION OF

PRE-DETERMINED PERFORMANCE TARGETS SUCH AS QUALITY/PATIENT SAFETY GOALS,

EMPLOYEE AND CUSTOMER ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND

FINANCIAL PERFORMANCE, AMONG OTHER THINGS.

OTHER REPORTABLE COMPENSATION INCLUDES CERTAIN CUMULATIVE LUMP-SUM TAXABLE

PAYMENTS MADE AS A RESULT OF TAX LAW CHANGES THAT AFFECTED THE

ADMINISTRATION OF ADVENTIST HEALTHCARE CAPITAL ACCUMULATION ACCOUNT (CAA)

PLAN ESTABLISHED PURSUANT TO SECTION 457(F) OF THE INTERNAL REVENUE CODE.

IN ADDITION, OTHER REPORTABLE COMPENSATION INCLUDES LONG-TERM DISABILITY

COVERAGE, CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED PAID TIME OFF (PTO)

**Part III Supplemental Information**

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

HOURS, IMPUTED VALUE OF LIFE INSURANCE BENEFITS, OUT-OF-STATE COMMUTE, 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: TERRY

FORDE

NON-TAXABLE BENEFITS INCLUDES PRE-TAX PAYROLL DEDUCTIONS (SUCH AS FLEXIBLE

MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT PREMIUM), AND

THE EMPLOYER PORTION OF CERTAIN EMPLOYEE BENEFITS SUCH AS HEALTH INSURANCE,

DENTAL INSURANCE, VISION INSURANCE, LIFE INSURANCE, BASE CONTRIBUTIONS TO

RETIREMENT PLANS, MATCHING OF EMPLOYEES RETIREMENT CONTRIBUTIONS, ETC.

PAY PRACTICE: ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL OF

ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL

COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE

RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE IRS FORM

990 AS IF PAID DIRECTLY BY SUCH AFFILIATE. AS APPLICABLE, THE SAME AND

NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS

WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC. RELATED ENTITIES

**Part III Supplemental Information**

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

RETURNS.

SCHEDULE J: PART I, LINE 3

INDEPENDENT GUIDELINES: WHEN SETTING COMPENSATION FOR THE OFFICERS,

DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES,

ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFE GUARDS

EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE

OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED

EMPLOYEES IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE BOARD OF

TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES

UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE

COMPENSATION CONSULTANT WHO PROVIDES A SUMMARY OF HEALTH CARE SALARIES AND

BENEFITS FOR COMPARABLE SIZED ORGANIZATIONS BOTH NATIONALLY AND IN THE

BALTIMORE-WASHINGTON REGION. TO FURTHER ENSURE REASONABLENESS, BOTH

COMPENSATION AND BENEFITS ARE TARGETED AT THE 50TH PERCENTILE (OR MEDIAN)

OF THE MARKET.

PAY PHILOSOPHY: FOR ALL ADVENTIST HEALTHCARE EMPLOYEES INCLUDING THOSE

LISTED ON SCHEDULE J, THE GOAL OF ADVENTIST HEALTHCARE IS TO OFFER

**Part III Supplemental Information**

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

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 I, LINE 4B: CUMULATIVE LUMP-SUM TAXABLE PAYMENTS MADE AS A RESULT

OF TAX LAW CHANGES THAT AFFECTED THE ADMINISTRATION OF THE 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: \$180,793

JAMES G. LEE: \$85,654

TERRY FORDE: \$71,448

SUSAN L. GLOVER: \$38,660

DENNIS HANSEN: \$84,370

GAUROV DAYAL: \$73,904

JOYCE L. PORTELLA: \$76,236

**Part III Supplemental Information**

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

JASON C. COE: \$33,854

DORIS REINHART: \$25,770

KEITH BALLENGER: \$20,211

JERE STOCKS: \$88,089

KENNETH B. DESTEFANO: \$47,196

PAULA WILDERLITE: \$42,516

KATHLEEN HILL DYER: \$30,015

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

**Part I Bond Issues** SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA	52-0936091	574218CH4	09/01/11	57,508,761.	REFUNDING SERIES 2003B, 2004 AND 2005 ISSUED 2/27		X		X		X
<b>B</b> MHHEFA	52-0936091	NONE	09/01/11	59,980,000.	REFUNDING SERIES 2004A AND 2005B ISSUED 9/14/200		X		X		X
<b>C</b> MHHEFA	52-0936091	574217VS1	12/20/05	78,000,000.	SGAH TOWER, QUALIFYING HOSP. CONSTRUCTION AND EQ		X		X		X
<b>D</b> MHHEFA	52-0936091	574217JG1	02/27/03	22,631,301.	REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH) I		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired								3,145,000.
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	57,508,761.		59,980,000.		79,853,550.			22,631,301.
<b>4</b> Gross proceeds in reserve funds	5,090,606.							2,276,516.
<b>5</b> Capitalized interest from proceeds					4,538,581.			
<b>6</b> Proceeds in refunding escrows	53,581,715.		59,429,008.					19,922,639.
<b>7</b> Issuance costs from proceeds	909,734.		550,992.		691,085.			519,600.
<b>8</b> Credit enhancement from proceeds					490,630.			
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds					74,134,254.			
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	2005		2005		2007		1982	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?	X		X			X	X	
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X		X			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....	X		X		X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		1.25 %		1.25 %		1.50 %		%
<b>5</b> 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 .....		.00 %		.00 %		.00 %		%
<b>6</b> Total of lines 4 and 5 .....		1.25 %		1.25 %		1.50 %		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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
<b>2</b> Is the bond issue a variable rate issue? .....		X	X		X			X
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X	X			X
<b>b</b> Name of provider .....	DUETSCH BANK							
<b>c</b> Term of hedge .....	30.0000000							
<b>d</b> Was the hedge superintergrated? .....						X		
<b>e</b> Was the hedge terminated? .....						X		
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate? .....	X		X		X		X	X

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MHHEFA

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

(F) DESCRIPTION OF PURPOSE:

REFUNDING SERIES 2003B, 2004 AND 2005 ISSUED 2/27/03, 9/14/04, AND 12/20/05

(A) ISSUER NAME: MHHEFA

(F) DESCRIPTION OF PURPOSE:

REFUNDING SERIES 2004A AND 2005B ISSUED 9/14/2004 AND 12/20/2005-EQUIPMENT

(A) ISSUER NAME: MHHEFA

(F) DESCRIPTION OF PURPOSE:

SGAH TOWER, QUALIFYING HOSP. CONSTRUCTION AND EQUIPMENT

(A) ISSUER NAME: MHHEFA

(F) DESCRIPTION OF PURPOSE:

REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH) ISSUED 09/11/1991

PART I LINE A, COLUMN F

MHHEFA IS THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY.

