

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

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	C Name of organization ADVENTIST HEALTHCARE, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 820 WEST DIAMOND AVE 600 City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878-1419 F Name and address of principal officer: WILLIAM G. ROBERTSON SAME AS C ABOVE	D Employer identification number 52-1532556 E Telephone number 301 351 3030 G Gross receipts \$ 819,910,080. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 1071
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ADVENTISTHEALTHCARE.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1983 M State of legal domicile: MD

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A (SEE SCH O)</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3		19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		17
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		6327
	6 Total number of volunteers (estimate if necessary)	6		1091
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		233,183.
	b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
9 Program service revenue (Part VIII, line 2g)		5,281,426.		3,810,929.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		578,026,998.		585,255,322.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,242,338.		3,759,105.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,518.		1,504,626.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		587,600,280.		594,329,982.
14 Benefits paid to or for members (Part IX, column (A), line 4)		1,262,629.		1,608,962.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		290,945,840.		287,531,976.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,007,113.		0.		0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		280,565,774.		290,296,166.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		572,774,243.		579,437,104.
19 Revenue less expenses. Subtract line 18 from line 12	14,826,037.		14,892,878.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year
	21 Total liabilities (Part X, line 26)	768,033,780.		804,518,762.
	22 Net assets or fund balances. Subtract line 21 from line 20	471,590,382.		485,399,306.
		296,443,398.		319,119,456.

Part II Signature Block

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

Sign Here	Signature of officer JAMES G. LEE, EXE, VICE PRESIDENT AND CFO Type or print name and title	Date <u>11/13/14</u>
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Paid Preparer Use Only	Print/Type preparer's name MICHELE MELCHIOR	Preparer's signature 	Digitally signed by Melchior, Michele	Date 11/13/2014	Check <input type="checkbox"/> if self-employed	PTIN P00488037
	Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 201 S COLLEGE STREET CHARLOTTE, NC 28244			Firm's EIN ▶ 36-6055558 Phone no. 704 632 3500		

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 or note to any line 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

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 475,990,547. including grants of \$ 1,608,962.) (Revenue \$ 543,557,567.)

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.

WE RESPOND PROACTIVELY TO VARIOUS HEALTH CARE NEEDS WITH A CONTINUUM OF

4b (Code:) (Expenses \$ 10,214,684. including grants of \$) (Revenue \$ 43,404,092.)

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 COUNTY 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 2013, ADVENTIST BEHAVIORAL HEALTH PROVIDED \$1,707,933 IN

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 486,205,231.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or 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
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 or note to any line 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 [] Upon request [X] Other (explain in Schedule O) []
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JAMES G. LEE - 301 315 3030 820 WEST DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419

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

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

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID E. WEIGLEY CHAIRMAN	2.00	X					0.	0.	0.	
(2) WILLIAM G. ROBERTSON SECRETARY, PRESIDENT & CEO OF AHC	42.00 20.00	X		X			1,159,920.	0.	46,377.	
(3) ROBERT T. VANDEMAN VICE CHAIRMAN	2.00	X					0.	0.	0.	
(4) SETH BARDU AUDIT & FINANCE CHAIR	2.00	X					0.	0.	0.	
(5) AVIS E. BUCHANAN ESQ. TRUSTEE	2.00	X					0.	0.	0.	
(6) BRUCE C. ROBERTSON, PH.D. TRUSTEE	1.00	X					0.	0.	0.	
(7) DONALD MELNICK M.D. TRUSTEE	1.00	X					0.	0.	0.	
(8) DREWRY J. WHITE, M.D. TRUSTEE	1.00	X					0.	0.	0.	
(9) JAMES ROST, M.D. TRUSTEE	1.00	X					0.	0.	0.	
(10) JEFFREY J. PARGAMENT, JR TRUSTEE	1.00	X					0.	0.	0.	
(11) MARK E. GRIFFIN TRUSTEE	1.00	X					0.	0.	0.	
(12) NANCY E. HARDWICK TRUSTEE	1.00	X					0.	0.	0.	
(13) PATRICK J. HOGAN TRUSTEE	1.00	X					0.	0.	0.	
(14) RENEE BATTLE-BROOKS ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(15) RICK REMMERS TRUSTEE	1.00	X					0.	0.	0.	
(16) ROBIN THOMASHAUER TRUSTEE	1.00	X					0.	0.	0.	
(17) RUTH E. BULGER, PHD 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS WERNER TRUSTEE	1.00	X					0.	0.	0.	
(19) WEYMOUTH SPENCE, ED. D TRUSTEE	1.00	X					0.	0.	0.	
(20) TERRY FORDE EVP & COO	42.00 20.00			X			730,520.	0.	35,753.	
(21) JAMES G. LEE EVP & CFO	42.00 20.00			X			671,139.	0.	30,612.	
(22) JOHN SACKETT PRESIDENT, SGAH	48.00 2.00			X			655,976.	0.	66,173.	
(23) JOYCE L NEWMYER PRESIDENT, WAH	48.00 2.00			X			447,802.	0.	38,495.	
(24) JASON C COE PRESIDENT, HRMC	5.00 55.00			X			379,726.	0.	46,132.	
(25) DENNIS D. HANSEN PRESIDENT, SGAH	20.00 30.00			X			462,071.	0.	24,148.	
(26) SUSAN L. GLOVER SVP & SYSTEM QUALITY	50.00 10.00				X		351,218.	0.	39,290.	
1b Sub-total							4,858,372.	0.	326,980.	
c Total from continuation sheets to Part VII, Section A							4,315,522.	0.	312,058.	
d Total (add lines 1b and 1c)							9,173,894.	0.	639,038.	

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 **278**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	32,861,382.
QUEST DIAGNOSTICS 14225 NEWBROOK DRIVE, CHANTILLY, VA 19176	CLININCAL LAB SERVICES	17,428,804.
SODEXO, INC P.O. BOX 536922, ALTANTA, GA 30353-6922	DIETARY & PLANT OPS	4,823,096.
CERNER CORPORATION P.O. BOX 412702, KANSAS CITY, MO 64141	IT/SOFTWARE SERVICES	3,716,445.
FIRST COLONIAL ANESTHESIA ASSOC, 7490 NEW TECHNOLOGY WAY, FREDERICK, MD 21703	MEDICAL SERVICES	2,990,000.

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 **115**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	2,103,260.					
	e Government grants (contributions)	1e	366,507.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,341,162.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			3,810,929.				
Program Service Revenue	2 a WOMEN AND CHILDREN	Business Code	900099	215,650,090.	215,650,090.			
	b CARDIAC		900099	111,682,958.	111,682,958.			
	c BEHAVIORAL HEALTH		900099	43,404,092.	43,404,092.			
	d ONCOLOGY		900099	29,083,779.	29,083,779.			
	e OCCUPATIONAL/SPEECH/PH		900099	18,668,087.	18,668,087.			
	f All other program service revenue		900099	166,766,316.	166,533,133.	233,183.		
	g Total. Add lines 2a-2f			585,255,322.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,697,842.			5,697,842.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real		5,605,362.				
		(ii) Personal						
		b Less: rental expenses		5,934,927.				
		c Rental income or (loss)		-329,565.				
	d Net rental income or (loss)			-329,565.			-329,565.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		217,438,919.				
		(ii) Other		1,800.				
		b Less: cost or other basis and sales expenses		219,379,456.	0.			
		c Gain or (loss)		-1,940,537.	1,800.			
	d Net gain or (loss)			-1,938,737.			-1,938,737.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a		393,569.					
	b Less: cost of goods sold		265,715.					
	c Net income or (loss) from sales of inventory			127,854.			127,854.	
Miscellaneous Revenue		Business Code						
11 a NON OPERATING INCOME			900099	1,706,337.	1,706,337.			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				1,706,337.				
12 Total revenue. See instructions.				594,329,982.	586,728,476.	233,183.	3,557,394.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,608,962.	1,608,962.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,046,346.		7,046,346.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	229,644,118.	203,979,475.	25,116,802.	547,841.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,652,170.	6,001,950.	627,257.	22,963.
9 Other employee benefits	26,031,972.	18,829,376.	7,168,182.	34,414.
10 Payroll taxes	18,157,370.	14,916,126.	3,200,587.	40,657.
11 Fees for services (non-employees):				
a Management	9,131,578.	7,024,622.	2,106,956.	
b Legal	885,949.		885,949.	
c Accounting	469,724.		469,724.	
d Lobbying	246,834.	246,834.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,522,271.	6,086.	2,516,185.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	55,749,137.	46,044,188.	9,481,360.	223,589.
12 Advertising and promotion	1,998,041.	80,127.	1,917,731.	183.
13 Office expenses	61,985,008.	55,649,465.	6,300,342.	35,201.
14 Information technology	24,599,892.	18,449,919.	6,149,973.	
15 Royalties				
16 Occupancy	27,827,335.	22,274,234.	5,464,261.	88,840.
17 Travel	1,909,437.	1,371,889.	527,290.	10,258.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	434,064.	253,766.	177,131.	3,167.
20 Interest	5,870,629.	90,099.	5,780,530.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,263,233.	29,582,029.	681,204.	
23 Insurance	4,948,519.		4,948,519.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	59,796,084.	59,796,084.		
b RECRUITING	951,139.		951,139.	
c LOSS ON EXTINGUISHMET O	707,292.		707,292.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	579,437,104.	486,205,231.	92,224,760.	1,007,113.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	58,000.	1	0.
	2 Savings and temporary cash investments	13,011,315.	2	64,078,792.
	3 Pledges and grants receivable, net	913,332.	3	1,115,483.
	4 Accounts receivable, net	116,631,326.	4	102,488,758.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	4,904,370.	7	10,845,249.
	8 Inventories for sale or use	10,453,887.	8	10,266,335.
	9 Prepaid expenses and deferred charges	5,378,191.	9	7,791,273.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 717,340,386.		
	b Less: accumulated depreciation	10b 357,611,422.		
		346,038,933.	10c	359,728,964.
	11 Investments - publicly traded securities	166,178,486.	11	134,453,920.
	12 Investments - other securities. See Part IV, line 11	6,062,816.	12	7,195,860.
	13 Investments - program-related. See Part IV, line 11	56,701,954.	13	63,173,637.
	14 Intangible assets	3,555,521.	14	3,427,736.
15 Other assets. See Part IV, line 11	38,145,649.	15	39,952,755.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	768,033,780.	16	804,518,762.	
Liabilities	17 Accounts payable and accrued expenses	95,135,367.	17	104,153,529.
	18 Grants payable		18	
	19 Deferred revenue		19	135.
	20 Tax-exempt bond liabilities	236,622,570.	20	254,818,500.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	100,108,801.	23	89,890,245.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	39,723,644.	25	36,536,897.
	26 Total liabilities. Add lines 17 through 25	471,590,382.	26	485,399,306.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	294,891,559.	27	318,165,342.
	28 Temporarily restricted net assets	1,551,839.	28	954,114.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	296,443,398.	33	319,119,456.
	34 Total liabilities and net assets/fund balances	768,033,780.	34	804,518,762.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	594,329,982.
2	Total expenses (must equal Part IX, column (A), line 25)	2	579,437,104.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,892,878.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	296,443,398.
5	Net unrealized gains (losses) on investments	5	6,318,571.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,464,609.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	319,119,456.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? 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 (2013)

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 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 - Non-functionally integrated
- 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
(i) 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? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			▶
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

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

(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 its Form 990-PF, Part I, line 2, 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) (2013)

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

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
1		\$ 85,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,793.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 512,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 89,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 366,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
7		\$ 35,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 343,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 17,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 60,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
11	2011 MICROWAVE TISSUE PROCESSOR PATHOS _____ _____ _____	\$ 60,000.	07/31/13
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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 <p style="text-align: center;">ADVENTIST HEALTHCARE, INC</p>	Employer identification number <p style="text-align: center;">52-1532556</p>
--	---

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) 2013**
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.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		12,626.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		234,208.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			246,834.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: IN 2013, ADVENTIST HEALTHCARE, INC. WAS ENGAGED IN

LOBBYING ACTIVITIES AT THE LOCAL, STATE AND FEDERAL LEVEL. ACTIVITIES

INCLUDED DISCUSSIONS WITH MONTGOMERY COUNTY AND PRINCE GEORGES COUNTY

OFFICIALS ABOUT VARIOUS REGIONAL HEALTH CARE MATTERS, PARTICULARLY

INVOLVING 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 ACTION

RELATED TO FEDERAL HEALTH REFORM, HEALTHCARE REIMBURSEMENT AND ACCESS

TO CARE.

Multiple horizontal lines for supplemental information.

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.**

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

OMB No. 1545-0047

2013

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items.

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

(i) 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,747,294.		9,747,294.
b Buildings		342,864,133.	197,400,232.	145,463,901.
c Leasehold improvements		38,128,253.	18,975,895.	19,152,358.
d Equipment		249,819,189.	121,730,014.	128,089,175.
e Other		76,781,517.	19,505,281.	57,276,236.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				359,728,964.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LAND HELD FOR HEALTHCARE DEVELOPMENT	63,173,637.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	63,173,637.	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAPS LIABILITY	16,103,581.
(3) DEFERRED COMPENSATION	164,057.
(4) PROFESSIONAL LIABILITY INS: SE	9,324,911.
(5) COMPLIANCE LIABILITY RESERVE	2,203,807.
(6) OTHER LONG TERM LIABILITIES	8,740,541.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	36,536,897.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: FIN 48 NOTES:

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY.

MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS

MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE

RECOGNITION THRESHOLD IN 2013 OR 2012.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

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

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input 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		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>600</u> %	X	
c If the organization used factors other than FPG in determining 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, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
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.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			19,611,707.		19,611,707.	3.38%
b Medicaid (from Worksheet 3, column a)			15,667,741.	13,397,872.	2,269,869.	.39%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			35,279,448.	13,397,872.	21,881,576.	3.77%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,608,516.	267,392.	8,341,124.	1.44%
f Health professions education (from Worksheet 5)			2,019,755.	160,010.	1,859,745.	.32%
g Subsidized health services (from Worksheet 6)			29,288,388.	350.	29,288,038.	5.05%
h Research (from Worksheet 7)			856,435.	343,734.	512,701.	.09%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,608,962.		1,608,962.	.28%
j Total. Other Benefits			42,382,056.	771,486.	41,610,570.	7.18%
k Total. Add lines 7d and 7j			77,661,504.	14,169,358.	63,492,146.	10.95%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			8,626.	4,905.	3,721.	.00%
2 Economic development			1,239.		1,239.	.00%
3 Community support			419,025.		419,025.	.07%
4 Environmental improvements			2,094.		2,094.	.00%
5 Leadership development and training for community members			446.		446.	.00%
6 Coalition building			115,134.		115,134.	.02%
7 Community health improvement advocacy			1,003,367.	6,356.	997,011.	.17%
8 Workforce development			2,549.		2,549.	.00%
9 Other						
10 Total			1,552,480.	11,261.	1,541,219.	.26%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** X
- Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 29,737,685.
- Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3**
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME) **5** 202,285,037.
- Enter Medicare allowable costs of care relating to payments on line 5 **6** 163,444,987.
- Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 38,840,050.
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.
Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
9 GERMANTOWN OUTPATIENT IMAGING	OUTPATIENT IMAGING CENTER	50.00%		50.00%
10 MID-ATLANTIC PRIMARY CARE ACO, LLC	MEDICARE SHARED SAVINGS PLAN ACO	25.00%		75.00%
11 PREMIER MEDICAL NETWORK, INC.	PHYSICAN HOSPITAL ORGANIZATION	50.00%		50.00%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group SHADY GROVE ADVENTIST HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) SHADY GROVE ADVENTIST HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	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 Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>600</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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 checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	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	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
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 Section C)		
17	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 individual'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 Section C)		

Part V Facility Information (continued) SHADY GROVE ADVENTIST HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 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?

	Yes	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

21		X
22		X

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group WASHINGTON ADVENTIST HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) WASHINGTON ADVENTIST HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	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 Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>600</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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 checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	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	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
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 Section C)		
17	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 individual'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 Section C)		

Part V Facility Information (continued) WASHINGTON ADVENTIST HOSPITAL

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 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:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group HACKETTSTOWN COMMUNITY HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 3

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.HRMCNJ.ORG</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" 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 CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) HACKETTSTOWN COMMUNITY HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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 Section C)		
Billing and Collections			
15	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	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
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 Section C)		
17	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 individual'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 Section C)		

Part V Facility Information (continued) HACKETTSTOWN COMMUNITY HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 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?

	Yes	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

21		X
22		X

If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group ADVENTIST REHABILITATION HOSPITAL OF MAR

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 4

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	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 Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>600</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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 checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	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	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
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 Section C)		
17	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 individual'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 Section C)		

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

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 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:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group ADVENTIST BEHAVIORAL HEALTH - ROCKVILLE

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 5

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) ADVENTIST BEHAVIORAL HEALTH - ROCKVILLE

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	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 Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>600</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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 checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	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	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
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 Section C)		
17	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 individual'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 Section C)		

Part V Facility Information (continued) ADVENTIST BEHAVIORAL HEALTH - ROCKVILLE

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 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:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21		X
If "Yes," explain in Section C.			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group ADVENTIST BEHAVIORAL HEALTH - EASTERN SH

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 6

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) ADVENTIST BEHAVIORAL HEALTH - EASTERN SH

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	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 Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>600</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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 checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	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	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
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 Section C)		
17	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 individual'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 Section C)		

Part V Facility Information (continued) ADVENTIST BEHAVIORAL HEALTH - EASTERN SH

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 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:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21		X
If "Yes," explain in Section C.			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22		X
If "Yes," explain in Section C.			