REFUNDING SERIES 2003B ISSUED 02/27/2003, SERIES 2004 ISSUED

09/14/2004, & SERIES 2005 ISSUED 12/20/2005.

PART III, COLUMN D

THIS ISSUE EXCLUSIVELY REFUNDED A PRE-2002 ISSUE.

PART II LINE 4, COLUMN A

GROSS PROCEEDS IN RESERVE FUNDS

RESERVE FUNDS INCLUDE ADDITIONAL FUNDS FROM AN ISSUE THAT WAS REFUNDED

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.**

IN 2011 AND ADDED TO THIS RESERVE FUND.

PART II LINE 3, COLUMN C

TOTAL PROCEEDS OF ISSUE

TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS ON CONSTRUCTION

FUND.

PART II LINE 4, COLUMN D

GROSS PROCEEDS IN RESERVE FUNDS

GROSS PROCEEDS IN RESERVE FUNDS INCLUDES INVESTMENT EARNINGS.





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MINISTRY OF PYHICAL MENTAL AND SPIRITUAL HEALING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ADVENTIST BEHAVIORAL HEALTH'S FACILITIES OFFER A TOTAL OF 161 ACUTE

CARE BEDS, 141 RESIDENTIAL TREATMENT CENTER BEDS, 32 GROUP HOME BEDS

AND A FULL CONTINUUM OF OUTPATIENT SERVICES. ADVENTIST BEHAVIORAL

HEALTH CARED FOR APPROXIMATELY 4,000 PATIENTS AND RESIDENTS ACROSS ITS

ENTITIES IN 2011.

ADVENTIST BEHAVIORAL HEALTH ROCKVILLE

THE ADVENTIST BEHAVIORAL HEALTH ROCKVILLE CAMPUS IS A NOT-FOR-PROFIT,

JOINT COMMISSION ACCREDITED, 106-BED ACUTE PSYCHIATRIC TREATMENT

FACILITY LOCATED IN MONTGOMERY COUNTY. COUPLED WITH AN ADDITIONAL

52-BED RESIDENTIAL TREATMENT CENTER (RTC) FOR ADOLESCENTS, ADVENTIST

BEHAVIORAL HEALTH IS THE LARGEST PROVIDER OF MENTAL HEALTH SERVICES IN

MONTGOMERY COUNTY. THE ROCKVILLE CAMPUS ALSO PROVIDES OUTPATIENT

CHEMICAL DEPENDENCY SERVICES FOR ADOLESCENTS AND ADULTS AND OPERATES A

PARTIAL HOSPITALIZATION PROGRAM FOR ADOLESCENTS.

THE RIDGE SCHOOL OF MONTGOMERY COUNTY, A SPECIAL AND GENERAL EDUCATION

SCHOOL APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION, IS

LOCATED AT THE ADVENTIST BEHAVIORAL HEALTH ROCKVILLE CAMPUS AND SERVES

ADOLESCENTS FROM MARYLAND AND WASHINGTON, D.C.

ADVENTIST BEHAVIORAL HEALTH RECENTLY LAUNCHED THE MILITARY ADDICTION

RECOVERY CENTER (MARC) AT ITS ROCKVILLE CAMPUS. THE MARC IS A 28-DAY

INPATIENT SUBSTANCE ABUSE TREATMENT PROGRAM DESIGNED TO MEET THE UNIQUE

NEEDS OF ACTIVE DUTY MILITARY MEN AND WOMEN.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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THE BEHAVIORAL HEALTH UNIT AT WASHINGTON ADVENTIST HOSPITAL

THE BEHAVIORAL HEALTH UNIT OFFERS FOUR ADOLESCENT AND 36 ADULT ACUTE

CARE BEDS IN ADDITION TO PARTIAL HOSPITALIZATION AND INTENSIVE

OUTPATIENT PROGRAMS AT ITS TAKOMA PARK, MARYLAND LOCATION.

THE REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN (LOURIE

CENTER)

THE LOURIE CENTER'S MISSION IS TO UNDERSTAND AND STRENGTHEN THE

EMOTIONAL HEALTH OF PARENT-CHILD RELATIONSHIPS WITHIN OUR COMMUNITY

THROUGH EARLY PREVENTION, INTERVENTION, EDUCATION, RESEARCH AND

TRAINING. THE LOURIE CENTER PROVIDES FOUR CORE SERVICES TO BENEFIT

INFANTS, CHILDREN AND THEIR FAMILIES: THE PARENT-CHILD CLINICAL

SERVICES PROGRAM; LOURIE CENTER SCHOOL; THERAPEUTIC NURSERY PROGRAM;

AND EARLY HEAD START.

ADVENTIST BEHAVIORAL HEALTH ANNE ARUNDEL

ADVENTIST BEHAVIORAL HEALTH AT ANNE ARUNDEL HAS PROVIDED MENTAL HEALTH

SERVICES FOR ADOLESCENTS SINCE 2002. LOCATED IN CROWNSVILLE, MARYLAND,

ADVENTIST BEHAVIORAL HEALTH ANNE ARUNDEL OFFERS 30 ADOLESCENT

RESIDENTIAL TREATMENT BEDS, A GROUP HOME FOR 18 ADOLESCENT MALES, AND A

SPECIAL AND GENERAL EDUCATION SCHOOL FOR ADOLESCENTS WITH EMOTIONAL AND

BEHAVIORAL DISABILITIES

THE 30-BED RESIDENT 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 UTILIZING RESEARCH-BASED

BEST PRACTICES FOR THIS COGNITIVELY IMPAIRED POPULATION, THE ANNE

ARUNDEL STAFF DELIVERS TREMENDOUS OUTCOMES FOR THE RESIDENTS.

THE 18-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

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01-23-12

Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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HOSPITALIZATION OR RESIDENTIAL TREATMENT CENTER

THE RIDGE SCHOOL OF ANNE ARUNDEL COUNTY OFFERS PROGRAMS FOR STUDENTS IN

GRADES 8 THROUGH 12 IN A HIGHLY-STRUCTURED ENVIRONMENT THAT ENABLES AND

ENCOURAGES MULTI-SENSORY LEARNING. THE SCHOOL IS DESIGNED TO PROVIDE

EDUCATION FOR EVEN THE MOST CHALLENGING YOUTH UTILIZING A POSITIVE

BEHAVIORAL APPROACH AND PHILOSOPHY.

ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE

ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE IS THE REGION'S ONLY ACUTE

CARE AND RESIDENTIAL MENTAL HEALTH RESOURCE FOR CHILDREN AND

ADOLESCENTS. THE FACILITY OFFERS 15 ACUTE CARE BEDS AND 59 RTC BEDS.

ADVENTIST BEHAVIORAL HEALTH 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.

THE RIDGE SCHOOL OF THE EASTERN SHORE IS A SPECIAL AND GENERAL

EDUCATION SCHOOL FOR STUDENTS IN GRADES THREE TO 12. THE SCHOOL SERVES

RESIDENTS OF THE EASTERN SHORE RTC AS WELL AS DAY STUDENTS WHO LIVE IN

THE LOCAL COMMUNITY.

COMMUNITY SERVICE

ADVENTIST BEHAVIORAL HEALTH IS COMMITTED TO SERVING AS A MENTAL HEALTH

RESOURCE TO FAMILIES AND BEHAVIORAL HEALTH SPECIALISTS IN THE

COMMUNITIES IT SERVES. THE ORGANIZATION HAS DEDICATED SIGNIFICANT

RESOURCES TO PROVIDING FREE EDUCATIONAL WORKSHOPS FOR CONSUMERS AS WELL

AS CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS.

ADVENTIST BEHAVIORAL HEALTH AND ITS EMPLOYEES ALSO SPONSOR AND SUPPORT

COMMUNITY ORGANIZATIONS SUCH AS THE MENTAL HEALTH ASSOCIATION OF

MONTGOMERY COUNTY AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS.

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FORM 990, PART III, LINE 4A CONT'D

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

1. MAINTAIN AND GROW CURRENT SERVICES

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

ENHANCEMENTS TO OUR COMPREHENSIVE INPATIENT AND OUTPATIENT CANCER CARE  
 SERVICES AT WASHINGTON ADVENTIST AND SHADY GROVE ADVENTIST 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 PROGRAM, "LOOK GOOD, FEEL BETTER."

WASHINGTON ADVENTIST HOSPITAL HAS BEEN PROVIDING FULL-SERVICE MEDICAL

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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. IN ADDITION, THE CARDIOVASCULAR INSTITUTE  
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.

2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE  
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.  
THE IMPORTANT PARTNERSHIPS AND RELATIONSHIPS WE HAVE DEVELOPED WITH  
MERCY CLINIC, MARY'S CENTER AND MOBILEMED HELP US TO AUGMENT HEALTH  
CARE IN LOWER MONTGOMERY AND PRINCE GEORGE'S COUNTIES AS WELL AS UPPER  
MONTGOMERY AND LOWER FREDERICK COUNTIES. THESE ARE AREAS WHERE NUMEROUS

RESIDENTS MAY BE UNDERSERVED, EITHER BY BEING UNINSURED, OR IN AN AREA

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WHERE HEALTH SERVICES MAY BE LOCATED FAR AWAY.

THE MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES

INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC

SERVICES. IN THE LONG BRANCH SECTION OF SILVER SPRING, OUR PARTNERSHIP

WITH MARY'S CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE

TO PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TO

SOCIAL-SERVICES PROGRAMS. OUR WORK WITH MOBILE MED IN ITS GERMANTOWN

LOCATION AND ITS MOBILE MEDICAL VAN ENABLES REGULAR MEDICAL CARE, SUCH

AS ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS.

JANUARY 2011, SHADY GROVE ADVENTIST HOSPITAL'S FORENSIC MEDICAL UNIT,

FORMERLY THE SEXUAL ABUSE AND ASSAULT CENTER, MARKED ITS MOVE TO NEW

AND EXPANDED SPACE. THE UNIT, WHICH IS THE ONLY ONE IN MONTGOMERY

COUNTY, PROVIDES FORENSIC EVIDENCE COLLECTION AND SPECIALIZED MEDICAL

CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT AND

ABUSE. SHADY GROVE ADVENTIST HOSPITAL'S FORENSIC MEDICAL UNIT TREATS

ABOUT 200 PATIENTS EACH YEAR.

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.

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. THESE CLINICS HAVE

SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND

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PREVENTIVE HEALTH SERVICES TO OVER 20,000 MEN, WOMEN AND CHILDREN IN  
NEED.

FOR THE PAST FIVE YEARS, THE SHADY GROVE ADVENTIST EMERGENCY CENTER IN  
GERMANTOWN HAS BROUGHT VITAL EMERGENCY SERVICES TO A FAST-GROWING  
COMMUNITY THAT HAD TO BATTLE TRAFFIC AND A 30-MILE SPAN ALONG I-270  
FROM ROCKVILLE TO FREDERICK WITHOUT A HOSPITAL.

THE EMERGENCY CENTER'S MEDICAL CAMPUS ALSO HAS A PRIMARY CARE CLINIC  
FOR UNINSURED RESIDENTS, A PRENATAL CLINIC FOR LOW-INCOME WOMEN,  
OUTPATIENT RADIOLOGY SERVICES AND PHYSICIAN OFFICES. WE ALSO RECENTLY  
WELCOMED THE ADDITION OF THE NEARBY SHADY GROVE ADVENTIST RADIATION  
ONCOLOGY CENTER AT GERMANTOWN, ON SENECA MEADOWS PARKWAY. IN THE FIVE  
YEARS SINCE IT HAS OPENED, THE GEC HAS TREATED AN AVERAGE OF 36,000  
EMERGENCY PATIENTS EACH YEAR. THE FREESTANDING FACILITY HAS ALSO  
REDUCED OUT-OF-SERVICE AMBULANCE TIMES IN UPPER MONTGOMERY COUNTY BY 40  
PERCENT, ACCORDING TO THE COUNTY'S FIRE AND RESCUE SERVICE.

### 3. PROMOTE HEALTH AND WELLNESS

THE GROWTH OF ADVENTIST HEALTHCARE INTO A COMPREHENSIVE HEALTH SYSTEM  
HAS ALLOWED US TO EXPAND THE REACH OF OUR COMMUNITY SERVICES TO PROVIDE  
EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS FOR ALL INDIVIDUALS,  
REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR DEMOGRAPHIC  
CHARACTERISTICS. WE ARE ESPECIALLY DEDICATED TO PROGRAMS THAT HELP  
BUILD HEALTHY FAMILIES AND COMMUNITIES WITH A SPECIAL FOCUS ON WOMEN  
AND CHILDREN. HERE ARE SOME SNAPSHOTS OF ADVENTIST HEALTHCARE'S WORK IN  
THE COMMUNITY IN 2011, WHICH RESULTED IN MORE THAN 208,000 ENCOUNTERS.  
MATERNAL CHILD HEALTH EDUCATION AND OUTPATIENT LACTATION SERVICES  
AT SHADY GROVE ADVENTIST HOSPITAL