Part V Facility Information *(continued)*

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

SHADY GROVE ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 3: SHADY GROVE ADVENTIST HOSPITAL, A MEMBER OF

ADVENTIST HEALTHCARE, HAS ONGOING PARTNERSHIPS WITH SEVERAL

COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE CLINICS THAT PROVIDE

VALUABLE INPUT ON THE HEALTH NEEDS OF COMMUNITY MEMBERS. WE PARTNER WITH

CLINICS THAT SERVE THE LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY, MANY OF

WHOM ARE LIMITED ENGLISH PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES.

WE ALSO PARTNER WITH MERCY HEALTH CLINIC BY PROVIDING FREE DIAGNOSTIC

SERVICES/LAB WORK TO THEIR UNINSURED PATIENTS. ANOTHER KEY PARTNER IS

MOBILE MEDICAL CARE (MOBILE MED), WHICH OPERATES THREE MOBILE HEALTHCARE

VEHICLES AND PROVIDES PRIMARY AND PREVENTATIVE HEALTHCARE TO THE

UNINSURED, LOW INCOME, WORKING POOR AND HOMELESS IN MONTGOMERY COUNTY.

WE EXPANDED OUR PRENATAL SERVICES IN 2006 BY PARTNERING WITH THE

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES IN ITS MATERNAL

PARTNERSHIPS PROGRAM, A REFERRAL PROGRAM THAT COLLABORATES WITH HOSPITALS

TO PROVIDE OBSTETRIC AND GYNECOLOGIC SERVICES FOR UNINSURED WOMEN IN

MONTGOMERY COUNTY. WE ALSO PROVIDE HEALTH SERVICES FOR WOMEN IN THE

COMMUNITY WITH BREAST CANCER THROUGH A PARTNERSHIP WITH THE KOMEN

FOUNDATION. IN ADDITION, ADVENTIST HEALTHCARE AND THE CENTER ON HEALTH

DISPARITIES HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE,

THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND THE PRIMARY CARE

COALITION OF MONTGOMERY COUNTY. PUBLIC HEALTH EXPERTS FROM THESE VARIOUS

PARTNER ORGANIZATIONS PROVIDE SHADY GROVE ADVENTIST HOSPITAL WITH

IMPORTANT INPUT ON THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE

SERVE.

Part V Facility Information *(continued)*

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

SHADY GROVE ADVENTIST HOSPITAL'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH COMMUNITIES OF ALL RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS OF THEIR CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT PROGRAMS THAT ADDRESS THESE NEEDS. SOME OF THE CONGREGATIONS HAVE TRAINED FAITH COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT PROVIDE EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES. THESE FCNS OFTEN FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER MEDICAL NEED.

IN ADDITION, WE CONVENED AN ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS. THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL/COMMUNITY LEADERS.

ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS:

> AISHA BIVENS, JD, BSN;

ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS;

WASHINGTON ADVENTIST HOSPITAL;

> PERRY CHAN;

SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> IRENE DANKWA-MULLAN, MD, MPH;

DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION;

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES;

> STEVE GALEN, MS;

Part V Facility Information *(continued)*

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

PRESIDENT AND CEO;

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> CAROL W. GARVEY, MD, MPH;

CHAIR;

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Part V Facility Information (continued)

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

CHIEF MEDICAL OFFICER;

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND;

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ASSOCIATE DIRECTOR FOR PROGRAMS;

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED;

IN ADDITION TO THE FORMAL ADVISORY BOARD, THE STAFF OF ADVENTIST

HEALTHCARE AND SHADY GROVE ADVENTIST HOSPITAL PARTICIPATES IN VARIOUS WAYS

IN THE COMMUNITY. WE ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES,

COALITIONS, AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE HEALTH NEEDS

IN THE COMMUNITY. THE HEALTH PROFESSIONALS THAT PROVIDE PROGRAMS IN THE

COMMUNITY ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE OF COMMUNITY

NEEDS.

FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY

HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE PUBLIC THROUGH POSTINGS ON

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THROUGH SURVEYMONKEY.COM, ASKED COMMUNITY MEMBERS AND COMMUNITY LEADERS

ALIKE TO IDENTIFY THEIR SOCIODEMOGRAPHIC INFORMATION, HEALTH NEEDS,

PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING

CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY.

WASHINGTON ADVENTIST HOSPITAL:

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 3: WASHINGTON ADVENTIST HOSPITAL, A MEMBER OF

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DISPARITIES HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE,

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PARTNER ORGANIZATIONS PROVIDE WASHINGTON ADVENTIST HOSPITAL WITH IMPORTANT

INPUT ON THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE SERVE.

WASHINGTON ADVENTIST HOSPITAL'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH

Part V Facility Information *(continued)*

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

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Part V Facility Information *(continued)*

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CHIEF MEDICAL OFFICER;

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND;

Part V Facility Information (continued)

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

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HEALTHCARE AND WASHINGTON ADVENTIST HOSPITAL PARTICIPATES IN VARIOUS WAYS

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PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING

CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY.

HACKETTSTOWN COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 3: HACKETTSTOWN COMMUNITY HOSPITAL UNDERTOOK A

COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH CONCLUDED IN 2012.

Part V Facility Information (continued)

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

THE PURPOSE OF THE STUDY WAS TO GATHER CURRENT STATISTICS AND QUALITATIVE

FEEDBACK ON THE KEY HEALTH ISSUES FACING OUR SERVICE MARKET RESIDENTS.

LOCAL RESIDENTS WERE ASKED TO PARTICIPATE IN A SURVEY AS WELL AS FOCUS

GROUPS ADDRESSING THE ISSUES OF MEN, WOMEN AND DIABETICS. AFTER COMPLETION

OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, APPROXIMATELY 25 LEADERS FROM

HACKETTSTOWN COMMUNITY HOSPITAL, COMMUNITY AGENCIES AND AREA HEALTHCARE

AND SOCIAL SERVICES ORGANIZATIONS MET TO REVIEW AND PRIORITIZE THE

FINDINGS AND TO DEVELOP AN IMPLEMENTATION PLAN. THE FOLLOWING KEY

STAKEHOLDERS PARTICIPATED IN THE PROCESS:

PRESIDENT, HACKETTSTOWN REGIONAL MEDICAL CENTER;

CHIEF MEDICAL OFFICER, HRMC;

EXECUTIVE DIRECTOR, HRMC;

CHIEF NURSING OFFICER;

ADMINISTRATIVE DIRECTOR, HRMC;

MANAGER, MARKETING AND PUBLIC RELATIONS, HRMC;

MANAGER, EDUCATION, HRMC;

MANAGER, CARE MANAGEMENT, HRMC;

MANAGER, CENTER FOR HEALTHIER LIVING, HRMC;

COORDINATOR, HEALTHLINK, HRMC;

FINANCIAL COUNSELOR, HRMC;

WARREN COUNTY HEALTH DEPARTMENT;

WARREN COUNTY AGENCY ON AGING AND DISABILITY;

WARREN COUNTY DEPARTMENT OF HUMAN SERVICES;

KAREN ANN QUINLAN HOME CARE;

KAREN ANN QUINLAN HOSPICE;

HACKETTSTOWN POLICE DEPARTMENT;

SUPERINTENDENT, HACKETTSTOWN PUBLIC SCHOOLS;

Part V Facility Information *(continued)*

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

COLONIAL MANOR, SENIOR LIVING;

DOMESTIC ABUSE AND SEXUAL ASSAULT;

FAMILY GUIDANCE CENTER;

UNITED WAY OF NORTHERN NJ;

WRNJ RADIO;

ZUFALL, FEDERALLY QUALIFIED HEALTH CENTER

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 3: ADVENTIST HEALTHCARE AND THE CENTER ON HEALTH

DISPARITIES HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE,

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COALITION OF MONTGOMERY COUNTY. PUBLIC HEALTH EXPERTS FROM THESE VARIOUS

PARTNER ORGANIZATIONS PROVIDE ADVENTIST REHABILITATION HOSPITAL OF

MARYLAND WITH IMPORTANT INPUT ON THE NEEDS AFFECTING THE HEALTH OF THE

COMMUNITIES WE SERVE.

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND'S HEALTH MINISTRY DEPARTMENT

PARTNERS WITH FAITH COMMUNITIES OF ALL RELIGIONS, ASSISTING THEM IN

ASSESSING THE HEALTH NEEDS OF THEIR CONGREGATIONS AS WELL AS PROVIDING

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AFTER A HOSPITALIZATION OR OTHER MEDICAL NEED.

ADDITIONALLY, ADVENTIST HEALTHCARE CONVENED A COMMUNITY ADVISORY BOARD TO

HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO

Part V Facility Information *(continued)*

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THOSE NEEDS. THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND

EXTERNAL/COMMUNITY LEADERS.

ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS:

> AISHA BIVENS, JD, BSN;

ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS;

WASHINGTON ADVENTIST HOSPITAL;

> PERRY CHAN;

SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> IRENE DANKWA-MULLAN, MD, MPH;

DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION;

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES;

> STEVE GALEN, MS;

PRESIDENT AND CEO;

PRIMARY CARE COALITION OF MONTGOMERY COUNTY;

> CAROL W. GARVEY, MD, MPH;

CHAIR;

PRIMARY CARE COALITION;

> CARLESSIA HUSSEIN, DRPH, RN;

DIRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES;

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE;

> JUDY LICHTY, MPH;

REGIONAL DIRECTOR, HEALTH AND WELLNESS;

ADVENTIST HEALTHCARE;

Part V Facility Information *(continued)*

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

> SKIP MARGOT, RN, MS;

CNE AND VP OF PATIENT CARE SERVICES;

SHADY GROVE ADVENTIST HOSPITAL;

> SONIA MORA, RN;

MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> RICHARD "DICK" PAVLIN, MHCA;

EXECUTIVE DIRECTOR;

MERCY HEALTH CLINIC;

> OLIVIA CARTER-POKRAS, PHD;

ASSOCIATE PROFESSOR;

UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH;

> HOWARD ROSS;

CHIEF LEARNING OFFICER;

COOK ROSS, INC.;

> TERRENCE P. SHEEHAN, MD;

CHIEF MEDICAL OFFICER;

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND;

> TOM SWEENEY, RN, MBA, FACHE;

VICE PRESIDENT - CHIEF NURSING OFFICER;

WASHINGTON ADVENTIST HOSPITAL;

> LOIS A. WESSEL, RN CFNP;

ASSOCIATE DIRECTOR FOR PROGRAMS;

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED;

IN ADDITION TO THE FORMAL ADVISORY BOARD, THE STAFF OF ADVENTIST

HEALTHCARE AND ADVENTIST REHABILITATION HOSPITAL OF MARYLAND PARTICIPATES

Part V Facility Information *(continued)*

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

IN VARIOUS WAYS IN THE COMMUNITY. WE ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS, AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE COMMUNITY. THE HEALTH PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS.

FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY, CUSTOMER SATISFACTION SURVEYS, AND KEY INFORMANT INTERVIEWS. THE CHNA SURVEY WAS OFFERED TO THE PUBLIC THROUGH POSTINGS ON ADVENTIST HEALTHCARE'S FACEBOOK PAGES, NEWSLETTERS, EMAIL LIST SERVES, AND MEETINGS WITH COMMUNITY LEADERS. A 25-ITEM SURVEY, AVAILABLE ONLINE THROUGH SURVEYMONKEY.COM, ASKED COMMUNITY MEMBERS AND COMMUNITY LEADERS ALIKE TO IDENTIFY THEIR SOCIO-DEMOGRAPHIC INFORMATION, HEALTH NEEDS, PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY.

ADVENTIST BEHAVIORAL HEALTH - ROCKVILLE:

PART V, SECTION B, LINE 3: ADVENTIST BEHAVIORAL HEALTH BELIEVES THAT MENTAL HEALTH CARE IS BEST DELIVERED THROUGH PROGRAMS AND SERVICES THAT ADDRESS THE NEEDS OF THE COMMUNITY IT SERVES. THE COMMUNITY ADVISORY COUNCIL (CAC) WAS FORMED FOR THE PURPOSE OF INCORPORATING FEEDBACK FROM THE COMMUNITY IN THE PLANNING AND DELIVERY OF OUR SERVICES. THROUGH REGULAR AND PRODUCTIVE DIALOGUE WITH OUR CAC, ADVENTIST BEHAVIORAL HEALTH AIMS TO STRENGTHEN ITS EXISTING PROGRAMS AND BETTER ADDRESS GAPS IN MENTAL HEALTH CARE. THE CAC CONSISTS OF 17 MEMBERS WHO HAVE DEMONSTRATED AN INTEREST IN THE MENTAL HEALTH CONCERNS OF THE COMMUNITY THROUGH THEIR PROFESSION OR VOLUNTEER SERVICE. THIS INCLUDES, BUT IS NOT LIMITED TO,

Part V Facility Information *(continued)*

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

FORMER PATIENTS AND/OR THEIR FAMILY MEMBERS, MENTAL HEALTH ADVOCACY

GROUPS, COUNTY AND STATE LEADERS, MONTGOMERY COUNTY PUBLIC SCHOOLS, AND

MONTGOMERY COUNTY POLICE DEPARTMENT. THE COMMUNITY ADVISORY COUNCIL MEETS

BIMONTHLY AT ADVENTIST BEHAVIORAL HEALTH IN ROCKVILLE.

THE CURRENT MEMBERS OF ABH - ROCKVILLE'S COMMUNITY ADVISORY COUNCIL

INCLUDE:

> CLINICAL DIRECTOR OF MONTGOMERY COUNTY COALITION FOR THE;

HOMELESS/HOMEBUILDERS CARE ASSESSMENT CENTER;

> MONTGOMERY COUNTY POLICE DEPARTMENT CRISIS INTERVENTION TEAM

COORDINATOR;

> EXECUTIVE DIRECTOR OF THE MONTGOMERY COUNTY FEDERATION OF FAMILIES FOR;

CHILDREN'S MENTAL HEALTH, INC.;

> NAMI MONTGOMERY COUNTY DIRECTOR OF CHILDREN AND ADOLESCENT PROGRAM AND;

FAMILY-TO-FAMILY COORDINATOR;

> FORMER PATIENTS AND/OR FAMILY MEMBERS OF ADVENTIST BEHAVIORAL HEALTH;

> ABH VICE PRESIDENT OF OPERATIONS;

> ABH INTERIM CHIEF NURSING OFFICER AND STAFF EDUCATOR;

> ABH COMMUNICATIONS DIRECTOR;

> ABH ASSOCIATE VICE PRESIDENT, BUSINESS DEVELOPMENT;

> ABH MEDICAL DIRECTOR;

> ABH PSYCHIATRIST;

> ABH DIRECTOR OF COMMUNITY BASED RESIDENTIAL SERVICES;

> ABH DIRECTOR OF ADULT CLINICAL SERVICES;

> ABH CHAPLAIN;

> ABH ASSOCIATE VICE PRESIDENT, QUALITY AND PATIENT SAFETY AND LOCAL;

INTEGRITY/CHIEF PRIVACY OFFICER;

Part V Facility Information *(continued)*

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

ADVENTIST BEHAVIORAL HEALTH, A MEMBER OF ADVENTIST HEALTHCARE, HAS ONGOING

PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE

CLINICS THAT PROVIDE VALUABLE INPUT ON THE HEALTH NEEDS OF COMMUNITY

MEMBERS. WE PARTNER WITH CLINICS THAT SERVE THE LOW-INCOME RESIDENTS OF

MONTGOMERY COUNTY, MANY OF WHOM ARE LIMITED ENGLISH PROFICIENT AND/OR

RACIAL AND ETHNIC MINORITIES. ONE OF ADVENTIST HEALTHCARE'S SAFETY NET

CLINIC PARTNERS IS MERCY HEALTH CLINIC, WHICH PROVIDES PRIMARY CARE TO

UNINSURED, LOW-INCOME ADULT RESIDENTS OF MONTGOMERY COUNTY. ADVENTIST

HEALTHCARE ALSO PARTNERS WITH MERCY HEALTH CLINIC BY PROVIDING FREE

DIAGNOSTIC SERVICES/LAB WORK TO THEIR UNINSURED PATIENTS. ANOTHER KEY

PARTNER IS MOBILE MEDICAL CARE (MOBILE MED), WHICH OPERATES THREE MOBILE

HEALTHCARE VEHICLES AND PROVIDES PRIMARY AND PREVENTATIVE HEALTHCARE TO

THE UNINSURED, LOW INCOME, WORKING POOR AND HOMELESS IN MONTGOMERY COUNTY.