RESEARCH SHOWS THAT PROVIDING BREAST MILK TO A BABY IS ONE OF THE MOST

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IMPORTANT THINGS THAT CAN BE DONE FOR A CHILD DURING THE FIRST SIX MONTHS OF LIFE. WE STRIVE TO HELP MOMS WHO ARE BREASTFEEDING HAVE A SUCCESSFUL BREASTFEEDING EXPERIENCE. WE HOST A FREE WEEKLY DROP-IN BREASTFEEDING SUPPORT GROUP FOR MOMS AND THEIR BABIES CALLED B.E.S.T. "BREASTFEEDING EDUCATION, SUPPORT AND TOGETHERNESS" AND OFFER INFORMATION AND COUNSELING AS WE ANSWER QUESTIONS ON THE MANY TELEPHONE CALLS TO OUR HOSPITAL AS A MEANS OF CONTINUING THE SUPPORT AND GUIDANCE THEY RECEIVED WHILE IN THE HOSPITAL, AND ASSURE THEY WOULD NOT FEEL ALONE AS THEY AND THEIR BABY LEARNED THE ART OF BREASTFEEDING. THIS YEAR, INSTEAD OF CONTINUING TO WORK WITH ANOTHER ORGANIZATION'S BRAND (LEGS FOR LIFE), WE CAME UP WITH OUR OWN ANNUAL CV PROGRAM ENTITLED, "NAVIGATING YOUR VASCULAR HEALTH" THIS WAS A VERY SUCCESSFUL OUTREACH FROM BOTH HOSPITALS AND WE REACHED MORE THAN 100 PEOPLE WITH LECTURES AND SCREENINGS ON CV HEALTH. OUR SPRING EVENT WAS ALSO RENAMED FROM SPRING FLING TO "SPRING INTO BETTER HEALTH". SO TWICE A YEAR IN BIG FASHION, WE HAVE A STRONG PRESENCE WITH OUR PREVENTION MESSAGE. CANCER OUTREACH WASHINGTON ADVENTIST HOSPITAL CONTINUES TO PROVIDE CANCER SCREENINGS AND SERVICES TO UNINSURED/UNDERINSURED INDIVIDUALS. WE REACH THESE PATIENTS THROUGH OUR BREAST CANCER SCREENING PROGRAM, OUR ANNUAL CANCER SCREENING DAYS, ASSISTING MONTGOMERY COUNTY CANCER CRUSADE IN RECRUITING PATIENTS FOR SERVICES AS WELL AS THROUGH OUR VARIOUS HEALTH FAIRS AND SUPPORT GROUPS. WASHINGTON ADVENTIST HOSPITAL OPENED ITS DOORS TO SPANISH CATHOLIC CENTER PATIENTS THROUGH A PARTNERSHIP WITH THE PRIMARY CARE COALITION. IN TOTAL, FOR 2011, WE SAW 477 PATIENTS THROUGH WCCP, THE MARYLAND STATE DIAGNOSTIC AND TREATMENT PROGRAM AND THE SPANISH CATHOLIC CENTER CLINIC. ANOTHER ACCOMPLISHMENT IS ADVENTIST HEALTHCARE'S BREAST CANCER

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SCREENING PROGRAMS WILL BE RECEIVING \$917,000, THROUGH THE SUSAN G. KOMEN FOUNDATION.

WE CONTINUE TO HOLD OUR ANNUAL CANCER SCREENING DAYS, WHICH ARE ALWAYS

A HUGE SUCCESS. THIS COLLABORATION BETWEEN HOSPITAL PHYSICIANS, STAFF

AND VOLUNTEERS IS A WONDERFUL COMMUNITY EVENT. WE PROVIDE SEVERAL

CANCER SCREENINGS: PROSTATE, BREAST, COLORECTAL, ORAL, THYROID, BLADDER

AND SKIN CANCERS. IN 2011, WE HAD 68 PARTICIPANTS AND WE PERFORMED 289

TOTAL SCREENINGS AND HOPE TO INCREASE THESE NUMBERS IN 2012.

FORM 990, PART III, LINE 4A CONT'D

COMMENTS FROM SOME OF OUR PARTICIPANTS:

☐ CAME TO BEST DURING A VERY STRESSFUL WEEK. I THOUGHT I WAS LOSING

MY SUPPLY. YOU HELPED ME WORK THROUGH IT AND NOW 5 MONTHS LATER I AM

STILL EXCLUSIVELY NURSING AND PLAN TO CONTINUE FOR AT LEAST 1 YEAR.

THANK YOU SO MUCH. I FEEL LIKE A SUCCESS AND MY SON IS VERY HEALTHY

AND GROWING BEAUTIFULLY.☐

☐HERE REALLY IS NO GROUP LIKE THIS ANYWHERE. NOT ONLY DID I GET HELP

WHEN I NEEDED IT, BUT I MADE SOME REALLY GOOD FRIENDS. PLEASE DO NOT

STOP THE PROGRAM.☐

IN 2011 THE NUMBER OF MATERNAL CHILD HEALTH EDUCATION PROGRAMS OFFERED

FOR PARTICIPANTS AT SHADY GROVE ADVENTIST AND WASHINGTON ADVENTIST

HOSPITALS REMAINED STEADY AS THEY HELPED PREPARE EXPECTANT PARENTS FOR

THEIR LABOR AND BIRTH EXPERIENCE AND THE CHALLENGES OF CARING FOR A NEW

BABY WHEN THEY ARRIVE HOME. WE STRIVE TO REACH AS MANY INTERESTED

PARTICIPANTS AS POSSIBLE. TAKING INTO CONSIDERATION INDIVIDUAL

LEARNING STYLES AND LIFE SCHEDULES, WE OFFER OUR COMPREHENSIVE

CHILDBIRTH AND INFANT CARE CLASSES IN A VARIETY OF FORMATS.

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FOR THOSE WHO DO NOT HAVE THE TIME TO ATTEND ONE OF OUR COMPREHENSIVE SERIES, WE OFFER AN EXPRESS CHILDBIRTH CLASS. FOR THOSE WHO HAVE HAD A PREVIOUS BIRTH IN THE LAST FOUR YEARS AND SIMPLY NEED A QUICK REFRESHER WE OFFER A REFRESHER CHILDBIRTH CLASS. WE HAVE A SEPARATE CLASS DESIGNED FOR THOSE WHO ARE SCHEDULED FOR A CESAREAN BIRTH SO THAT THEY MAY ALSO PREPARE FOR A VERY MEANINGFUL BIRTH EXPERIENCE.

WE ALSO OFFER ADDITIONAL CLASSES TO ENHANCE OUR EXPECTANT PARENTS' PREPARATION, INCLUDING BABY CARE BASICS, BREASTFEEDING CLASS, AND INFANT SAFETY AND CPR. WE EVEN OFFER CLASSES EXCLUSIVELY FOR EXPECTANT OR NEW DADS, AS WELL AS CLASSES FOR SIBLINGS AND GRANDPARENTS AS ALL OF OUR FAMILIES PREPARE TO HAVE A NEW BABY IN THEIR HOME.

WE HAVE BEGUN OFFERING OUR DISCOVERING MOTHERHOOD SESSIONS AS FREE WEEKLY DROP-IN SESSIONS RATHER THAN PAID SESSIONS AS A COMMUNITY SERVICE, SO THAT MORE NEW MOTHERS MAY HAVE THE OPPORTUNITY TO NETWORK WITH ONE ANOTHER AND HAVE ACCESS TO PROFESSIONALS FOR QUESTIONS AND GUIDANCE AS THEY ADJUST TO THEIR NEW ROLES AS MOTHERS - ESPECIALLY IN THIS UNSURE ECONOMY. THIS IS A VALUED COMMUNITY SERVICE AS IS SHOWN WHEN WE MORE THAN DOUBLED OUR 2009 NUMBERS FOR THIS GROUP AS A RESULT.

OUR PROGRAMS CONTINUE TO RECEIVE GREAT EVALUATIONS AND APPRECIATION FROM OUR PARTICIPANTS.

OUTREACH ACTIVITIES INCLUDE PARTICIPATING IN THE BABY FAIR AT GREAT BEGINNINGS CHILDREN'S STORE IN GERMANTOWN IN SEPTEMBER.

2011 MATERNAL/CHILD HEALTH EDUCATION TOTALS:

428 CLASSES(163), TOURS(174), SUPPORT GROUPS(89), AND SPECIAL EVENTS(2)

10,315 PARTICIPANTS (1,207 WERE LACTATION PARTICIPANTS)

14,673 ENCOUNTERS (1,207 WERE LACTATION ENCOUNTERS)

1,284.5 TEACHING HOURS

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MATERNAL CHILD HEALTH EDUCATION AND LACTATION SERVICES AT WASHINGTON

ADVENTIST HOSPITAL

IN 2011, WE HELD 69 MATERNAL CHILD HEALTH EDUCATION PROGRAMS AT

WASHINGTON ADVENTIST HOSPITAL, INCLUDING THE "BIRTH, BABY CARE, AND

BREASTFEEDING" COURSE, "INFANT SAFETY AND CPR FOR EXPECTANT PARENTS"

AND THE "MATERNITY ORIENTATION AND TOUR." WE HAD A TOTAL OF 78 CLASS

SESSIONS WITH ABOUT 250 TEACHING HOURS, AND 824 EXPECTANT PARENTS IN

ATTENDANCE. THE AGGREGATE NUMBER OF CLASS ENCOUNTERS WAS 942.

IN LACTATION SERVICES, WE HAD 160 PUMP RENTAL TRANSACTIONS, 121 SALES

CUSTOMERS, ABOUT 100 ENCOUNTERS FOR THE LATCH CLINIC AND APPROXIMATELY

70 EXTENDED CALLS FOR LACTATION ADVICE. THE TOTAL NUMBER OF ENCOUNTERS

FOR WAH LACTATION SERVICES WAS 450. WE CONTINUE TO RECEIVE GREAT

PROGRAM EVALUATIONS FROM OUR CUSTOMERS, AND WE KNOW THE POSITIVE IMPACT

WE HAVE ON PEOPLE'S LIVES GOES FAR BEYOND THESE NUMBERS.

YOUTH HEALTH PROGRAM

LAST YEAR, ADVENTIST HEALTHCARE OFFERED A TOTAL OF 88 YOUTH HEALTH

CLASSES IN FOUR PROGRAMS. A TOTAL OF 36 BABYSITTING CLASSES WERE HELD

AT SHADY GROVE ADVENTIST HOSPITAL AND IN THE COMMUNITY WITH 404

ENCOUNTERS.

HOME ALONE CLASSES WERE HELD TWICE AT THE GAITHERSBURG COMMUNITY CENTER

WITH 40 ENCOUNTERS AND SEVEN TIMES AT SHADY GROVE WITH 66 ENCOUNTERS.

INFANT SAFETY AND CPR CONTINUED TO BE VERY POPULAR AND IN GREAT DEMAND;

40 CLASSES WERE HELD AT SHADY GROVE ADVENTIST HOSPITAL WITH 331

ENCOUNTERS.

THE "MOMMY AND ME" PROGRAM WAS A HUGE SUCCESS WITH A TOTAL OF 646

ENCOUNTERS RECORDED AT THE CONGRESSIONAL MALL AND AT THE ROCKVILLE TOWN

SQUARE. WE ARE NOW IN THE FOURTH YEAR OF THIS PARTNERSHIP THAT WAS

STARTED IN COOPERATION WITH THE PR/MARKETING DEPARTMENT AT ADVENTIST

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HEALTHCARE.

THE ANNUAL FREE ASTHMA SCREENINGS WERE HELD AT THE LAKEFOREST MALL WITH

50 ENCOUNTERS AND AT THE WHEATON MALL WITH 38 ENCOUNTERS. YOUTH HEALTH

WAS INVITED TO PARTICIPATE AT FIVE HEALTH FAIRS IN THE COMMUNITY WHERE

TALKS AND SCREENINGS WERE OFFERED TO 344 PARTICIPANTS.

COMMUNITY HEALTH EDUCATION

IN 2011, COMMUNITY HEALTH EDUCATION STRIVED TO PROVIDE LOW-COST CLASSES

TO THE SHADY GROVE ADVENTIST AND WASHINGTON ADVENTIST HOSPITAL AREA. WE

OFFERED FUN AND EDUCATIONAL CLASSES AND SUPPORT GROUPS AS WELL AS FREE

LECTURES. CLASSES BEING OFFERED INCLUDED BEGINNER TAI-CHI, FIRST AID,

WEIGHT MANAGEMENT AND NUTRITION COUNSELING.

SUPPORT GROUPS OFFERED TO THE COMMUNITY WERE ALZHEIMER'S AND SICKLE

CELL ANEMIA, WHICH MET 11 TIMES WITH 32 ATTENDEES. IN ADDITION TO

PROVIDING CLASSES, HEALTH AND WELLNESS COMMUNITY OUTREACH PARTICIPATED

IN HEALTH FAIRS THROUGHOUT MONTGOMERY AND PRINCE GEORGE'S COUNTIES,

SUCH AS THE HOLIDAY FOOD AND FITNESS EXPO IN PRINCE GEORGE'S COUNTY AND

THE MONTGOMERY COUNTY AGRICULTURAL FAIR IN GAITHERSBURG. AT THESE

HEALTH FAIRS, WE PROVIDE HEALTH SCREENINGS, COUNSELING, HEALTH

EDUCATION MATERIALS, AND FREE GIVEAWAYS. THIS YEAR, WE PARTICIPATED IN

47 HEALTH FAIRS WITH 3,683 ENCOUNTERS.

COMMUNITY HEALTH EDUCATION HAS FORGED MEANINGFUL RELATIONSHIPS WITH

PARTNERS IN THE COMMUNITY SUCH BOWIE SENIOR CENTER, ROCKVILLE SENIOR

CENTER, TAKOMA PARK SENIOR CENTER, LONG BRANCH COMMUNITY CENTER,

DAMASCUS SENIOR CENTER, GREENRIDGE HOUSE SENIOR LIVING, GAITHERSBURG

SENIOR CENTER AND THE JEWISH COMMUNITY CENTER OF GREATER WASHINGTON. WE

PROVIDED 83 SCREENING AND LECTURE EVENTS WITH 2,019 ENCOUNTERS.