ADVENTIST HEALTHCARE ALSO PROVIDES HEALTH SERVICES FOR WOMEN IN THE

COMMUNITY WITH BREAST CANCER THROUGH A PARTNERSHIP WITH THE KOMEN

FOUNDATION. IN ADDITION, ADVENTIST HEALTHCARE AND THE CENTER ON HEALTH

DISPARITIES HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE,

THE UNIVERSITY OF MARYLAND'S SCHOOL OF PUBLIC HEALTH, AND THE PRIMARY CARE

COALITION OF MONTGOMERY COUNTY. PUBLIC HEALTH EXPERTS FROM THESE VARIOUS

PARTNER ORGANIZATIONS PROVIDE

ADVENTIST HEALTHCARE AND ADVENTIST BEHAVIORAL HEALTH WITH IMPORTANT INPUT

ON THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE SERVE.

ADVENTIST HEALTHCARE'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH

COMMUNITIES OF ALL RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS

Part V Facility Information *(continued)*

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

OF THEIR CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT

PROGRAMS THAT ADDRESS THESE NEEDS. SOME OF THE CONGREGATIONS HAVE TRAINED

FAITH COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT

PROVIDE EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES. THESE FCNS

OFTEN FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER

MEDICAL NEED.

IN ADDITION, ADVENTIST HEALTHCARE CONVENED A COMMUNITY ADVISORY BOARD TO

HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO

IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO

THOSE NEEDS. THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND

EXTERNAL/COMMUNITY LEADERS.

ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS:

> AISHA BIVENS, JD, BSN;

ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS;

WASHINGTON ADVENTIST HOSPITAL;

> PERRY CHAN;

SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> IRENE DANKWA-MULLAN, MD, MPH;

DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION;

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES;

> STEVE GALEN, MS;

PRESIDENT AND CEO;

PRIMARY CARE COALITION OF MONTGOMERY COUNTY;

Part V Facility Information *(continued)*

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

> CAROL W. GARVEY, MD, MPH;

CHAIR;

PRIMARY CARE COALITION;

> CARLESSIA HUSSEIN, DRPH, RN;

DIRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES;

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE;

> JUDY LICHTY, MPH;

REGIONAL DIRECTOR, HEALTH AND WELLNESS;

ADVENTIST HEALTHCARE;

> SKIP MARGOT, RN, MS;

CNE AND VP OF PATIENT CARE SERVICES;

SHADY GROVE ADVENTIST HOSPITAL;

> SONIA MORA, RN;

MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> RICHARD "DICK" PAVLIN, MHCA;

EXECUTIVE DIRECTOR;

MERCY HEALTH CLINIC;

> OLIVIA CARTER-POKRAS, PHD;

ASSOCIATE PROFESSOR;

UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH;

> HOWARD ROSS;

CHIEF LEARNING OFFICER;

COOK ROSS, INC.;

> TERRENCE P. SHEEHAN, MD;

CHIEF MEDICAL OFFICER;

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND;

Part V Facility Information *(continued)*

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

> TOM SWEENEY, RN, MBA, FACHE;

VICE PRESIDENT - CHIEF NURSING OFFICER;

WASHINGTON ADVENTIST HOSPITAL;

> LOIS A. WESSEL, RN CFNP;

ASSOCIATE DIRECTOR FOR PROGRAMS;

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED;

IN ADDITION TO THE FORMAL ADVISORY BOARD, THE STAFF OF ADVENTIST

HEALTHCARE AND ADVENTIST BEHAVIORAL HEALTH PARTICIPATES IN VARIOUS WAYS IN

THE COMMUNITY. WE ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS,

AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE

COMMUNITY. THE HEALTH PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY

ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS.

FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY

HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE PUBLIC THROUGH POSTINGS ON

ADVENTIST HEALTHCARE ENTITY FACEBOOK PAGES, NEWSLETTERS, E-MAIL LIST

SERVES, AND MEETINGS WITH COMMUNITY LEADERS. A 25-ITEM SURVEY, AVAILABLE

ONLINE THROUGH SURVEYMONKEY.COM, ASKED COMMUNITY MEMBERS AND COMMUNITY

LEADERS ALIKE TO PROVIDE SOCIODEMOGRAPHIC INFORMATION, HEALTH NEEDS,

PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING

CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY.

ADVENTIST BEHAVIORAL HEALTH - EASTERN SHORE:

PART V, SECTION B, LINE 3: ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE

BELIEVES THAT MENTAL HEALTH CARE IS BEST DELIVERED THROUGH PROGRAMS AND

SERVICES THAT ADDRESS THE NEEDS OF THE COMMUNITY IT SERVES. THE LOCAL

Part V Facility Information *(continued)*

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

COMMUNITY ADVISORY BOARD (CAB) OF ADVENTIST BEHAVIORAL HEALTH EASTERN

SHORE WAS FORMED FOR THE PURPOSE OF PROVIDING BETTER SERVICES FOR OUR

RESIDENTS AND THEIR FAMILIES, THROUGH INTERACTIVE AND PARTICIPATORY INPUT

WITHIN THE GROUP AND TO TREAT "SHORE KIDS" ON THE SHORE. THROUGH REGULAR

AND PRODUCTIVE DIALOGUE WITH ITS COMMUNITY ADVISORY BOARD, ADVENTIST

BEHAVIORAL HEALTH EASTERN SHORE AIMS TO STRENGTHEN ITS EXISTING PROGRAMS

AND ADDRESS GAPS IN MENTAL HEALTH CARE. THE COMMUNITY ADVISORY BOARD

CONSISTS OF MEMBERS WHO HAVE DEMONSTRATED AN INTEREST IN THE MENTAL HEALTH

CONCERNS OF THE COMMUNITY THROUGH THEIR WORK OR VOLUNTEER SERVICES. THIS

INCLUDES, BUT IS NOT LIMITED TO: PARENT/FAMILY NAVIGATORS, MID-SHORE

MENTAL HEALTH CORE SERVICE AGENCY REPRESENTATIVE, PARENTS OF PATIENTS,

DORCHESTER COUNTY DEPARTMENT OF JUVENILE SERVICES PROGRAM SUPERVISOR,

WICOMICO SOMERSET REGIONAL CORE SERVICE AGENCY REPRESENTATIVE, DORCHESTER

COUNTY DEPARTMENT OF SOCIAL SERVICES REPRESENTATIVE, EASTERN SHORE MOBILE

CRISIS REPRESENTATIVE, AND DORCHESTER COUNTY PUBLIC SCHOOLS SPECIAL

EDUCATION NON-PUBLIC COORDINATOR. THE COMMUNITY ADVISORY BOARD IS BEING

LED BY KEVIN DRUMHELLER, EXECUTIVE DIRECTOR OF ADVENTIST BEHAVIORAL HEALTH

EASTERN SHORE, AND BARBARA COLEMAN, SCRIBE. THE COMMUNITY ADVISORY BOARD

FOR ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE HELD ITS FIRST MEETING IN

NOVEMBER 2012 AND MEETS QUARTERLY.

ADDITIONALLY, ADVENTIST BEHAVIORAL HEALTH HAS CONVENED A COMMUNITY

ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO PROVIDE NEEDED SERVICES TO THE

EASTERN SHORE. THE COMMUNITY ADVISORY BOARD IS COMPRISED OF EXTERNAL

COMMUNITY LEADERS AND FAMILY MEMBERS OF CHILDREN PLACED IN OUR FACILITY.

ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE COMMUNITY ADVISORY BOARD

Part V Facility Information (continued)

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

MEMBERS:

> AUDRA CHERBONNIER;

FAMILY NAVIGATOR, PARENT;

MARYLAND COALITION OF FAMILIES;

> ADELAIDE (ADDIE) ECKARDT;

DELEGATE;

HOUSE OF DELEGATES;

> REBECCA HUTCHISON;

CHILD AND ADOLESCENT COORDINATOR;

MID SHORE MENTAL HEALTH SYSTEMS;

> DIANE LANE;

EXECUTIVE DIRECTOR AND PARENT;

CHESAPEAKE VOYAGERS, INC.;

> KENNETH MALIK;

CHIEF;

CAMBRIDGE POLICE DEPARTMENT;

> CAROL MASDEN;

DIRECTOR AND PARENT;

EASTERN SHORE MOBILE CRISIS;

> CHRISTOPHER MIELE;

PROGRAM SUPERVISOR;

DEPARTMENT OF JUVENILE SERVICES;

> HEIDI ROCHON;

DIRECTOR AND PARENT;

MARYLAND COALITION OF FAMILIES;

> DARLENE SAMPSON;

Part V Facility Information *(continued)*

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

ASSISTANT DIRECTOR OF SERVICES;

DORCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES;

> CHALARRA SESSOMS;

CHILD AND ADOLESCENT DIRECTOR;

WICOMICO/SOMERSET BEHAVIORAL HEALTH AUTHORITY;

> BERNADETT TOWNSEND;

FAMILY NAVIGATOR AND PARENT;

MARYLAND COALITION OF FAMILIES;

> DEBBIE USAB;

DIRECTOR;

DORCHESTER COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION;

IN ADDITION TO THE ADVISORY BOARD, THE STAFF OF ADVENTIST HEALTHCARE AND

ADVENTIST BEHAVIORAL HEALTH PARTICIPATES IN VARIOUS WAYS IN THE COMMUNITY.

WE ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS, AND

PARTNERSHIPS THAT PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE

COMMUNITY. THE HEALTH PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY

ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS.

SHADY GROVE ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 5D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER WHICH IS LOCATED

AT:

820 WEST DIAMOND AVENUE,

4TH FLOOR,

GAITHERSBURG, MD 20878;

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 5A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS: [HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3166/](http://www.adventisthealthcare.com/app/files/public/3166/)

2013-CHNA-SGAH.PDF

,OR,

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://www.adventisthealthcare.com/about/community/health-needs-assessment)

WASHINGTON ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 5D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER WHICH IS LOCATED

AT:

820 WEST DIAMOND AVENUE

4TH FLOOR

GAITHERSBURG, MD 20878

PART V, SECTION B, LINE 5A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3167/2013-CHNA-WAH.PDF](http://www.adventisthealthcare.com/app/files/public/3167/2013-CHNA-WAH.PDF)

,OR,

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://www.adventisthealthcare.com/about/community/health-needs-assessment)

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 5D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER WHICH IS LOCATED

AT:

820 WEST DIAMOND AVENUE

4TH FLOOR

Part V Facility Information (continued)

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

GAITHERSBURG, MD 20878

PART V, SECTION B, LINE 5A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS: [HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3275/](http://www.adventisthealthcare.com/app/files/public/3275/)

2013-CHNA-ARHM.PDF

,OR,

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://www.adventisthealthcare.com/about/community/health-needs-assessment)

ADVENTIST BEHAVIORAL HEALTH - ROCKVILLE:

PART V, SECTION B, LINE 5D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER WHICH IS LOCATED

AT:

820 WEST DIAMOND AVENUE

4TH FLOOR

GAITHERSBURG, MD 20878

PART V, SECTION B, LINE 5A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS: [HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3274/](http://www.adventisthealthcare.com/app/files/public/3274/)

2013-CHNA-ABH-RV.PDF

,OR,

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://www.adventisthealthcare.com/about/community/health-needs-assessment)

ADVENTIST BEHAVIORAL HEALTH - EASTERN SHORE:

PART V, SECTION B, LINE 5D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER WHICH IS LOCATED

AT:

820 WEST DIAMOND AVENUE

Part V Facility Information (continued)

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

4TH FLOOR

GAITHERSBURG, MD 20878

PART V, SECTION B, LINE 5A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS: [HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3273/](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3273/)

2013-CHNA-ABH-ES.PDF

,OR,

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT)

SHADY GROVE ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 7: AREAS OF NEED NOT DIRECTLY ADDRESSED BY SHADY

GROVE ADVENTIST HOSPITAL AND THE RATIONALE ARE LISTED BELOW. FOR

ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT

LOCALLY AVAILABLE RESOURCES PLEASE SEE SHADY GROVE ADVENTIST HOSPITAL'S

IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3339/2013-CHNA-SGAH-IM](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3339/2013-CHNA-SGAH-IMPLEMENTATIONSTRATEGY.PDF)

PLEMENTATIONSTRATEGY.PDF

-ASTHMA: SGAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND

EDUCATIONAL PROGRAMS SPECIFICALLY FOR ASTHMA BECAUSE ASTHMA PREVALENCE AND

RATES OF ED VISITS IN MONTGOMERY COUNTY ARE BELOW RATES STATEWIDE, AND

BECAUSE THERE ARE OTHER ASTHMA RESOURCES AVAILABLE IN THE COUNTY. SGAH

WILL CONTINUE TO MONITOR TRENDS IN ASTHMA TO DETERMINE WHETHER FUTURE

REALLOCATION OF RESOURCES IS NEEDED TO PROVIDE ASTHMA-RELATED COMMUNITY

PROGRAMS.

-HIV/AIDS: SGAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND

EDUCATIONAL PROGRAMS FOR HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES.

Part V Facility Information (continued)

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

ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES LED AN INITIATIVE

CALLED PROJECT BEAT IT! (BECOMING EMPOWERED AFRICANS THROUGH IMPROVED

TREATMENT OF TYPE 2 DIABETES, HIV/AIDS, AND HEPATITIS B), WHICH WAS A

GRANT-FUNDED INITIATIVE FROM U.S. DHHS OFFICE OF MINORITY HEALTH THAT

PROVIDED CULTURALLY APPROPRIATE HEALTH EDUCATION CLASSES TO HEALTH CARE

PROVIDERS AND THE AFRICAN IMMIGRANT COMMUNITY TO IMPROVE HEALTH OUTCOMES

RELATED TO THESE CHRONIC AND INFECTIOUS DISEASES. THE 20-MONTH GRANT

FUNDED PROJECT ENDED IN SEPTEMBER 2013.

-BEHAVIORAL HEALTH: SGAH DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES

BECAUSE THESE SERVICES ARE ALREADY PROVIDED BY THE NEIGHBORING SPECIALTY

CARE HOSPITAL WITHIN ITS HOSPITAL SYSTEM, ADVENTIST BEHAVIORAL HEALTH. IN

ADDITION TO ADVENTIST BEHAVIORAL HEALTH, THERE ARE MANY ORGANIZATIONS THAT

PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE SGAH SERVICE AREA.

-SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION;

TRANSPORT): SGAH DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL DETERMINANTS

OF HEALTH BECAUSE THOSE ARE NOT SPECIALTY AREAS OF THE HOSPITAL AND SGAH

DOES NOT HAVE THE RESOURCES OR EXPERTISE TO MEET MANY OF THESE NEEDS.

INSTEAD, SGAH PARTNERS WITH AND SUPPORT OTHER ORGANIZATIONS IN THE

COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS,

HOUSING QUALITY, EDUCATION, TRANSPORTATION, AND OTHER SOCIAL DETERMINANTS

OF HEALTH.

WASHINGTON ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 7: AREAS OF NEED NOT DIRECTLY ADDRESSED BY

WASHINGTON ADVENTIST HOSPITAL AND THE RATIONALE ARE LISTED BELOW. FOR

ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT

LOCALLY AVAILABLE RESOURCES PLEASE SEE WASHINGTON ADVENTIST HOSPITAL'S

Part V Facility Information (continued)

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

IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3338/2013-CHNA-WAH-

IMPLEMENTATIONSTRATEGY.PDF

> ASTHMA: WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND

EDUCATIONAL PROGRAMS SPECIFICALLY FOR ASTHMA BECAUSE ASTHMA PREVALENCE AND

RATES OF ER VISITS IN MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY ARE

BELOW RATES STATEWIDE, AND BECAUSE THERE ARE OTHER ASTHMA RESOURCES

AVAILABLE IN THE COUNTY. WAH WILL CONTINUE TO MONITOR TRENDS IN ASTHMA TO

DETERMINE WHETHER FUTURE REALLOCATION OF RESOURCES IS NEEDED TO PROVIDE

ASTHMA-RELATED COMMUNITY PROGRAMS.

> HIV/AIDS: WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND

EDUCATIONAL PROGRAMS FOR HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES, AND

BECAUSE MANY HIV/AIDS SERVICES ARE PROVIDED BY OTHER LOCAL ORGANIZATIONS.

ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES LED AN INITIATIVE

CALLED PROJECT BEAT IT! (BECOMING EMPOWERED AFRICANS THROUGH IMPROVED

TREATMENT OF TYPE 2 DIABETES, HIV/AIDS, AND HEPATITIS B), WHICH WAS A

GRANT-FUNDED INITIATIVE FROM U.S. DHHS OFFICE OF MINORITY HEALTH THAT

PROVIDED CULTURALLY APPROPRIATE HEALTH EDUCATION CLASSES TO HEALTH CARE

PROVIDERS AND THE AFRICAN IMMIGRANT COMMUNITY TO IMPROVE HEALTH OUTCOMES

RELATED TO THESE CHRONIC AND INFECTIOUS DISEASES. THE 20-MONTH GRANT

FUNDED PROJECT ENDED IN SEPTEMBER 2013.

> SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION;

TRANSPORTATION: WAH DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL

DETERMINANTS OF HEALTH BECAUSE THOSE ARE NOT SPECIALTY AREAS OF THE

HOSPITAL AND WAH DOES NOT HAVE THE RESOURCES OR EXPERTISE TO MEET MANY OF

THESE NEEDS. INSTEAD, WAH PARTNERS WITH AND SUPPORTS OTHER ORGANIZATIONS

IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD

Part V Facility Information *(continued)*

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

ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORTATION, AND OTHER SOCIAL

DETERMINANTS OF HEALTH.

HACKETTSTOWN COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 7: HEALTH NEEDS IDENTIFIED AS LOW PRIORITY TO BE

CONSIDERED FOR THE FUTURE DUE TO LACK OF RESOURCES AND/OR EXPERTISE AT

THIS TIME:

TRANSPORTATION BARRIERS;

ELDER ABUSE;

LIMITED SUBSTANCE ABUSE TREATMENT AND RESOURCES (ALSO NOTING CO-MORBIDITY

WITH MENTAL HEALTH ISSUES);

PROMINENT MENTAL HEALTH ISSUES (NOTING CONNECTION BETWEEN PHYSICAL AND

MENTAL WELL-BEING);

UNCOORDINATED CARE ACROSS PROVIDERS (FOR NON-CHRONIC CONDITIONS)

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 7: AREAS OF NEED NOT DIRECTLY ADDRESSED BY

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND AND THE RATIONALE ARE LISTED

BELOW. FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND

RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST REHABILITATION

HOSPITAL OF MARYLAND'S IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3446/2013-CHNA-ARHM-](http://www.adventisthealthcare.com/app/files/public/3446/2013-CHNA-ARHM-IMPLEMENTATIONSTRATEGY.PDF)

IMPLEMENTATIONSTRATEGY.PDF

> ASTHMA: ARHM DOES NOT CURRENTLY DIRECTLY ADDRESS ASTHMA BECAUSE IT IS

NOT A SPECIALTY AREA OF THE HOSPITAL. SUFFICIENT RESOURCES AND EXPERTISE

ARE NOT AVAILABLE TO MEET THESE NEEDS. ADDITIONAL RESOURCES ARE AVAILABLE

IN THE COMMUNITY.

Part V Facility Information (continued)

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

> INFLUENZA: ARHM DOES NOT DIRECTLY PROVIDE INFLUENZA SERVICES AS THEY

FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER.

INFLUENZA SERVICES ARE ALREADY PROVIDED BY THE ACUTE CARE HOSPITALS IN THE

ADVENTIST HEALTHCARE SYSTEM, SHADY GROVE ADVENTIST HOSPITAL AND WASHINGTON

ADVENTIST HOSPITAL, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ARHM'S

SERVICE AREA.

> HIV/AIDS: ARHM DOES NOT PROVIDE HIV/AIDS SERVICES AS THEY FALL OUTSIDE

THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER. HIV/AIDS SERVICES

ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE

NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ARHM'S SERVICE AREA.

> MATERNAL AND INFANT HEALTH: ARHM DOES NOT PROVIDE MATERNAL AND INFANT

SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

REHABILITATION CENTER. A FULL SPECTRUM OF MATERNAL AND INFANT SERVICES IS

ALREADY PROVIDED BY SHADY GROVE ADVENTIST HOSPITAL, AS WELL AS BY SEVERAL

OTHER ORGANIZATIONS IN ARHM'S SERVICE AREA.

> BEHAVIORAL HEALTH: ARHM DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES

BECAUSE THESE SERVICES ARE ALREADY PROVIDED BY A NEIGHBORING SPECIALTY

CARE HOSPITAL WITHIN ITS HOSPITAL SYSTEM, ADVENTIST BEHAVIORAL HEALTH. IN

ADDITION TO ADVENTIST BEHAVIORAL HEALTH, THERE ARE MANY ORGANIZATIONS THAT

PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE ARHM SERVICE AREA.

> SENIOR HEALTH: ARHM DOES NOT DIRECTLY PROVIDE SENIOR CARE COMMUNITY

OUTREACH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

REHABILITATION CENTER. MANY OLDER ADULTS AND SENIORS ARE SERVED BY VARIOUS

PROGRAMS AT ARHM, ALTHOUGH THESE NOT SPECIFICALLY/EXCLUSIVELY OFFERED TO

SENIORS. SENIOR HEALTH SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN

THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER

ORGANIZATIONS IN ARHM'S SERVICE AREA.

Part V Facility Information (continued)

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

> SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION;

TRANSPORTATION): ARHM DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL

DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF THE

HOSPITAL AND ARHM DOES NOT HAVE THE RESOURCES OR EXPERTISE TO MEET THOSE

NEEDS. INSTEAD ARHM SUPPORTS AND PARTNERS WITH OTHER ORGANIZATIONS IN THE

COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS,

HOUSING QUALITY, EDUCATION, AND TRANSPORTATION.

ADVENTIST BEHAVIORAL HEALTH - ROCKVILLE:

PART V, SECTION B, LINE 7: AREAS OF NEED NOT DIRECTLY ADDRESSED BY

ADVENTIST BEHAVIORAL HEALTH ROCKVILLE AND THE RATIONALE ARE LISTED BELOW.

FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT

LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST BEHAVIORAL HEALTH

ROCKVILLE'S IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3447/2013-CHNA-ABH-RV](http://www.adventisthealthcare.com/app/files/public/3447/2013-CHNA-ABH-RV)

-IMPLEMENTATIONSTRATEGY.PDF

> CANCER: ABH ROCKVILLE DOES NOT PROVIDE DIRECT SERVICES AROUND CANCER AS

THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

CANCER SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABH

ROCKVILLE'S SERVICE AREA.

> HEART DISEASE & STROKE: ABH ROCKVILLE DOES NOT PROVIDE HEART DISEASE AND

STROKE SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

BEHAVIORAL HEALTH CENTER. HEART DISEASE AND STROKE SERVICES ARE ALREADY

PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS

BY SEVERAL OTHER ORGANIZATIONS IN ABH ROCKVILLE'S SERVICE AREA.

> DIABETES: ABH ROCKVILLE DOES NOT DIRECTLY PROVIDE DIABETES SERVICES AS

Part V Facility Information *(continued)*

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

THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

DIABETES SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABH

ROCKVILLE'S SERVICE AREA.

> OBESITY: ABH ROCKVILLE DOES NOT DIRECTLY PROVIDE OBESITY SERVICES AS

THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

OBESITY SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABH

ROCKVILLE'S SERVICE AREA.

> ASTHMA: ABH ROCKVILLE DOES NOT DIRECTLY PROVIDE ASTHMA SERVICES AS THEY

FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

ASTHMA SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABH

ROCKVILLE'S SERVICE AREA.

> INFLUENZA: ABH ROCKVILLE DOES NOT DIRECTLY PROVIDE INFLUENZA SERVICES AS

THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

INFLUENZA SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABH

ROCKVILLE'S SERVICE AREA.

> HIV/AIDS: ABH ROCKVILLE DOES NOT PROVIDE HIV/AIDS SERVICES AS THEY FALL

OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER. HIV/AIDS

SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABH

ROCKVILLE'S SERVICE AREA.

> MATERNAL AND INFANT HEALTH: ABH ROCKVILLE DOES NOT PROVIDE MATERNAL AND

INFANT SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

BEHAVIORAL HEALTH CENTER. A FULL SPECTRUM OF MATERNAL AND INFANT SERVICES

Part V Facility Information *(continued)*

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

IS ALREADY PROVIDED BY SHADY GROVE ADVENTIST HOSPITAL, AS WELL AS BY

SEVERAL OTHER ORGANIZATIONS IN ABH ROCKVILLE'S SERVICE AREA.

> SENIOR HEALTH: ABH ROCKVILLE DOES NOT DIRECTLY PROVIDE SENIOR CARE

COMMUNITY OUTREACH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL

AS A BEHAVIORAL HEALTH CENTER. SENIOR HEALTH SERVICES ARE ALREADY PROVIDED

BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY

SEVERAL OTHER ORGANIZATIONS IN ABH ROCKVILLE'S SERVICE AREA.

> SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION;

TRANSPORTATION): ABH ROCKVILLE DOES NOT DIRECTLY ADDRESS MANY OF THE

SOCIAL DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF

THE HOSPITAL. ABH ROCKVILLE DOES NOT HAVE THE RESOURCES OR EXPERTISE TO

MEET THOSE NEEDS. INSTEAD ABH ROCKVILLE SUPPORTS AND PARTNERS WITH OTHER

ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED

TO FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION.

ADVENTIST BEHAVIORAL HEALTH - EASTERN SHORE:

PART V, SECTION B, LINE 7: AREAS OF NEED NOT DIRECTLY ADDRESSED BY

ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE AND THE RATIONALE ARE LISTED

BELOW. FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND

RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST BEHAVIORAL

HEALTH EASTERN SHORE'S IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3448/2013-CHNA-ABH-ES-](http://www.adventisthealthcare.com/app/files/public/3448/2013-CHNA-ABH-ES-)

IMPLEMENTATIONSTRATEGY.PDF

> CANCER: ABH EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND CANCER

AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH

CENTER. CANCER SERVICES ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL,

GOVERNMENT AND COMMUNITY ENTITIES IN THE ABH EASTERN SHORE SERVICE AREA.

Part V Facility Information *(continued)*

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

> HEART DISEASE & STROKE: ABH EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND HEART DISEASE AND STROKE AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER. HEART DISEASE AND STROKE SERVICES ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABH EASTERN SHORE SERVICE AREA.

> DIABETES: ABH EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND DIABETES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER. SERVICES FOR THOSE AFFECTED BY DIABETES ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABH EASTERN SHORE SERVICE AREA.

> OBESITY: ABH EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND OBESITY AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER. SERVICES FOR THOSE WHO ARE OVERWEIGHT OR OBESE ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABH EASTERN SHORE SERVICE AREA.

> ASTHMA: ABH EASTERN SHORE DOES NOT CURRENTLY DIRECTLY ADDRESS ASTHMA BECAUSE IT IS NOT A SPECIALTY AREA OF THE HOSPITAL. SUFFICIENT RESOURCES AND EXPERTISE ARE NOT AVAILABLE TO MEET THESE NEEDS. ADDITIONAL RESOURCES ARE AVAILABLE IN THE COMMUNITY.

> INFLUENZA: ABH EASTERN SHORE DOES NOT PROVIDE INFLUENZA SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER. INFLUENZA SERVICES ARE ALREADY AVAILABLE THROUGH MULTIPLE PROVIDERS IN THE ABH EASTERN SHORE SERVICE AREA.

> HIV/AIDS: ABH EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND HIV/AIDS AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER. SERVICES AROUND HIV/AIDS ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABH EASTERN SHORE

Part V Facility Information (continued)

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

SERVICE AREA.

> POPULATION HEALTH (MATERNAL AND INFANT HEALTH; SENIOR HEALTH): ABH

EASTERN SHORE DOES NOT DIRECTLY PROVIDE MATERNAL AND INFANT SERVICES OR

SENIOR HEALTH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

BEHAVIORAL HEALTH CENTER. SEVERAL RESOURCES FOR MATERNAL, INFANT AND

SENIOR HEALTH ARE AVAILABLE THROUGH COMMUNITY AND GOVERNMENT ORGANIZATIONS

IN THE ABH EASTERN SHORE SERVICE AREA.

> SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION;

TRANSPORTATION): ABH EASTERN SHORE DOES NOT DIRECTLY ADDRESS MANY OF THE

SOCIAL DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF

THE HOSPITAL AND SUFFICIENT RESOURCES AND EXPERTISE ARE NOT AVAILABLE.

INSTEAD ABH EASTERN SHORE SUPPORTS AND PARTNERS WITH OTHER ORGANIZATIONS

IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD

ACCESS, HOUSING QUALITY, EDUCATION AND TRANSPORTATION.

SHADY GROVE ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 14G: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENTS FINANCIAL SERVICES OFFICE.

WASHINGTON ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 14G: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENTS FINANCIAL SERVICES OFFICE.

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 14G: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENTS FINANCIAL SERVICES OFFICE.

Part V Facility Information (continued)

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

ADVENTIST BEHAVIORAL HEALTH - ROCKVILLE:

PART V, SECTION B, LINE 14G: THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENTS FINANCIAL SERVICES OFFICE.

ADVENTIST BEHAVIORAL HEALTH - EASTERN SHORE:

PART V, SECTION B, LINE 14G: THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENTS FINANCIAL SERVICES OFFICE.

SHADY GROVE ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 20D: BECAUSE MARYLAND IS AN ALL-PAYOR RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED.

WASHINGTON ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 20D: BECAUSE MARYLAND IS AN ALL-PAYOR RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED.

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 20D: BECAUSE MARYLAND IS AN ALL-PAYOR RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE

Part V Facility Information (continued)

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

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 - ROCKVILLE:

PART V, SECTION B, LINE 20D: BECAUSE MARYLAND IS AN ALL-PAYOR RATE

REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE

CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW

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

AMOUNTS THAT CAN BE CHARGED.

ADVENTIST BEHAVIORAL HEALTH - EASTERN SHORE:

PART V, SECTION B, LINE 20D: BECAUSE MARYLAND IS AN ALL-PAYOR RATE

REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE

CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW

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

AMOUNTS THAT CAN BE CHARGED.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 ADVENTIST BEHAVIORAL HEALTH AT ANNE AR 14 ROMIG DRIVE CROWNSVILLE, MD 21032	BEHAVIORAL TREATMENT FACILITY
2 REGINALD S. LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE, MD 20852	INFANT AND YOUNG CHILDREN DEVELOPMENT CARE CENTER.
3 SHADY GROVE ADVENTIST RADIATION ONCOLO 40 WEST GUDE DR ROCKVILLE, MD 20850	OUTPATIENT CANCER TREATMET CENTER
4 SHADY GROVE ADVENTIST EMERGENCY CTR 19731 GERMANTOWN ROAD GERMANTOWN, MD 20874	FREE STANDING ER CENTER
5 ADVENTIST HOME HEALTH SERVICES 12041 BORNEFIELD WAY, SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
6 ADVENTIST REHABILITATION, INC. 831 E. UNIVERSITY BOULEVARD #14 SILVER SPRING, MD 20903	REHABILITATION

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

EXPLANATION: 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 15 LEVELS OF

FINANCIAL ASSISTANCE. THEY ARE AS FOLLOW:

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

Part VI Supplemental Information (Continuation)

- ANNUAL INCOME > 4.00X AND <= 4.50X OF FPL, 70% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 4.50X AND <= 5.00X OF FPL, 80% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 5.00X AND <= 5.50X OF FPL, 90% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 5.50X AND <= 6.00X OF FPL, 95% PATIENT RESPONSIBILITY

PART I, LINE 7:

EXPLANATION: 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:

EXPLANATION: SUBSIDIZED HEALTH SERVICES INCLUDED PAYMENTS FOR NON-EMPLOYED

BUT HOSPITAL-BASED PHYSICIANS, NON-RESIDENT HOSPITAL STAFF, HOSPITALISTS,

Part VI Supplemental Information (Continuation)

EMERGENCY ON-CALL, OFF-CAMPUS EMERGENCY CENTER, AND WOMEN'S AND CHILDREN'S
SERVICES SUBSIDIES.

PART III, LINE 2:

EXPLANATION: TO ESTIMATE THE COST OF BAD DEBT THAT WE HAVE REPORTED
ON SCHEDULE H, WE MULTIPLIED THE ORGANIZATION'S COST TO CHARGE RATIO (CCR)
TIMES THE BAD DEBT PROVISION THAT HAS BEEN REPORTED IN THE GENERAL LEDGER.
THE ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN TOTAL COST IS
DIVIDED BY TOTAL CHARGES AS REFLECTED ON WORKSHEET C PART I OF THE 2013
MEDICARE COST REPORT.

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

PART III, LINE 4:

EXPLANATION: PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE
VALUE. ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE
UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS.
IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE
CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF
ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE
FOR DOUBTFUL COLLECTIONS AND PROVISION FOR DOUBTFUL COLLECTIONS. FOR
PATIENT ACCOUNTS RECEIVABLE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS
WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE

Part VI Supplemental Information (Continuation)

AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL COLLECTIONS AND PROVISION
 FOR DOUBTFUL COLLECTIONS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH
 SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND
 PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY
 COVERAGE EXISTS FOR PART OF THE BILL), THE CORPORATION RECORDS A PROVISION
 FOR DOUBTFUL COLLECTIONS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST
 EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE TO PAY THE
 PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE
 DIFFERENCE BETWEEN THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED
 AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF
 AGAINST THE ALLOWANCE FOR DOUBTFUL COLLECTIONS.