ONE OF THE LARGEST ASPECTS OF COMMUNITY HEALTH EDUCATION IS TO PROVIDE

LOW-COST INFLUENZA AND PNEUMONIA VACCINATIONS TO LOCAL COMMUNITY AND

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SENIOR CENTERS THROUGH OUR HELP STOP THE FLU CAMPAIGN. THIS YEAR, WE  
HELD 46 FLU CLINICS AND PROVIDED 1,408 FLU VACCINATIONS. COMMUNITY  
OUTREACH ALSO PARTICIPATED IN 36 EXTERNAL MEETINGS THAT TOOK PLACE IN  
THE COMMUNITY.

CARDIAC & VASCULAR OUTREACH

WE CONTINUE TO OFFER THE HEART HEALTH SCREENING PROGRAMS AT OUR  
HOSPITALS AND SIX OTHER LOCATIONS THROUGHOUT THE COUNTY. OUR SPRING AND  
FALL CV EVENTS ALSO FOCUS ON CONNECTING OUR PHYSICIANS WITH THE PEOPLE  
OF OUR COMMUNITY. WE ALSO CONTINUE TO PROVIDE HEALTH PRESENTATIONS TO  
UPDATE OUR ATTENDEES ON THE LATEST INFORMATION THAT INCLUDE BEST  
PRACTICES.

OUR PARTNERSHIPS IN THE COMMUNITY ARE EXTREMELY IMPORTANT AND THE  
SYNERGY THAT THESE PARTNERSHIPS CREATE MAKES FOR A MORE POWERFUL IMPACT  
ON THE PEOPLE OF OUR COMMUNITY. JUST TO NAME A FEW PARTNERSHIPS:  
AFRICAN AMERICAN HEALTH PROGRAM OF MONTGOMERY COUNTY, MONTGOMERY COUNTY  
COMMUNITY AND SENIOR CENTERS, CORONARY HEALTH IMPROVEMENT PROGRAM, PLUS  
15 LIFESTYLE CHANGE PROGRAM AND THE CENTRAL COUNTY COALITION OF PRINCE  
GEORGES COUNTY.

FORM 990, PART III, LINE 4A CONT'D

SEVERAL SUPPORT GROUPS AND LECTURES WE HOLD ANNUALLY ARE "LOOK GOOD,  
FEEL BETTER" AND THE SCREEN PROGRAM IN ADDITION TO OTHER HEALTH FAIRS  
AND LECTURES. FOR 2011, WAH HELD FOUR LOOK GOOD, FEEL BETTER SESSIONS  
WITH A TOTAL OF 17 PARTICIPANTS. LAST, THE SCREEN PROGRAM IS DEDICATED  
TO PROVIDING LOCAL FIRE DEPARTMENTS WITH COLORECTAL SCREENING AND  
EDUCATION. IN 2011 WE PERFORMED ONE LECTURE AND WE HAD 15 PARTICIPANTS.

HEALTH MINISTRY

THE HEALTH MINISTRY OUTREACH OF ADVENTIST HEALTHCARE WORKS WITH 25

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COMMUNITY ORGANIZATIONS AND 140 CONGREGATIONS HELPING THEM THROUGH CLASSES AND HEALTH EVENTS TO TRAIN AND SUPPORT PEOPLE WHO WILL DIRECTLY PROVIDE SUPPORT AND CARE AT THE LOCAL COMMUNITY LEVEL.

WE HAVE TRAINED MORE THAN 300 PARTICIPANTS FROM AREA CONGREGATIONS IN OUR HEALTH MINISTRY TEAM BUILDING TRAINING OFFERED TWICE A YEAR AND OUR FAITH COMMUNITY NURSE TRAINING. WE CONTINUE TO SUPPORT OUR CONGREGATIONS THROUGH EDUCATION, RESOURCES AND SUPPORT. WE PROVIDE MONTHLY NETWORK/SUPPORT MEETINGS IN THREE DIFFERENT LOCATIONS. WE SERVE CONGREGATIONS IN MONTGOMERY COUNTY, FREDERICK COUNTY, PRINCE GEORGE'S COUNTY, HOWARD COUNTY AND WASHINGTON, D.C. BECAUSE OF OUR UNIQUE TRAINING, PARTICIPANTS COME FROM VIRGINIA, PENNSYLVANIA, NEW YORK AND OTHER STATES. WE PROVIDE ASSISTANCE WITH HEALTH EVENTS, IMMUNIZATION CLINICS, AND HEALTH-RELATED CLASSES TO THE CONGREGATIONS AS WELL PARTNERING WITH VARIOUS COMMUNITY ORGANIZATIONS.

4. 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 2007 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 ON HEALTH DISPARITIES AT ADVENTIST HEALTHCARE IS A REGIONALLY RECOGNIZED LEADER AND RESOURCE FOR EDUCATION AND TRAINING PROGRAMS TO EQUIP OUR COMMUNITY AND PROVIDERS WITH THE NECESSARY INFORMATION AND TOOLS TO PROVIDE PATIENT AND FAMILY-CENTERED CARE FOR OUR DIVERSE COMMUNITY IN A

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CULTURALLY SENSITIVE WAY.

THE CENTER PROVIDES CULTURAL AND LINGUISTIC COMPETENCE EDUCATION AND TRAINING, AND CONDUCTS RESEARCH ON HEALTH DISPARITIES IN PARTNERSHIP WITH COMMUNITY AND HEALTH CARE ORGANIZATIONS THROUGHOUT MARYLAND INCLUDING JOHNS HOPKINS MEDICINE AND SINAI HOSPITAL OF BALTIMORE. OUR GOAL IS EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR DEMOGRAPHIC CHARACTERISTICS. WE DELIVER CULTURAL AWARENESS AND SENSITIVITY TRAINING FOR HEALTH PROFESSIONALS, PROVIDE INTERPRETER TRAINING FOR QUALIFIED BILINGUAL STAFF AND PARTNER WITH COMMUNITY ORGANIZATIONS TO CONDUCT RESEARCH AND PROVIDE SERVICES TO MINORITY AND UNDERSERVED POPULATIONS.

OUR PARTNERSHIP WITH IMMIGRANT ADVOCACY ORGANIZATIONS ENABLES THE PROVISION OF PRIMARY MEDICAL CARE FOR UNINSURED RESIDENTS, HELPS IMMIGRANTS TO PURSUE HEALTH CARE CAREERS AND ENHANCES COMMUNITY SERVICES INCLUDING LANGUAGE ASSISTANCE AND JOB TRAINING TO ASSIST THEM IN BECOMING PART OF THE COMMUNITY.

HERE IS A LIST OF JUST SOME OF THE ACCOMPLISHMENTS OF THE CENTER IN

2011:

-MARCOS PESQUERA, EXECUTIVE DIRECTOR OF ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES, WAS NAMED A 2011 HEALTH CARE HERO FOR COMMUNITY OUTREACH BY THE DAILY RECORD NEWSPAPER IN BALTIMORE.

-THE CENTER DELIVERED CULTURALLY COMPETENT CARE TRAINING FOR 6,000 HEALTH PROFESSIONALS IN THE GREATER WASHINGTON REGION IN 2011.

-RESEARCH PARTNERS INCLUDE THE UNIVERSITY OF MARYLAND, THE LATINO HEALTH INITIATIVE, THE PRIMARY CARE COALITION AND CHEER (COMMUNITY HEALTH AND EMPOWERMENT THROUGH EDUCATION AND RESEARCH) OF THE MONTGOMERY COUNTY COMMUNITY FOUNDATION.

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-COMMUNITY GROUPS THAT HAVE PARTICIPATED IN THE CENTER'S CULTURALLY

COMPETENT CARE TRAINING AND QUALIFIED BILINGUAL STAFF PROGRAM INCLUDE

JOHNS HOPKINS PRIORITY PARTNERS, KAISER PERMANENTE, KOREAN COMMUNITY

SERVICE CENTER, MARY'S CENTER, MARYLAND DEPARTMENT OF HEALTH AND HUMAN

SERVICES, MARYLAND HOSPITAL ASSOCIATION, MERCY HEALTH CLINIC, MOBILE

MED, MONTGOMERY COUNTY CORRECTIONAL FACILITIES, MUSLIM CLINIC, PEOPLES

COMMUNITY CLINIC, PROYECTO SALUD, SINAI HOSPITAL OF BALTIMORE AND THE

SPANISH CATHOLIC CENTER.

-THE CENTER HAS TRAINED 370 ADVENTIST HEALTHCARE STAFF IN 14 LANGUAGES

INCLUDING AMHARIC, ARABIC, ARMENIAN, CANTONESE, FARSI, FRENCH, KHMER,

KOREAN, MANDARIN, PORTUGUESE, RUSSIAN, SPANISH, TAGALOG AND VIETNAMESE

THROUGH OUR QUALIFIED BILINGUAL STAFF PROGRAM.

FORM 990, PART VI, SECTION A, LINE 6: SEE BY LAWS, ARTICLE II: THE SOLE

MEMBER OF THIS ORGANIZATION IS MID-ATLANTIC ADVENTIST HEALTHCARE, INC.

FORM 990, PART VI, SECTION A, LINE 7A: SEE BY LAWS, ARTICLE II.

MEMBERSHIP. THERE SHALL BE A SINGLE CLASS OF CONSTITUENT MEMBERS OF THE

CORPORATION (INDIVIDUAL, "MEMBER", COLLECTIVELY, "THE MEMBERSHIP") WHICH

SHALL CONSIST OF THE DULY ELECTED MEMBERS OF THE BOARD OF DIRECTORS OF

MID-ATLANTIC ADVENTIST HEALTHCARE, INC., AS THAT BOARD OF DIRECTORS MAY BE

CONSTITUTED.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS SUBJECT TO APPROVAL.

SEE BY LAWS, ARTICLE II, SECTION 2 - RESERVED AUTHORITY AND RESPONSIBILITY.

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THE FOLLOWING ACTIONS ARE RESERVED TO THE MEMBERSHIP:

A. THE ADOPTION, ALTERING, AMENDING OR REPLACING OF THE CERTIFICATE OF

INCORPORATION OR THE BYLAWS OF THE HOSPITAL CORPORATION;

B. THE LIQUIDATION, DISSOLUTION, WINDING UP OR ABANDONMENT OF THE HOSPITAL

CORPORATION

C. APPOINTMENT OF MEMBERS OF THE BOARD OF TRUSTEES FROM NOMINEES SUBMITTED

BY THE NAMINATING COMMITTEE.

D. REMOVAL OF MEMBERS OF THE BOARD OF TRUSTEES

E. APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE OFFICER (CEO) OF THE

CORPORATION THE IN CONSULTATION WITH THE BOARD OF TRUSTEES.

ALL MEMBERS HAVE RIGHTS TO VOTE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED IN DETAIL

PRIOR TO FILING. VARIOUS SECTIONS WERE REVIEWED BY THE EXECUTIVE

MANAGEMENT TEAM AND CERTAIN KEY SECTIONS BY THE EXECUTIVE COMMITTEE OF THE

BOARD OF DIRECTORS. AN OVERALL REVIEW WAS CONDUCTED BY THE ORGANIZATION'S

FINANCE DEPARTMENT WITH THE ORGANIZATION'S OUTSIDE TAX ADVISORS.

PRIOR TO FILING, ALL MEMBERS OF THE BOARD ARE PROVIDED A COPY OF THIS FORM

990 THROUGH EMAIL, WHICH LINKED TO THE COMPANY'S INTRANET WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C: PURSUANT TO THE ORGANIZATION'S

CONFLICT OF INTEREST POLICY, EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR

AND ANY EMPLOYEE IN A POSITION THAT REQUIRES COORDINATION AND/OR

NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS REQUIRED ON AN ANNUAL BASIS TO

DISCLOSE ANY BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE

ORGANIZATION. COMPLIANCE WITH POLICY IS MONITORED AND ENFORCED BY THE HUMAN

RESOURCES DEPARTMENT, CORPORATE INTEGRITY DEPARTMENT AND THE LEGAL

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DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15: WHEN SETTING EXECUTIVE COMPENSATION, THE ORGANIZATION FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBEDDED IN THE IRS REGULATIONS. EXECUTIVE COMPENSATION IS ENTIRELY SET BY A COMMITTEE OF THE BOARD OF TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT. TO ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH PERCENTILE OF THE NATURAL MARKET.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

GENERAL EXPLANATION

EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX EXEMPT ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST HOME HEALTH SERVICES, 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

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EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE  
ADVENTIST HEALTHCARE INC.'S RELATED ENTITIES RETURNS.