PART III, LINE 8:

EXPLANATION: ACUTE CARE HOSPITALS IN MARYLAND ARE EXEMPT FROM MEDICARE
 REIMBURSEMENT METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND
 MEDICAID) PAY HOSPITALS' CHARGES, WHICH ARE REGULATED BY THE STATE'S HEALTH
 SERVICES COST REVIEW COMMISSION (HSCRC). SPECIFICALLY, MEDICARE ENJOYS A
 DISCOUNT OF 6% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH
 PROVIDERS. THERE SHOULD BE NO SHORTFALL AND THEREFORE COUNT TOWARD
 COMMUNITY BENEFIT.
 AHC USED SCHEDULE C OF THE MEDICARE COST REPORT TO COMPUTE A COST TO
 CHARGE RATIO USED TO ESTIMATE THE COST OF COMMUNITY BENEFITS IN PROVIDING
 BAD DEBT AND CHARITY DEDUCTIONS. SINCE THE HSCRC ASSESSES HOSPITALS TO
 SUBSIDIZE MEDICAID DEFICITS BUDGET, THESE ASSESSMENTS ARE ALSO COUNTED
 TOWARD COMMUNITY BENEFITS.

PART III, LINE 9B:

EXPLANATION: AHC PROVIDES QUALITY MEDICAL SERVICES REGARDLESS OF A

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 2:

EXPLANATION: NEEDS ASSESSMENT:

ADVENTIST HEALTHCARE, INCLUDING SHADY GROVE ADVENTIST HOSPITAL, WASHINGTON ADVENTIST HOSPITAL, AND ADVENTIST BEHAVIORAL HEALTH, FORMED A COMMUNITY BENEFIT COUNCIL (CBC) IN 2011 TO GUIDE AND LEAD ITS COMMUNITY BENEFIT ACTIVITIES, INCLUDING CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE COMMUNITY BENEFIT COUNCIL HAS REPRESENTATION FROM VARIOUS DEPARTMENTS WITHIN ADVENTIST HEALTHCARE AND IS LED BY ISMAEL GAMA, ASSOCIATE VICE PRESIDENT OF MISSION INTEGRATION & PASTORAL CARE SERVICES. AS A STARTING POINT FOR ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, THE COMMUNITY BENEFIT COUNCIL DECIDED TO RESEARCH TOPICS IN ALIGNMENT WITH MONTGOMERY

Part VI Supplemental Information (Continuation)

COUNTY'S HEALTHY MONTGOMERY FOCUS AREAS OF: CANCER, CARDIOVASCULAR DISEASES, DIABETES, MATERNAL & INFANT HEALTH, BEHAVIORAL HEALTH, AND OBESITY. THE COMMUNITY BENEFIT COUNCIL ALSO DECIDED TO RESEARCH ADDITIONAL TOPICS OF INTEREST TO THE HOSPITALS AND THE COMMUNITIES SERVED INCLUDING: ASTHMA, INFLUENZA, HIV/AIDS, SENIOR HEALTH, INCOME AND POVERTY, ACCESS TO CARE/HEALTH INSURANCE COVERAGE, FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION. THE TOPICS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENTS WERE REVIEWED, DISCUSSED AND APPROVED BY THE COMMUNITY BENEFIT ADVISORY BOARD AND BY THE BOARDS OF EACH ENTITY.

SINCE 2006, ADVENTIST HEALTHCARE HAS REGULARLY CONVENED AN ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS. THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL (COMMUNITY) LEADERS. MEMBERS INCLUDE CLINICIANS, RESEARCHERS, ADMINISTRATORS AND OTHERS FROM OUR HOSPITALS, COMMUNITY-BASED ORGANIZATIONS, LOCAL AND STATE HEALTH DEPARTMENTS, UNIVERSITY OF MARYLAND, THE NATIONAL INSTITUTES OF HEALTH (SPECIFICALLY, THE NATIONAL INSTITUTE OF MINORITY HEALTH AND HEALTH DISPARITIES), AND OTHER PUBLIC HEALTH STAKEHOLDER ORGANIZATIONS. THE COMMUNITY HEALTH NEEDS ASSESSMENTS WERE REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES AT EACH ENTITY, AS WELL AS BY THE ADVENTIST HEALTHCARE BOARD OF TRUSTEES. AFTER COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENTS, THE PRESIDENT'S COUNCIL OR EXECUTIVE COUNCIL AT EACH HOSPITAL MET TO DISCUSS AND VOTE UPON FOCUS AREAS FOR IMPLEMENTATION OF STRATEGIES TO ADDRESS IDENTIFIED HEALTH NEEDS. THE IMPLEMENTATION STRATEGIES DEVELOPED BY EACH ENTITY WERE ALSO REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES AT EACH ENTITY, THE ADVENTIST HEALTHCARE BOARD OF TRUSTEES, AND THE COMMUNITY BENEFIT ADVISORY BOARD.

Part VI Supplemental Information (Continuation)

IN ADDITION TO INPUT FROM VARIOUS BOARDS, THE COMMUNITY PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE PUBLIC THROUGH POSTINGS ON ADVENTIST HEALTHCARE ENTITY FACEBOOK PAGES, NEWSLETTERS, EMAIL LISTSERVS, MEETINGS WITH COMMUNITY LEADERS, AND HEALTH FAIRS. ADDITIONALLY, ADVENTIST BEHAVIORAL HEALTH HAS A COMMUNITY ADVISORY COUNCIL, WHICH INCORPORATES FEEDBACK FROM THE COMMUNITY IN THE PLANNING AND DELIVERY OF SERVICES.

TO OBTAIN SECONDARY DATA FOR THE COMMUNITY HEALTH NEEDS ASSESSMENTS, WE WORKED WITH MONTGOMERY COUNTY'S HEALTH AND HUMAN SERVICES, COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP), TO REVIEW THE STATE OF MARYLAND'S STATE HEALTH IMPROVEMENT PROCESS' (SHIP) 39 HEALTH INDICATORS. ADVENTIST HEALTHCARE HAS REPRESENTATION ON THE HEALTHY MONTGOMERY STEERING COMMITTEE. THE GROUP'S COLLABORATIVE EFFORTS IN 2011 FOCUSED ON A SELECTION PROCESS FOR MONTGOMERY COUNTY'S HEALTH PRIORITIES. DATA WAS COLLECTED AND A VENDOR (HEALTHY COMMUNITY INSTITUTE) WAS SELECTED TO IMPLEMENT A COMMUNITY TRACKING TOOL THAT IS LINKED TO PUBLIC HEALTH INTERVENTIONS THAT IMPROVE HEALTH OUTCOMES. THIS ONGOING SURVEILLANCE IS POPULATION-BASED DATA THAT SHOWS HEALTH SERVICES UTILIZATION AND SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH, INCLUDING SOCIO-ECONOMIC STATUS, SOCIAL ISOLATION, HOUSING AND AIR QUALITY. IT IS AVAILABLE TO THE PUBLIC ON THE HEALTHY MONTGOMERY WEBSITE.

ADVENTIST HEALTHCARE'S CENTER FOR HEALTH EQUITY AND WELLNESS (FORMERLY CENTER ON HEALTH DISPARITIES) DEVELOPS AND RELEASES ANNUAL PROGRESS REPORTS, AND THESE REPORTS HELPED TO INFORM THE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS. ALL PROGRESS REPORTS DEVELOPED BY THE CENTER FOR

Part VI Supplemental Information (Continuation)

HEALTH EQUITY AND WELLNESS ("THE CENTER") ARE MADE AVAILABLE TO THE PUBLIC ON THE CENTER'S WEBSITE, AS WELL AS IN HARD COPY THROUGH CONFERENCES AND UPON REQUEST.

THE CENTER'S 2011 PROGRESS REPORT, ENTITLED HEALTH DISPARITIES IN THE ERA OF REFORM IMPLEMENTATION, DETAILED DEMOGRAPHIC TRENDS AND ASSESSED DISPARITIES ACROSS A RANGE OF ISSUES WITHIN THREE BROAD HEALTH TOPICS AFFECTING OUR COMMUNITY: MATERNAL AND INFANT HEALTH, HEART DISEASE AND STROKE, AND CANCER. THE REPORT INCORPORATED DESCRIPTIVE FINDINGS FROM NATIONAL, STATE AND COUNTY-LEVEL DATABASES ON THE RACIAL AND ETHNIC MAKEUP OF THE POPULATION, THE PREVALENCE OF DISEASE ACROSS THESE GROUPS, AND THE RATES OF RECEIVING APPROPRIATE TREATMENT. TO CREATE THIS REPORT, THE CENTER ANALYZED THE U.S. CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY AND PROFILES OF GENERAL POPULATION AND HOUSING CHARACTERISTICS TO PRODUCE A BROAD DEMOGRAPHIC OVERVIEW BY COUNTY, RACE, AND ETHNICITY. IN MARYLAND, THE CENTER PRODUCED DESCRIPTIVE TABULATIONS BASED ON DATA FROM THE MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE MARYLAND CANCER REGISTRY, THE MARYLAND VITAL STATISTICS ADMINISTRATION, THE MARYLAND HEALTH CARE COMMISSION, AND THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (MDHMH) OFFICE ON MINORITY HEALTH & HEALTH DISPARITIES. IN ADDITION TO THESE DATA SOURCES, THE CENTER ALSO SUMMARIZED FINDINGS FROM VARIOUS NATIONAL AND STATE-LEVEL REPORTS ON INSURANCE COVERAGE, DISEASE CONDITION, AND HEALTHY BEHAVIORS RELEASED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, THE KAISER FAMILY FOUNDATION, AND THE MDHMH'S FAMILY HEALTH ADMINISTRATION, OFFICE OF CHRONIC DISEASE PREVENTION.

THE CENTER'S 2012 PROGRESS REPORT WAS A HEALTH EQUITY REPORT THAT INCLUDED INFORMATION ABOUT PATIENTS TREATED AT SHADY GROVE ADVENTIST HOSPITAL AND

Part VI Supplemental Information (Continuation)

WASHINGTON ADVENTIST HOSPITAL IN 2011 AND EXAMINED THE INTERSECTION OF QUALITY AND HEALTH EQUITY. THIS REPORT CONVEYED GENERAL INFORMATION ABOUT THE PATIENT POPULATION SERVED AT ADVENTIST HEALTHCARE HOSPITALS, WHERE THEY RECEIVED CARE WITHIN THE HOSPITALS, AND THE QUALITY OF CARE RECEIVED. THE 2012 REPORT INCLUDED HOSPITAL-SPECIFIC DATA ON CANCER, INPATIENT CLINICAL QUALITY INDICATORS, HOSPITAL READMISSION RATES, AND PATIENT EXPERIENCE.

THE CENTER'S 2013 HEALTH EQUITY REPORT SHARED DEMOGRAPHIC, CLINICAL, AND QUALITY INFORMATION ABOUT ADVENTIST HEALTHCARE HOSPITALS AND OTHER ENTITIES, AND HIGHLIGHTED EFFORTS TO IMPROVE PATIENT EXPERIENCES AND OUTCOMES IN THE COMMUNITIES WE SERVE. SPECIAL HIGHLIGHTS IN THE 2013 REPORT INCLUDED INFORMATION ABOUT FEDERAL STANDARDS TO INCREASE CULTURALLY COMPETENT CARE AND REDUCE HEALTH DISPARITIES, THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT (ACA) IN THE STATE OF MARYLAND, EFFORTS TO REDUCE READMISSIONS AND IMPROVE PATIENT-CENTERED CARE ACROSS THE ADVENTIST HEALTHCARE SYSTEM, AND ADVENTIST HEALTHCARE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT RESULTS AND NEXT STEPS.

PART VI, LINE 3:

EXPLANATION: 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 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,

Part VI Supplemental Information (Continuation)

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:

EXPLANATION: COMMUNITY INFORMATION:

AHC'S SERVICE AREAS ARE SITUATED IN THE WASHINGTON/BALTIMORE METROPOLITAN
 AREA. SPECIFICALLY, SHADY GROVE ADVENTIST HOSPITAL PRIMARILY SERVES
 RESIDENTS OF MONTGOMERY COUNTY, MARYLAND. APPROXIMATELY 80 PERCENT OF
 DISCHARGES COME FROM OUR TOTAL SERVICE AREA, WHICH IS CONSIDERED SHADY
 GROVE ADVENTIST HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA "CBSA". WITHIN
 THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA
 INCLUDING THE FOLLOWING ZIP CODES/CITIES: 20874 - GERMANTOWN, 20878 -
 GAITHERSBURG, 20850 - ROCKVILLE, 20877 - GAITHERSBURG, 20886 - MONTGOMERY
 VILLAGE, 20879 - GAITHERSBURG, AND 20876 - GERMANTOWN.

WE DRAW 20 PERCENT OF DISCHARGES FROM OUR SECONDARY SERVICE AREA INCLUDING
 THE FOLLOWING ZIP CODES/CITIES: 20852 - ROCKVILLE, 20854 - POTOMAC, 20906
 - SILVER SPRING, 20871 - CLARKSBURG, 20872 - DAMASCUS, 20855 - DERWOOD,
 20851 - ROCKVILLE, 20853 - ROCKVILLE, 20882 -
 GAITHERSBURG, AND 20841 - BOYDS.

WASHINGTON ADVENTIST HOSPITAL PRIMARILY SERVES RESIDENTS OF PRINCE
 GEORGE'S COUNTY AND MONTGOMERY COUNTY, MARYLAND. APPROXIMATELY 80 PERCENT
 OF DISCHARGES COME FROM OUR TOTAL SERVICE AREA, WHICH IS CONSIDERED

Part VI Supplemental Information (Continuation)

WASHINGTON ADVENTIST HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA "CBSA".

WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE

AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES: 20783 - HYATTSVILLE, 20912

- TAKOMA PARK, 20782 - HYATTSVILLE, 20903 - SILVER SPRING,

20904 - SILVER SPRING, 20901 - SILVER SPRING, 20910 - SILVER SPRING, 20740

- COLLEGE PARK, 20902 - SILVER SPRING, 20906 - SILVER SPRING, 20737 -

RIVERDALE, 20011 - WASHINGTON, AND 20705 - BELTSVILLE.

WE DRAW 20PERCENT OF DISCHARGES FROM OUR SECONDARY SERVICE AREA INCLUDING

THE FOLLOWING ZIP CODES/CITIES: 20706 - LANHAM, 20707 - LAUREL, 20708 -

LAUREL, 20712 - MOUNT RAINIER, 20722 - BRENTWOOD, 20743 - CAPITOL HEIGHTS,

20744 - FORT WASHINGTON, 20747 - DISTRICT HEIGHTS, 20770 - GREENBELT,

20774 - UPPER MARLBORO, 20781 - HYATTSVILLE, 20784 - HYATTSVILLE, 20785 -

HYATTSVILLE, 20850 - ROCKVILLE, 20853 - ROCKVILLE, 20866 - BURTONSVILLE,

20874 - GERMANTOWN, 20877 - GAITHERSBURG, 20878 - GAITHERSBURG, 20886 -

MONTGOMERY VILLAGE, 20905 - SILVER SPRING, 20012 - WASHINGTON D.C., 20019

- WASHINGTON D.C.

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

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.

Part VI Supplemental Information (Continuation)

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:

EXPLANATION: COMMUNITY HEALTH PROMOTION:

IN KEEPING WITH OUR MISSION, ADVENTIST HEALTHCARE CONTINUES TO PROMOTE GOOD HEALTH IN THE COMMUNITY THROUGH A ROBUST VARIETY OF METHODS OFFERING HEALTH AND WELLNESS SERVICES THROUGHOUT MONTGOMERY, PRINCE GEORGES, AND FREDERICK COUNTIES IN MARYLAND AS WELL AS SOME AREAS IN WASHINGTON D.C. IN 2012 WE PROVIDED MORE THAN 64,000 ENCOUNTERS IN JUST THE HEALTH AND WELLNESS AREAS. BELOW IS A BRIEF SUMMARY OF THE HEALTH PROMOTION ACTIVITIES WHICH INCLUDES EDUCATION, SCREENINGS, LECTURES, SUPPORT GROUPS, AS WELL AS SUPPORTING THE COMMUNITY SERVING ON COMMUNITY BOARDS AND COMMITTEES AND SUPPORTING THE SAFETY NET CLINICS. WE FOCUS ON CHRONIC DISEASES PREVALENT WITH THE COMMUNITIES WE SERVE AS WELL AS THOSE GROUPS THAT ARE MOST VULNERABLE.

> A VARIETY OF HEALTH SCREENINGS WERE HELD IN COMMUNITY SETTINGS SUCH AS SENIOR LIVING COMMUNITIES, SCHOOLS, SHOPPING CENTERS, BUSINESSES, AND OTHER PRIVATE AND RELIGIOUS INSTITUTIONS.

> MATERNAL AND CHILD EDUCATION PROVIDED MORE THAN 500 CLASSES, TOURS, AND SUPPORT GROUPS

> EDUCATIONAL CLASSES TO THE COMMUNITY INCLUDED BABYSITTING, CPR, HEALTHY EATING, AND GENERAL HEALTH LECTURES

Part VI Supplemental Information (Continuation)

> INFLUENZA AND PNEUMONIA VACCINATIONS WERE OFFERED FOR FREE OR REDUCED

COST IN MANY COMMUNITY SETTINGS. SOME OF THESE VACCINATIONS WERE OFFERED

IN PARTNERSHIP WITH MONTGOMERY COUNTY HEALTH DEPARTMENT AND THROUGH

PARTNERSHIPS AND GRANTS.

> DIABETES PREVENTION INCLUDED FREE PRE-DIABETIC CLASSES AS WELL AS

INDIVIDUAL COUNSELING AND CLASSES FOR THOSE WITH DIABETES.