PAYMENTS TO VENDORS FOR ALL OF ADVENTIST HEALTHCARE, INC. AND RELATED  
ENTITIES IN THE STATE OF MARYLAND ARE MADE THROUGH A COMMON PAYMASTER,  
ADVENTIST HEALTHCARE, INC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

INCLUSION OF NET ASSETS - ADJ LWS	14.
UNREALIZED GAINS ON OTHER TRADING SECURITIES	-458,490.
EFFECTIVE CHANGE IN VALUE OF INTEREST RATE SWAP	-8,160,724.
NET ORGANIZATION TRANSFER	-2,427,480.
CHANGE IN VALUE OF REMAINDER TRUST	-60,992.
DONATIONS RELEASED FOR EQUIPMENT PURCHASE	131,910.
TOTAL TO FORM 990, PART XI, LINE 5	-10,975,762.

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

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

(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, SUITE 400 ROCKVILLE, MD 20850	OUTPATIENT CANCER CARE	MARYLAND	5,409,395.	15,731,090.	N/A
AHC HOLDINGS I, LLC - 52-1532556 1801 RESEARCH BLVD, SUITE 400 ROCKVILLE, MD 20850	HOLDING COMPANY	MARYLAND		5,400,000.	N/A
AHC HOLDINGS II, LLC - 52-1532556 1801 RESEARCH BLVD, SUITE 400 ROCKVILLE, MD 20850	HOLDING COMPANY	DELAWARE		5,570,774.	N/A
LIFEWORX STARTEGY, LLC - 90-0493445 1801 RESEARCH BLVD, SUITE 400 ROCKVILLE, MD 20850	HLTH/WELLNESS	MARYLAND	13.	79,843.	N/A

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVENTIST HOME HEALTH SERVICES, INC. - 52-0986808, 1801 RESEARCH BOULEVARD, SUITE 400, ROCKVILLE, MD 20850	REHABILITATION HOSPITAL	MARYLAND	501(C)(3)	LINE 9	N/A	X	
ADVENTIST PHYSICIAN SERVICES, INC - 20-4600646, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	PHYSICIAN SERVICES	MARYLAND	501(C)(3)	LINE 9	N/A	X	
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND - 20-1486678, 9909 MEDICAL CENTER DR., ROCKVILLE, MD 20850	REHABILITATION HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
ADVENTIST SENIOR LIVING SERVICES - 52-1739959, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	MANAGEMENT SERVICES	MARYLAND	501(C)(3)	LINE 9	N/A	X	

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

Schedule R (Form 990) 2011

**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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRADFORD OAKS NURSING AND REHABILITATION CENTER - 52-1999975, 7520 SURRETT ROAD, CLINTON, MD 20735	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	N/A		X
FAIRLAND NURSING & REHAB CENTER - 52-1876447 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	N/A		X
GLADE VALLEY NURSING AND REHABILITATION CENTER - 52-1924309, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	N/A		X
HACKETTSTOWN COMMUNITY HOSPITAL - 22-6106281 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840	HOSPITAL	NEW JERSEY	501(C)(3)	LINE 3	N/A	X	
HACKETTSTOWN REGIONAL MEDICAL CENTER - EMS - 27-0820164, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	AMBULANCE SERVICE	NEW JERSEY	501(C)(3)	LINE 3	N/A		X
HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION - 22-2333410, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	FUNDRAISING	NEW JERSEY	501(C)(3)	LINE 11A, I	N/A		X
MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION - 51-1884153, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	HOLDING COMPANY	MARYLAND	501(C)(3)	LINE 9	N/A		X
ADVENTIST BEHAVIORAL HEALTH FOUNDATION - 20-5479860, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	N/A	X	
REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN - 52-1255870, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	BEHAVIORAL CARE	MARYLAND	501(C)(3)	LINE 9	N/A	X	
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION - 52-1216429, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	N/A	X	
SHADY GROVE NURSING HOME AND REHABILITATION CENTER - 52-1442495, 9701 MEDICAL CENTER DRIVE, ROCKVILLE, MD 20850	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	N/A		X
GENERAL CONF.OF SEVENTH DAY SLIGO CREEK NURSING & REHABILITATION CENTER, INC, 7525 CARROLL AVENUE, TAKOMA PARK, MD 20912	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	N/A		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GERMANTOWN OUTPATIENT IMAGING - 20-4395818, 1801 RESEARCH BOULEVARD, ROCKVILLE, MD 20850	OUTPATIENT IMAGING	MD	SHADY GROVE RADIOLOGY CENTER	RELATED				X	N/A	X		50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ADVENTIST MANAGEMENT SERVICES, INC - 52-1575694 1801 RESEARH BOULEVARD, SUITE 400 ROCKVILLE, MD 20850	MANAGEMENT SERVCIES	MD	ADVENTIST HEALTHCARE, INC	C CORP	252,709.	1,486,893.	100.00%
LIFEWORX STRATEGY, INC. - 52-1704500 1801 RESEARH BOULEVARD, SUITE 400 ROCKVILLE, MD 20850	EMPLOYEE ASSISTANCE	MD	ADVENTIST HEALTHCARE, INC	C CORP	-118,216.	479,420.	100.00%
PREMIER MEDICAL NETWORK - 52-1952469 1801 RESEARH BOULEVARD, SUITE 400 ROCKVILLE, MD 20850	JOINT PHYSICIAN CONT	MD	ADVENTIST HEALTHCARE, INC	C CORP	1,440.	18,010.	50.00%

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Sale of assets to related organization(s) .....		X
<b>g</b> Purchase of assets from related organization(s) .....		X
<b>h</b> Exchange of assets with related organization(s) .....		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>n</b> Sharing of paid employees with related organization(s) .....		X
<b>o</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>p</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>q</b> Other transfer of cash or property to related organization(s) .....		X
<b>r</b> Other transfer of cash or property from related 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION	C	1,000,000.FMV	
(2) ADVENTIST BEHAVIORAL HEALTH FOUNDATION	C	76,919.FMV	
(3) WASHINGTON ADVENTIST HOSPITAL FOUNDATION	C	1,172,268.FMV	
(4) HACKETTSTOWN REGIONAL MEDICAL CENTER	K	2,863,768.FMV	
(5) HACKETTSTOWN REGIONAL MEDICAL CENTER	P	4,016,194.FMV	
(6) ADVENTIST REHABILITATION HOSPITAL OF MD	K	895,285.FMV	

**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	(d) Method of determining amount involved
(7)ADVENTIST REHABILITATION HOSPITAL OF MD	P	1,438,951.	FMV
(8)LIFE WORK STRATEGY INC	P	9,776.	FMV
(9)REGINALD LOURIE CENTER	K	210,445.	FMV
(10)ADVENTIST HOME HEALTH SERVICES, INC	K	430,770.	FMV
(11)ADVENTIST HOME HEALTH SERVICES, INC	P	424,287.	FMV
(12)ADVENTIST PHYSICIAN SERVICES, INC	K	397,411.	FMV
(13)ADVENTIST MANAGEMENT SERVICES, INC	K	173,063.	FMV
(14)ADVENTIST MANAGEMENT SERVICES, INC	P	123,034.	FMV
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