> IN THE AREA OF CARDIAC AND VASCULAR HEALTH WE PROVIDED OVER 52 SCREENING

EVENTS INCLUDING 2 LARGE HEART EVENTS AND ONE LARGE STROKE EVENT OFFERING

FREE SCREENINGS WITH OVER 2500 ENCOUNTERS.

> CANCER IS ANOTHER AREA OF CONCENTRATION TO REACH OUT TO THE COMMUNITY.

THE HOSPITAL PARTICIPANTS IN BREAST CANCER AND COLORECTAL SCREENINGS FOR

LOW-INCOME AND UNINSURED CLIENTS. IN ADDITION 189 PEOPLE PARTICIPATED IN

THE CANCER SCREENING DAYS RECEIVING SCREENING FOR MULTIPLE TYPES OF

CANCER (BREAST, COLORECTAL, SKIN, BLADDER, PROSTATE, AND THYROID.

ADDITIONAL SCREENINGS HAVE BEEN CONDUCTED FOR LUNG CANCER. THE CANCER

PROGRAM ALSO PROVIDES FREE SUPPORT GROUPS AND NAVIGATION SERVICES FOR THE

COMMUNITY.

> ADVENTIST HEALTHCARE HAS A SPECIFIC PROGRAM THAT SUPPORTS FAITH

COMMUNITY NURSES AND HEALTH MINISTERS TO ADDRESS HEALTH ISSUES IN THE

FAITH COMMUNITIES. OVER 140 FAITH COMMUNITIES ARE INVOLVED IN OUR PROGRAM

THAT RECEIVES SUPPORT AND RESOURCES.

> PERSONNEL FROM VARIOUS DEPARTMENTS ARE ACTIVE IN THE COMMUNITY SERVING

ON VARIOUS BOARDS, COALITIONS AND COMMITTEES TO HELP ADDRESS HEALTH IN THE

COMMUNITY, PARTICULARLY THE HEALTH OF THE UNDERSERVED AND AT-RISK

POPULATIONS.

> EACH OF THE HOSPITALS SUPPORTS ACCESS TO CARE BY PROVIDING FINANCIAL AND

IN-KIND SUPPORT TO THE SAFETY NET CLINICS. THIS SUPPORT INCLUDES FINANCIAL

CONTRIBUTIONS AND PROVISION OF LABORATORY AND RADIOLOGY SERVICES.

Part VI Supplemental Information (Continuation)

> TO MEET THE CONTINUING NEEDS OF OUR DIVERSE COMMUNITY, THE HOSPITALS

PROVIDE CULTURAL COMPETENCY TRAINING TO MEDICAL AND SUPPORT STAFF.

WE ARE COMMITTED TO CONTINUE TO PROMOTE THE HEALTH OF THE COMMUNITY

THROUGH NEW AND INNOVATIVE MEASURES UTILIZING THE ENTIRE HEALTH SYSTEM

FROM ACUTE CARE, REHABILITATION HOSPITAL AND BEHAVIORAL HEALTH.

PART VI, LINE 6:

EXPLANATION: 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 (Continuation)

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 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
DELIVERY AND INVOLVED IN THE LOCAL COMMUNITY WHILE THE OVERALL PLANNING

Part VI Supplemental Information (Continuation)

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.

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

OMB No. 1545-0047

2013

**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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 4301 N. FAIRFAX DR. SUITE 530 ARLINGTON, VA 22203	13-5613797	501-(C)-(3)	5,000.	0.			PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN THE AREAS OF CANCER, CARDIOVASCULAR SERVICES,
BIOHEALTH INNOVATION INC 22 BALTIMORE RD #100 ROCKVILLE, MD 20850	45-3824067	501-(C)-(3)	125,000.	0.			INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY
CASA OF MARYLAND, INC. C/O GUSTAV TORRES - 310 TULIP AVENUE - TAKOMA PARK, MD 20917	52-1372972	501-(C)-(3)	110,000.	0.			PROMISING NEIGHBORHOOD PROJECT FOR LANGLEY PARK - PROJECTS THAT WILL RESULT IN THE EXPANSION
CENTRE POINTE COUNCELING PO BOX 339 ASHTON, MD 20861	52-1288655	501-(C)-(3)	10,000.	0.			NON-PROFIT BEHAVIORAL HEALTH CENTER EMP/E-CLINICAL WORKS IMPLEMENTATION - PROJECTS
CITY OF GAITHERSBURG 31 S. SUMMIT AVENUE GAITHERSBURG, MD 20877	52-6000792	CITY OF GAITHERSBURG	7,000.	0.			SNOW FLAKE SPONSOR FOR THE CITY OF GAITHERSBURG WINTER LIGHTS (\$5,000) & PREMIER SPONSOR FOR THE
COLUMBIA UNION CONFERENCE OF SDA 5427 TWIN KNOLLS RD. COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	180,000.	0.			2013 PLEDGE (\$175,000)/ COLUMBIA UNION PASTOR'S CONVENTION AT HUNT VALLEY INN (\$5,000) -

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **25.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
COMMITTEE FOR MONTGOMERY 11337 CLASSICAL LANE SILVER SPRING, MD 20901	90-6437327	501-(C)-(4)	5,000.	0.			2013 ANNUAL LEGISLATIVE BREAKFAST - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES
COMMONHEALTH ACTION 1301 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	83-0398572	501-(C)-(3)	50,000.	0.			SPONSORSHIP FOR HEALTHY MONTGOMERY FOR THE PERIOD OF PERFORMANCE OF JAN. 1, 2013 - DEC. 31, 2013 -
COMMUNITY CLINIC, INC 8630 FENTON STREET, SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501-(C)-(3)	175,000.	0.			SUPPORT CCI EXPANSION TO GREENBELT - PROJECTS THAT WILL RESULT IN THE EPANISION OF HEALTH
GERMANTOWN CULTURAL ARTS CENTER DBA BLACKROCK - 12901 TOWN COMMONS DRIVE - GERMANTOWN, MD 20874	52-2010744	501-(C)-(3)	13,000.	0.			2013 BLACKROCK SPRING GALA (\$3,000)/ THREE-YEAR PLEDGE THIRD AND LAST INSTALLMENT (\$10,000) -
GREATER SILVER SPRING CHAMBER OF COMMERCE - 8601 GEORGIA AVE #203 - SILVER SPRING, MD 20910	52-1813227	501-(C)-(6)	8,500.	0.			BOARD SPONSORSHIP - CORPORATE PARTNER - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES
IMPACT SILVER SPRING 8545 PINEY BRANCH ROAD SILVER SPRING, MD 20901	52-2164844	501-(C)-(3)	10,000.	0.			IMPACT NOW! EVENT - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND
JEWISH SOCIAL SERVICE AGENCY 6123 MONTROSE ROAD ROCKVILLE, MD 20852	53-0196598	501-(C)-(3)	5,000.	0.			BRONZE SPONSOR FOR THE JSSA 2013 SPRING GALA - (PROJECTS THAT WILL IMPROVE CULTURALLY
MANSFIELD KASEMAN HEALTH CLINIC 114 WEST MONTGOMERY AVENUE ROCKVILLE, MD 20850	27-2529951	501-(C)-(3)	10,000.	0.			MONTE CARLO NIGHT - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES
MARYLAND HEALTHCARE EDUCATION INSTITUTE - 6820 DEERPATH ROAD - ELKRIDGE, MD 21075-6234	52-9001664	501-(C)-(3)	150,000.	0.			PLEDGE OF \$1,500,000; \$450,000 REMAINING - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES

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
MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501-(C)-(3)	10,000.	0.			GALA (\$7,500), 5K RUN/WALK (\$1,000), GOLF CLASSIC (\$1,500) - PROJECTS THAT WILL RESULT
MOBILE MEDICAL CARE, INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814-1620	23-7022588	501-(C)-(3)	345,000.	0.			2013 \$200,000 PLEDGE (JAN. 2013, APRIL 2013); FIVE-YEAR PLEDGE TO SUPPORT RENT AT UPCOUNTY
MONTGOMERY COALITION FOR ADULT - ENGLISH LITERACY - 10605 CONCORD TREET, ST 440 - KENSINGTON, MD 20895	20-8015355	501-(C)-(3)	5,000.	0.			PHILANTHROPIC SUPPORT FOR ADVENTIST HEALTHCARE - (PROJECTS THAT WILL IMPROVE CULTURALLY
MONTGOMERY COUNTY CHAMBER OF COMMERCE - 451 HUNGERFORD DR. #515 - ROCKVILLE, MD 20850	52-0735621	501-(C)-(6)	25,000.	0.			LEADERSHIP CIRCL (\$25,000); GOLD TABLE - PUBLIC SAFETY AWARDS LUNCHEON (\$5,000); (2)
MONTGOMERY HOSPICE 1450 RESEARCH BLVD., SUITE 310 ROCKVILLE, MD 20850	52-1114719	501-(C)-(3)	5,000.	0.			CORPORATE SPONSOR 2013 - (PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND
NATIONAL HEALTH FOUNDATION 515 S. FIGUEROA ST, SUITE 1300 LOS ANGELES, CA 90071	23-7314808	501-(C)-(3)	5,000.	0.			BRONZE SPONSOR - CELEBRATION OF LEADERSHIP, VISION, AND COMMITMENT; RUTHITA
NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS - 12501 OLD COLUMBIA PIKE - SILVER SPRING, MD 20904-6600	20-3164300	501-(C)-(3)	5,000.	0.			COMMUNITY SERVICES PROJECTS - HELPING PAY FOR T-SHIRTS - SEVENTH-DAY ADVENTIST
OAKWOOD UNIVERSITY 7000 ADVENTIST BOULEVARD N.W. HUNTSVILLE, AL 35896	63-0366652	501-(C)-(3)	10,000.	0.			OAKWOOD UNIVERSITY CLASS OF 1963 SCHOLARSHIP ENDORSEMENT FOR FOR STUDENTS IN HEALTHCARE -
SENIOR LEADERSHIP MONTGOMERY 5910 EXECUTIVE BLVD #200 ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	20,000.	0.			CLASS PROGRAM - PROGRAM SPONSOR (\$15,000); CELEBRATION (\$5,000) - INITIATIVES THAT FOSTER

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
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC. - 820 WEST DIAMOND AVENUE - GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	102,967.	0.			FACILITY RENT FOR SHADY GROVE ADVENTIST HOSPITAL
STRATHMORE HALL FOUNDATION INC. - MUSIC CENTER - 5301 TUKERMAN LANE - NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	10,000.	0.			2013 SPRING GALA - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND
WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC. - 820 WEST DIAMOND AVENUE - GAITHERSBURG, MD 20878	52-1692158	501-(C)-(3)	84,693.	0.			PAID FOR CONSULTING RELATED TO LAUNCHING AN ONLINE FUNDRAISING SERVICE AND MAJOR GIFT
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVENUE TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	7,500.	0.			2013 FAMILY FUN FESTIVAL (\$2,500); VISION 2020 - GROWING WITH EXCELLENCE INAUGURAL GALA (\$4,000) -
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC. - 820 WEST DIAMOND AVENUE - GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	16,000.	0.			DONATIONS MADE TO A GOLF TOURNAMENT, WITH PROCEEDS OF THIS EVENT GOING TOWARDS CRITICAL NEEDS
WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC. - 820 WEST DIAMOND AVENUE - GAITHERSBURG, MD 20878	52-1692158	501-(C)-(3)	10,000.	0.			DONATIONS MADE TO TWO SPECIAL FUNDRAISING EVENTS, A BLACK TIE GALA AND A GOLF TOURNAMENT,

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROGRAM

OPERATES IN SUPPORT OF OUR ORGANIZATIONS MISSION.

WE DEMONSTRATE GODS 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

Part IV Supplemental Information

PARTNER WITH COMMUNITY-BASED ORGANIZATIONS TO IMPROVE BOTH OVERALL

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

Part IV Supplemental Information

-DEMONSTRATES AHC LEADERSHIP IN HEALTH AND MEDICAL MANAGEMENT

-DEMONSTRATES AHC LEADERSHIP IN EDUCATION AND RESEARCH

-BRAND 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%)

-TAKES PLACE IN AHCS 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)

-EASE OF EXECUTION

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

-DEMOGRAPHIC FIT WITH CUSTOMER SEGMENTATION

-HOSPITALITY BENEFITS

-VIP 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

-NEWSPWORTHINESS OF ACTIVITY

-LATITUDE 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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS THAT PROMOTE HEALTH AND

WELLNESS IN THE AREAS OF CANCER, CARDIOVASCULAR SERVICES, AND MATERNAL

AND CHILD HEALTH

NAME OF ORGANIZATION OR GOVERNMENT:

CASA OF MARYLAND, INC. C/O GUSTAV TORRES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMISING NEIGHBORHOOD PROJECT FOR

Part IV Supplemental Information

LANGLEY PARK - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH

SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS

NAME OF ORGANIZATION OR GOVERNMENT: CENTRE POINTE COUNCELING

(H) PURPOSE OF GRANT OR ASSISTANCE: NON-PROFIT BEHAVIORAL HEALTH CENTER

EMP/E-CLINICAL WORKS IMPLEMENTATION - PROJECTS THAT WILL RESULT IN THE

EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED

AND UNINSURED AREAS

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF GAITHERSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: SNOW FLAKE SPONSOR FOR THE CITY OF

GAITHERSBURG WINTER LIGHTS (\$5,000) & PREMIER SPONSOR FOR THE 6TH ANNUAL

ACTIVE AGING EXPO (\$2,000)

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA UNION CONFERENCE OF SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2013 PLEDGE (\$175,000)/ COLUMBIA

UNION PASTOR'S CONVENTION AT HUNT VALLEY INN (\$5,000) - SEVENTH-DAY

ADVENTSIT PARTNERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: COMMITTEE FOR MONTGOMERY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2013 ANNUAL LEGISLTATIVE BREAKFAST -

INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND

POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: COMMONHEALTH ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP FOR HEALTHY MONTGOMERY

FOR THE PERIOD OF PERFORMANCE OF JAN. 1, 2013 - DEC. 31, 2013 -

((PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND LINGUISTIC

Part IV Supplemental Information

SERVICES, HEALTH DISPARITIES RESEARCH PROJECTS AND EDUCATIONAL
 CONFERENCES THAT WILL ADDRESS THE NEEDS OF VULNERABLE
 POPULATIONS/PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN THE AREAS OF
 CANCER, CARDIOVASCULAR SERVICES, AND MATERNAL AND CHILD HEALTH/PROJECTS
 THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN
 SERVICING THE UNDERSERVED AND UNINSURED AREAS/INITIATIVES THAT FOSTER
 COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY)

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CLINIC, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CCI EXPANSION TO GREENBELT -
 PROJECTS THAT WILL RESULT IN THE EPANISION OF HEALTH SERVICES
 PARTICULARLY SERVICING THE UNDERSERVED AND UNINSURED AREAS

NAME OF ORGANIZATION OR GOVERNMENT:

GERMANTOWN CULTURAL ARTS CENTER DBA BLACKROCK

(H) PURPOSE OF GRANT OR ASSISTANCE: 2013 BLACKROCK SPRING GALA (\$3,000)/
 THREE-YEAR PLEDGE THIRD AND LAST INSTALLMENT (\$10,000) - INITIATIVES THAT
 FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER SILVER SPRING CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: BOARD SPONSORSHIP - CORPORATE
 PARTNER - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE
 CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: IMPACT SILVER SPRING

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT NOW! EVENT - INITIATIVES THAT
 FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH SOCIAL SERVICE AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: BRONZE SPONSOR FOR THE JSSA 2013

SPRING GALA - (PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND

LINGUISTIC SERVICES, HEALTH DISPARITIES RESEARCH PROJECTS AND EDUCATIONAL

CONFERENCES THAT WILL ADDRESS THE NEEDS OF VULNERABLE

POPULATIONS/PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN THE AREAS OF

CANCER, CARDIOVASCULAR SERVICES, AND MATERNAL AND CHILD HEALTH/PROJECTS

THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN

SERVICING THE UNDERSERVED AND UNINSURED AREAS)

NAME OF ORGANIZATION OR GOVERNMENT: MANSFIELD KASEMAN HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: MONTE CARLO NIGHT - PROJECTS THAT

WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING

THE UNDERSERVED AND UNINSURED AREAS

NAME OF ORGANIZATION OR GOVERNMENT:

MARYLAND HEALTHCARE EDUCATION INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: PLEDGE OF \$1,500,000; \$450,000

REMAINING - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE

CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: GALA (\$7,500), 5K RUN/WALK (\$1,000),

GOLF CLASSIC (\$1,500) - PROJECTS THAT WILL RESULT IN THE EXPANSION OF

HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED

AREAS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEDICAL CARE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2013 \$200,000 PLEDGE (JAN. 2013,

APRIL 2013); FIVE-YEAR PLEDGE TO SUPPORT RENT AT UPCOUNTY (\$75,000);

MEDICAL SERVICES FOR LOW-INCOME, UNINSURED RESIDENTS IN WAH AREA JULY

2013 TO JUNE 2014 (\$70,000) - (PROJECTS THAT WILL IMPROVE CULTURALLY

COMPETENT CARE AND LINGUISTIC SERVICES, HEALTH DISPARITIES RESERACH

PROJECTS AND EDUCATIONAL CONFERENCES THAT WILL ADDRESS THE NEEDS OF

VULNERABLE POPULATIONS/PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN THE

AREAS OF CANCER, CARDIVASCULAR SERVICES, AND MATERNAL AND CHILD

HEALTH/PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES

PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS)

NAME OF ORGANIZATION OR GOVERNMENT:

MONTGOMERY COALITION FOR ADULT - ENGLISH LITERACY

(H) PURPOSE OF GRANT OR ASSISTANCE: PHILANTHROPIC SUPPORT FOR ADVENTIST

HEALTHCARE - (PROJECTS THAT WILL IMPROVE CULTURALY COMPETENT CARE AND

LINGUISTIC SERVICES/HEALTH DISPARITIES RESEARCH PROJECTS AND EDUCATIONAL

CONFERENCES THAT WILL ADDRESS THE NEEDS OF CULNERABLE

POPULATIONS/INITIATIVES THAT FOSTER COLLABORATIONS/PROMOTES HEALTHCARE

CAREERS AND POLICY ADVOCACY)

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY COUNTY CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: LEADERSHIP CIRCL (\$25,000); GOLD

TABLE - PUBLIC SAFETY AWARDS LUNCHEON (\$5,000); (2) UNDERWRITTEN TABLE

PSA - PUBLIC SAFETY AWARDS LUNCHEON (\$1,000) - INITIATIVES THAT FOSTER

COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY HOSPICE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CORPORATE SPONSOR 2013 - (PROJECTS

THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND LINGUISTIC

SERVICES/HEALTH DISPARITIES RESEARCH PROJECTS AND EDUCATIONAL CONFERENCES

THAT WILL ADDRESS THE NEEDS OF CULNERABLE POPULATIONS)

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BRONZE SPONSOR - CELEBRATION OF

LEADERSHIP, VISION, AND COMMITMENT; RUTHITA FIKE'S TRIBUTE DINNER -

SEVENTH-DAY ADVENTIST PARTNERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY SERVICES PROJECTS -

HELPING PAY FOR T-SHIRTS - SEVENTH-DAY ADVENTIST PARTNERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: OAKWOOD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: OAKWOOD UNIVERSITY CLASS OF 1963

SCHOLARSHIP ENDORSEMENT FOR FOR STUDENTS IN HEALTHCARE - SEVENTH-DAY

ADVENTIST PARTNERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR LEADERSHIP MONTGOMERY

(H) PURPOSE OF GRANT OR ASSISTANCE: CLASS PROGRAM - PROGRAM SPONSOR

(\$15,000); CELEBRATION (\$5,000) - INITIATIVES THAT FOSTER COLLABORATIONS,

PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT:

STRATHMORE HALL FOUNDATION INC. - MUSIC CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2013 SPRING GALA - INITIATIVES THAT

Part IV Supplemental Information

FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT:

WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PAID FOR CONSULTING RELATED TO

LAUNCHING AN ONLINE FUNDRAISING SERVICE AND MAJOR GIFT FUNDRAISING

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON ADVENTIST UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2013 FAMILY FUN FESTIVAL (\$2,500);

VISION 2020 - GROWING WITH EXCELLENCE INAUGURAL GALA (\$4,000) -

INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND

POLICY ADVOCACY/SEVENTH-DAY ADVENTIST PARTNERSHIPS)

NAME OF ORGANIZATION OR GOVERNMENT:

WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS MADE TO TWO SPECIAL

FUNDRAISING EVENTS, A BLACK TIE GALA AND A GOLF TOURNAMENT, WITH ALL THE

PROCEEDS OF THESE EVENTS GOING TOWARDS CRITICAL NEEDS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

Part I Questions Regarding Compensation

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

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

b If 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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM G. ROBERTSON SECRETARY, PRESIDENT & CEO OF AHC	(i)	833,101.	104,704.	222,115.	12,750.	33,627.	1,206,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRY FORDE EVP & COO	(i)	519,697.	75,518.	135,305.	12,750.	23,003.	766,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES G. LEE EVP & CFO	(i)	477,313.	81,595.	112,231.	12,750.	17,862.	701,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN SACKETT PRESIDENT, SGAH	(i)	324,296.	0.	331,680.	12,550.	53,623.	722,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOYCE L NEWMYER PRESIDENT, WAH	(i)	369,122.	0.	78,680.	12,750.	25,745.	486,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JASON C COE PRESIDENT, HRMC	(i)	269,598.	72,901.	37,227.	12,750.	33,382.	425,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DENNIS D. HANSEN PRESIDENT, SGAH	(i)	119,880.	0.	342,191.	5,771.	18,377.	486,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SUSAN L. GLOVER SVP & SYSTEM QUALITY	(i)	261,402.	47,816.	42,000.	12,750.	26,540.	390,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PATRICK GARRETT M.D. SVP & PHYSICIAN INTEGRATION	(i)	215,264.	0.	178,113.	0.	26,248.	419,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KEVIN YOUNG PRESIDENT, ABH	(i)	272,200.	80,630.	57,426.	5,343.	21,652.	437,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRENT REITZ VP & ADMINISTRATOR, ARHM	(i)	213,504.	28,511.	35,677.	10,161.	21,715.	309,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KEITH BALLENGER VP, HOME HEALTH	(i)	160,765.	0.	33,951.	8,243.	20,419.	223,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARTA BRITO PEREZ SVP & CHIEF HR OFFICER	(i)	304,623.	65,757.	65,382.	12,750.	22,660.	471,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KEVIN SMOTHERS VP & CHIEF MEDICAL OFFICER	(i)	324,869.	0.	206,584.	0.	26,144.	557,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KENNETH B. DESTEFANO VP & GENERAL COUNSEL	(i)	333,255.	61,123.	77,612.	12,750.	24,039.	508,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) RANDALL WAGNER CHIEF MEDICAL OFFICER, WAH	(i)	329,992.	0.	76,578.	8,400.	11,856.	426,826.	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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) EUNMEE SHIM VP, OPERATIONS	(i)	202,947.	13,231.	185,929.	7,351.	23,442.	432,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) PAULA WIDERLITE VP, CHIEF DEVELOPMENT OFFICER	(i)	266,743.	46,916.	62,603.	12,750.	15,154.	404,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JERE D STOCKS FORMER EMPLOYEE, WAH	(i)	0.	0.	415,337.	0.	20,981.	436,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: ADVENTIST HEALTHCARE DOES NOT HAVE A WRITTEN POLICY

REGARDING REIMBURSEMENT OR PROVISION OF A COUNTRY CLUB EXPENSE INCURRED BY

ONLY 2 EXECUTIVES. HOWEVER, WE DO HAVE A CONSISTENT PRACTICE AS FOLLOWS.

AHC OWNS THREE COUNTRY CLUB ACCOUNTS, AND ONE OF THE ACCOUNTS IS USED

EXCLUSIVELY FOR BUSINESS MEETING PURPOSES. THE USAGE OF THE COUNTRY CLUB

ACCOUNT CAN ONLY BE AUTHORIZED BY EITHER ONE OF THE THREE CORPORATE

OFFICERS. THE REMAINING TWO ACCOUNTS ARE USED EXCLUSIVELY BY TWO

EXECUTIVES WITH SEPARATE BILLINGS FROM THE COUNTRY CLUB. ONE EXECUTIVE

PAYS THE COUNTRY CLUB DIRECTLY OUT OF HIS OWN POCKET WITHOUT REIMBURSEMENT

FROM AHC. FOR THE OTHER EXECUTIVE, ALTHOUGH ALL EXPENSES ARE PAID BY

ADVENTIST HEALTHCARE, ALL SPENDING INCLUDING BUT NOT LIMITED TO FOOD

CONSUMPTIONS, RENTAL OF FACILITY, SPORT ACTIVITY FEES AND ALL INCIDENTALS,

ARE INCLUDED AS TAXABLE INCOME SUBJECT TO FEDERAL AND STATE TAXES

WITHHOLDING. THE OVERALL EXPENDITURES ARE REVIEWED PERIODICALLY BY THE

SENIOR VICE PRESIDENT OF HUMAN RESOURCES AND CORPORATE OFFICERS IN ADDITION

TO ANNUAL COMPENSATION REVIEW CONDUCTED BY THE BOARD. ADVENTIST

HEALTHCARE DOES NOT CONSIDER IT IS NECESSARY TO ESTABLISH FORMAL POLICY DUE

TO SUCH LIMITED USAGE OF COUNTRY CLUB MEMBERSHIP.

Part III Supplemental Information

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

PART I, LINE 3:

EXPLANATION: 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 PAYEES 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

Part III Supplemental Information

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

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

HOURS, IMPUTED VALUE OF LIFE INSURANCE BENEFITS, TAXABLE PAYABLE PAY, AND

SEVERANCE, AS APPLICABLE.

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

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

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

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

RETIREMENT PLANS, MATCHING OF EMPLOYEES RETIREMENT CONTRIBUTIONS, QUALIFIED

NON-TAXABLE EMPLOYEE MOVING REIMBURSEMENTS, ETC.

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

ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL

COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE

RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE IRS FORM

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

NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS

WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC. RELATED ENTITIES

RETURNS.

Part III Supplemental Information

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

INDEPENDENT GUIDELINES: WHEN SETTING COMPENSATION FOR THE OFFICERS,
DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES,
ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFE GUARDS
EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE
OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED
EMPLOYEES IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE BOARD OF
TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES
UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE
COMPENSATION CONSULTANT WHO PROVIDES A SUMMARY OF HEALTH CARE SALARIES AND
BENEFITS FOR COMPARABLE SIZED ORGANIZATIONS BOTH NATIONALLY AND IN THE
BALTIMORE-WASHINGTON REGION. TO FURTHER ENSURE REASONABLENESS, BOTH
COMPENSATION AND BENEFITS ARE TARGETED AT THE 50TH PERCENTILE (OR MEDIAN)
OF THE MARKET.

PAY PHILOSOPHY: FOR ALL ADVENTIST HEALTHCARE EMPLOYEES INCLUDING THOSE
LISTED ON SCHEDULE J, THE GOAL OF ADVENTIST HEALTHCARE IS TO OFFER
COMPETITIVE SALARIES IN ORDER TO ATTRACT, HIRE AND RETAIN QUALIFIED AND
TALENTED INDIVIDUALS. MAINTAINING A QUALITY AND STABLE WORKFORCE HAS A

Part III Supplemental Information

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

POSITIVE IMPACT ON THE WORKPLACE AND ON THE CARE PROVIDED TO OUR

PATIENTS/RESIDENTS AND THEIR FAMILIES. IN GENERAL, NON-EXECUTIVE EMPLOYEES

ARE COMPENSATED UTILIZING THE FULL WAGE SCALE FOR THEIR RESPECTIVE

POSITIONS, COMPARED TO THE MARKET. HOWEVER, EXECUTIVES ARE GENERALLY

LIMITED TO THE MEDIAN OF THE MARKET FOR THEIR RESPECTIVE POSITIONS.

PART I, LINES 4A-B:

EXPLANATION: CUMULATIVE LUMP-SUM TAXABLE PAYMENTS MADE AS A RESULT OF TAX

LAW CHANGES THAT AFFECTED THE ADMINISTRATION OF THE ADVENTIST HEALTHCARES

CAPITAL ACCUMULATION ACCOUNT (CAA) PLAN ESTABLISHED PURSUANT TO SECTION

457(F) OF THE INTERNAL REVENUE CODE WERE AS FOLLOWS:

WILLIAM G. ROBERTSON: \$203,855

TERRY FORDE: \$108,601

JAMES G. LEE: \$105,670

JOHN SACKETT: \$68,196

SUSAN L. GLOVER: \$37,804

JOYCE L. NEWMYER: \$71,430

JASON C. COE: \$33,836

PATRICK GARRETT: \$54,784

Part III Supplemental Information

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

KEVIN YOUNG: \$53,722

BRENT REITZ: \$33,285

KEITH BALLENGER: \$19,156

KEVIN SMOTHERS: \$81,584

KENNETH B. DESTEFANO: \$41,695

RANDALL WAGNER, MD: \$72,052

EUNMEE SHIM: \$32,972

PAULA WILDERLITE: \$48,291

MARTA BRITO PEREZ: \$58,265

ALSO, IN 2013, SEVERANCE PAYMENTS WERE MADE TO

DENNIS HANSEN: \$308,638

JERE STOCKS \$422,739

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013
Open to Public
Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number
52-1532556

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (2005 A)	52-0936091	574217VS1	12/20/05	78,000,000.	SEE PART VI		X		X		X
B MHHEFA (2011 A)	52-0936091	574218CH4	09/01/11	57,508,761.	SEE PART VI		X		X		X
C MHHEFA (2011 B)	52-0936091	NONEAVAIL	09/01/11	59,980,000.	SEE PART VI		X		X		X
D MHHEFA (2013)	52-0936091	NONEAVAIL	06/12/13	15,623,500.	SEE PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	79,853,550.		57,508,761.		59,980,000.		15,623,500.	
4 Gross proceeds in reserve funds			5,868,995.					
5 Capitalized interest from proceeds	4,538,591.							
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	691,085.		909,734.		550,992.			
8 Credit enhancement from proceeds	490,630.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	74,134,254.							
11 Other spent proceeds			53,581,715.		59,429,008.		15,623,500.	
12 Other unspent proceeds								
13 Year of substantial completion	2007		2005		2005		1982	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		1.16 %		4.28 %		1.85 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 5 .....		.00 %		1.16 %		4.28 %		1.85 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X	X		X			X
c No rebate due?		X		X		X		X
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X	X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	DEUTSCHE BANK							
c Term of hedge	30,0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

PART I BOND ISSUES:

A. (A) ISSUER NAME: MHHEFA

(F) DESCRIPTION OF PURPOSE:

SHADY GROVE ADVENTIST HOSPITAL (SGAH) EXPANSION PROJECT - SHADY GROVE TOWER; RENOVATION TO SURGERY DEPARTMENT, MEDICAL/ONCOLOGY NURSING, MEDICAL NURSING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEONATAL INTENSIVE CARE UNIT; POWER PLANT, ROAD AND ENTRANCEWAY; SIGNAGE AND PARKING; OTHER ROUTINE CAPITAL PROJECTS;

B. (A) ISSUER NAME: MHHEFA

(F) DESCRIPTION OF PURPOSE:

REFUNDING SERIES 2003 B, 2004 AND 2005 ISSUED 2/27/2003, 9/14/04 AND 12/20/05. CONSTRUCTION AND RENOVATIONS AT WASHINGTON ADVENTIST HOSPITAL (WAH), SHADY GROVE (SG), ADVENTIST BEHAVIORAL HEALTH (ABH), AND SG NURSING AND REHABILITATION CENTER EQUIPMENT AT WAH, SG, ABH, AND SG NURSING AND REHABILITATION CENTER, REFINANCE A LOC; FINANCE AND REFINANCE, A PORTION OF THE EXISTING FACILITIES OF ADVENTIST REHABILITATION HOSPITAL OF MD, ACQUISITION OF LIFE SCIENCES LAND, CONSTRUCTION, RENOVATIONS, PARKING LOTS, FENCES, WALKWAYS, AND LANDSCAPING FOR THE INSTITUTION, ADVENTIST REHABILITATION HOSPITAL OF MARYLAND (ARHM), AND SHADY GROVE NURSING, EQUIPMENT FOR ARHM AND SG NURSING, PLANNING AND DESIGN COSTS RELATED TO SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM;

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

C. (A) ISSUE NAME: MHHEFA

(F) DESCRIPTION OF PURPOSE:

REFUNDING OF 2004 A AND 2005 B. FINANCE AND REFINANCE EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCE OR REFINANCE CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SHADY GROVE TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM; ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF ARHM AND WAH, RENOVATION TO WAH AND SG.

D. (A) ISSUE NAME: MHHEFA

(F) DESCRIPTION OF PURPOSE:

REFUND OF 2003 A BONDS REFUND 1991 A FOR THE "1991 A-1 PROJECT" - PROJECTS FINANCED OR REFINANCED WITH THE PROCEEDS OF THE 1983 BONDS, INCLUDING CONSTRUCTION, RENOVATION AND EQUIPPING OF FACILITIES AT WASHINGTON ADVENTIST HOSPITAL;

PART II, COLUMN A:

THE 2005 A BOND ISSUE WAS OFFERED AT \$78,000,000.00, BUT AS THIS ISSUE WAS FOR A CONSTRUCTION PROJECT, THE PROCEEDS EARNED INTEREST IN A CONSTRUCTION FUND. THE PROCEEDS, THEREFORE, WERE MORE THAN THE ISSUING PRICE.

PART II, COLUMN B:

2011 A HAS A RESERVE FUND VALUED AT \$5,868,995.00 AS OF 12/31/2013. THIS RESERVE FUND WAS RESIZED WITH RESPECT TO THE REFUND OF THE 2003A BONDS WHICH WAS COMBINED WITH THE 2011 A RESERVE FUND. ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-12 FOR THIS BOND ISSUE.

PART I, COLUMN (A) ISSUER NAME:

MHHEFA STANDS FOR THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY;

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ. See separate instructions.
Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public
Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JEFFREY PARGAMENT, ESQ.	TRUSTEE	220,252.	LEGAL SERVI		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JEFFREY PARGAMENT, ESQ.

(D) DESCRIPTION OF TRANSACTION: LEGAL SERVICES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (2011 MICROWAV)	X	0	60,000.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MINISTRY OF PYHSICAL MENTAL AND SPIRITUAL HEALING.

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

EXCELLENT PROGRAMS AND WIDE-RANGING SERVICES TO MEET DIVERSE

POPULATIONS AS WE STRIVE TO:

1. MAINTAIN AND GROW CURRENT SERVICES

2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE

3. PROMOTE HEALTH EQUITY AND WELLNESS;

1. MAINTAIN AND GROW CURRENT SERVICES:

WE CONTINUE TO GROW PROGRAMS AND SERVICES IN THE AREAS OF ONCOLOGY,

HEART/CARDIAC, REHABILITATION, BEHAVIORAL HEALTH AND OTHER HEALTH CARE

SERVICES SUPPORTING COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR

MISSION. THE BENEFIT TO THE COMMUNITY WILL BE IN SUSTAINING AND GROWING

QUALITY PROGRAMS THAT PROMOTE HEALTHY CHILDREN, ENCOURAGE HEALTHY

LIFESTYLES FOR SENIORS, FOSTER HEALTHY FAMILIES, AND IN A HOLISTIC WAY,

BUILD HEALTHIER COMMUNITIES.

ENHANCEMENTS TO OUR COMPREHENSIVE INPATIENT AND OUTPATIENT CANCER CARE

SERVICES AT 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

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

Schedule O (Form 990 or 990-EZ) (2013)

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

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.

ADVENTIST HEALTHCARE ESTABLISHED THE FIRST BEHAVIORAL HEALTH UNIT IN

MONTGOMERY COUNTY IN 1949 AND REMAINS ONE OF THE LEADING PROVIDERS OF

Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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MENTAL HEALTHCARE IN THE WASHINGTON, DC METROPOLITAN AREA. SINCE ITS INCEPTION, ADVENTIST BEHAVIORAL HEALTH HAS EXPANDED TO INCLUDE SEVERAL TREATMENT CENTERS ACROSS MONTGOMERY COUNTY AS WELL AS THE EASTERN SHORE OF MARYLAND. ADVENTIST BEHAVIORAL HEALTH IS THE MOST COMPREHENSIVE PROVIDER OF BEHAVIORAL HEALTH SERVICES IN THE NATIONAL CAPITAL AREA. ADVENTIST BEHAVIORAL HEALTH PROVIDES A WIDE-RANGING SPECTRUM OF SERVICES AND TREATMENT OPTIONS FOR CHILDREN, ADOLESCENTS, ADULTS AND SENIORS. SERVICES ARE PROVIDED IN A VARIETY OF SETTINGS INCLUDING HOSPITAL-BASED PROGRAMS, RESIDENTIAL TREATMENT CENTERS, SCHOOL PROGRAMS, RESIDENTIAL GROUP HOMES, OUTPATIENT SERVICES AND COMMUNITY-BASED SERVICES. OUR FACILITIES OFFER A HIGHLY-SKILLED, MULTIDISCIPLINARY TEAM OF PSYCHIATRISTS, SOCIAL WORKERS, CASE MANAGERS, PSYCHIATRIC NURSES, EXPRESSIVE THERAPISTS AND CHAPLAINS WHO PROVIDE COMPASSIONATE BEHAVIORAL HEALTH CARE.

HERE IS A SNAPSHOT OF OUR ORGANIZATION IN 2013:

> 1 ACCOUNTABLE CARE ORGANIZATION, THE MID-ATLANTIC PRIMARY CARE ACO, MANAGED BY ADVENTIST HEALTHCARE

> 5 HOSPITALS, THREE ACUTE CARE AND TWO SPECIALTY

> 100 + COMMUNITY PARTNERS

> 1,025 LICENSED ACUTE CARE AND SPECIALTY BEDS

> 1,319 VOLUNTEERS

> 2,175 PHYSICIANS/MEDICAL STAFF MEMBERS

> 6,236 EMPLOYEES IN MARYLAND

> 6,600 COVERED LIVES/PATIENT CENTERED MEDICAL HOME

> 7,018 NEWBORNS

> 26,920 SURGERIES

Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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> 40,572 ACUTE AND SPECIALTY ADMISSIONS

> 54,000 HEALTH AND WELLNESS ENCOUNTERS

> 110,681 VOLUNTEER HOURS

> 73,927 HOME HEALTH VISITS

> 176,798 EMERGENCY VISITS

> 267,373 OUTPATIENT VISITS

> 650,000 OVERALL ENCOUNTERS (APPROX.)

> \$62,166,175 COMMUNITY BENEFIT

> \$731,400,000 REVENUE;

2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE:

ADVENTIST HEALTHCARE PARTNERS WITH SEVERAL ORGANIZATIONS IN ORDER TO

BRING FREE SERVICES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON

WOMEN AND CHILDREN, LOW-INCOME, UNINSURED, AND MINORITY POPULATIONS.

ADVENTIST HEALTHCARE IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY

FAMILIES AND COMMUNITIES.

ADVENTIST HEALTHCARE PARTNERS WITH LOCAL SAFETY NET CLINICS THAT OFFER

PRIMARY CARE, OR A MEDICAL HOME, TO UNINSURED RESIDENTS OF MONTGOMERY

COUNTY. THROUGH THESE PARTNERSHIPS, ADVENTIST HEALTHCARE HELPS ENSURE

THAT UNINSURED PATIENTS HAVE COORDINATED CARE BETWEEN THE CLINIC THAT

SERVES AS THEIR MEDICAL HOME AND THE HOSPITAL WHERE THEY RECEIVE CARE

AND EDUCATIONAL PROGRAMS. THE PARTNERSHIPS WE HAVE DEVELOPED WITH LOCAL

SAFETY NET CLINICS, SUCH AS MERCY HEALTH CLINIC, COMMUNITY CLINIC,

INC., MOBILE MEDICAL CARE, INC., AND MARY'S CENTER, IMPROVE ACCESS TO

PRIMARY CARE SERVICES FOR UNINSURED AND UNDER-INSURED RESIDENTS.

ADVENTIST HEALTHCARE'S SUPPORT INCLUDES BUT IS NOT LIMITED TO PROVIDING

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Name of the organization ADVENTIST HEALTHCARE, INC	Employer identification number 52-1532556
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LAB WORK, X-RAY SERVICES AND FINANCIAL SUPPORT OF CLINICAL OPERATIONS

TO SERVE THE UNINSURED OR UNDER-INSURED POPULATION OF MONTGOMERY

COUNTY. THIS ALSO HELPS TO DECREASE INAPPROPRIATE EMERGENCY DEPARTMENT

UTILIZATION BY THIS PORTION OF THE POPULATION.

THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE

IMPORTANT PRIMARY AND PREVENTIVE HEALTH SERVICES TO OVER 20,000 MEN,

WOMEN AND CHILDREN IN NEED. MERCY HEALTH CLINIC IN GAITHERSBURG HAS

BENEFITED FROM OUR SERVICES INCLUDING LABORATORY SUPPORT, BLOOD TESTS

AND OTHER DIAGNOSTIC SERVICES. IN THE LONG BRANCH SECTION OF SILVER

SPRING, OUR PARTNERSHIP WITH MARY'S CENTER PROVIDES A FULL RANGE OF

SERVICES FROM PRENATAL CARE TO PEDIATRIC/ADOLESCENT HEALTH SERVICES TO

WOMEN'S SERVICES TO SOCIAL-SERVICES PROGRAMS. OUR WORK WITH MOBILE MED

AND ITS MOBILE MEDICAL VANS ENABLES REGULAR MEDICAL CARE, SUCH AS

ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS.

IN ADDITION TO PROVIDING SERVICES TO THOSE MOST IN NEED, ADVENTIST

HEALTHCARE ALSO PROVIDES SPECIALIZED SERVICES SUCH AS THE SHADY GROVE

ADVENTIST HOSPITAL FORENSIC MEDICAL UNIT. THIS UNIT, WHICH IS THE ONLY

ONE IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE COLLECTION AND

SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF

SEXUAL ASSAULT AND ABUSE. SHADY GROVE ADVENTIST HOSPITAL'S FORENSIC

MEDICAL UNIT TREATS ABOUT 200 PATIENTS EACH YEAR.

SHADY GROVE ADVENTIST HOSPITAL AND WASHINGTON ADVENTIST HOSPITAL ARE

ALSO ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP

PROGRAM, WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO

LOW-INCOME, UNINSURED PREGNANT WOMEN. OUR SHADY GROVE PRENATAL CENTER

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

IN GERMANTOWN IS A CLINIC THAT PROVIDES FREE PRENATAL CARE TO ABOUT 200

UPCOUNTY RESIDENTS EACH YEAR WHO ARE UNINSURED OR UNDER INSURED.

FOR THE PAST SIX YEARS, THE SHADY GROVE ADVENTIST EMERGENCY CENTER IN

GERMANTOWN (GEC) 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 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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED:

EXPLANATION: 3. PROMOTE HEALTH EQUITY AND WELLNESS:

COMMUNITIES SERVED BY ADVENTIST HEALTHCARE THRIVE IN A CULTURE OF

WELLNESS AND ENJOY ACCESS TO AND THE BENEFITS OF HIGH QUALITY,

EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL, MENTAL AND SPIRITUAL

WELLBEING. TO REALIZE OUR VISION, THE CENTER FOR HEALTH EQUITY &

WELLNESS ENSURES THE DELIVERY OF POPULATION-BASED CARE AND PROMOTION OF

HEALTH CARE EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE.

WE ACCOMPLISH OUR MISSION BY PARTNERING WITH COMMUNITY MEMBERS AND

ORGANIZATIONS TO IMPLEMENT HEALTH EQUITY AND COMMUNITY WELLNESS

APPROACHES THAT IMPROVE POPULATION HEALTH. IN 2013, WE PROVIDED MORE

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THAN 40,000 ENCOUNTERS IN THE PROMOTION OF COMMUNITY HEALTH AND WELLNESS.

CENTER FOR HEALTH EQUITY AND WELLNESS - AREAS OF EXPERTISE INCLUDE:

- > CULTURAL COMPETENCE TRAINING FOR HEALTH PROFESSIONALS
- > COMMUNITY OUTREACH THROUGH HEALTH SCREENINGS AND EDUCATION
- > INTERPRETER TRAINING FOR QUALIFIED BILINGUAL STAFF
- > ORGANIZATIONAL HEALTH EQUITY ASSESSMENT AND STRATEGIC PLANNING
- > DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY HEALTH NEEDS ASSESSMENTS
- > COMMUNITY BENEFIT REPORTING
- > PROGRAM DEVELOPMENT AND RESEARCH;

ALIGNING THESE AREAS ALLOWS ADVENTIST HEALTHCARE TO ENHANCE ITS POSITION IN THE REGION AND NATIONALLY AS THE LEADER IN PROVIDING POPULATION-BASED AND EQUITABLE CARE THROUGHOUT THE CARE CONTINUUM, FROM BIRTH TO DEATH, FROM INPATIENT TO OUTPATIENT. IN ADDITION, THE CENTER FOR HEALTH EQUITY & WELLNESS IS A CATALYST FOR CONNECTING OUR HOSPITALS, URGENT CARE SERVICES, HOME CARE, MEDICAID HEALTH PLAN, PHYSICIAN PRACTICES AND OTHER SERVICES TO ALL OUR COMMUNITIES. OUR PROGRAMS ARE DESIGNED TO NOT ONLY PROMOTE ADVENTIST HEALTHCARE AS A HIGH-QUALITY, HEALTH CARE PROVIDER TO THOSE WE SERVE, BUT TO HELP ADVENTIST HEALTHCARE BECOME A PROVIDER OF CHOICE FOR RESIDENTS IN THE REGION.

THE CENTER FOR HEALTH EQUITY & WELLNESS BRINGS TOGETHER THE ADVENTIST HEALTHCARE CENTER ON HEALTH DISPARITIES AND THE ADVENTIST HEALTHCARE HEALTH AND WELLNESS DEPARTMENT. THE CENTER ON HEALTH DISPARITIES WAS ESTABLISHED IN 2007 TO HELP ACHIEVE HEALTH EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE. BY RAISING COMMUNITY AWARENESS,

IMPROVING CAPACITY, AND DEVELOPING SOLUTIONS TO ELIMINATE LOCAL

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DISPARITIES IN HEALTH CARE, THE CENTER ON HEALTH DISPARITIES HAS WORKED

TO IMPROVE ACCESS TO QUALITY HEALTH CARE, ESPECIALLY FOR MINORITIES,

WOMEN, AND PEOPLE WHO HAVE LANGUAGE BARRIERS OR OTHER COMMUNICATION

NEEDS. THE HEALTH AND WELLNESS DEPARTMENT HAS LONG WORKED WITH AHC

HEALTH PROGRAMS, SUCH AS CARDIOVASCULAR, DIABETES, CANCER, AND MATERNAL

AND CHILD HEALTH, TO RAISE AWARENESS OF HEALTH ISSUES, TO SCREEN FOR

VARIOUS CONDITIONS, AND TO OFFER EDUCATIONAL AND SUPPORT PROGRAMS TO

COMMUNITY MEMBERS.

THE CENTER FOR HEALTH EQUITY & WELLNESS ACHIEVES ITS MISSION THROUGH

THREE TEAMS:

1) RESEARCH AND EDUCATION - DESIGNS AND CONDUCTS POPULATION-BASED

RESEARCH ON COMMUNITY HEALTH DISPARITIES AND OUTCOMES, AND DEVELOPS

EFFECTIVE STRATEGIES TO PROMOTE HEALTH EQUITY. DEVELOPS AND DELIVERS

CLASSES AND PROGRAMS TO EDUCATE PATIENTS, PROVIDERS AND INSTITUTIONS ON

WAYS TO PROMOTE CULTURALLY COMPETENT PRACTICES AND ACHIEVE BETTER

HEALTH OUTCOMES. HOLDS HEALTH DISPARITIES CONFERENCES AND PRODUCES

REPORTS ON HEALTH CARE EQUITY ANNUALLY TO TARGET QUALITY IMPROVEMENT

EFFORTS.

> MONITOR HEALTH CARE DISPARITIES AMONG ADVENTIST HEALTHCARE PATIENT

POPULATIONS ANNUALLY TO INFORM RESEARCH AND PROGRAMS TO IMPROVE

QUALITY, EXPAND ACCESS, AND DELIVER POPULATION-BASED CARE (E.G.,

PROJECT BEAT IT!)

> PLAN AND HOST ANNUAL CONFERENCE ON HEALTH CARE DISPARITIES AND BEST

PRACTICES TO PROMOTE HEALTH EQUITY

> DEVELOP AND DISSEMINATE ADVENTIST HEALTHCARE'S HEALTH EQUITY REPORT

ANNUALLY TO INFORM STRATEGIES THAT MEET OUR MISSION.

> CONDUCT CULTURAL COMPETENCY, DATA COLLECTION, AND OTHER TRAINING AND

CONTINUING EDUCATION CLASSES FOR HEALTH PROFESSIONALS AT LEAST TWICE A

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YEAR.

> CONDUCT QUALIFIED BILINGUAL STAFF TRAINING CLASSES 2-4 TIMES A YEAR.

> PUBLISH QUARTERLY ARTICLES ON CURRENT NEWS AND RESEARCH ON HEALTH

EQUITY FOR EMPLOYEE NEWSLETTERS.

> SUBMIT RESEARCH TO PEER-REVIEWED JOURNALS FOR PUBLICATION AS

APPLICABLE.

> DEVELOP LOGIC MODELS WITH MEASUREABLE OUTCOMES TO EVALUATE HEALTH

PROMOTION AND EDUCATION PROGRAMS.

> REPORT PROGRAM OUTCOMES MONTHLY AND WHEN APPLICABLE, STRATIFY BY

RELEVANT CHARACTERISTICS TO ASSESS NEEDS OF AND OUTREACH TO DIFFERENT

POPULATIONS.

2) HEALTH PROGRAMS DELIVERY - COLLABORATES WITH ADVENTIST HEALTHCARE'S

SERVICE LINES TO SUPPORT EXPANDED HOSPITAL CARE, MARKETING STRATEGIES,

LOCAL AND STATE HEALTH DEPARTMENTS, AND PROVIDERS FOR THE UNDERSERVED

AS WELL AS HEALTH EDUCATION ACTIVITIES FOR ALL POPULATIONS. AREAS OF

EXPERTISE INCLUDE: CANCER, CARDIOVASCULAR AND DIABETES CARE AS WELL AS

SMOKING CESSATION AND MATERNAL/CHILD EDUCATION AND SUPPORT.

> PROVIDE PRE AND POST NATAL EDUCATION AND SUPPORT TO NEW AND EXPECTANT

PARENTS

> COORDINATE CANCER OUTREACH BY PROVIDING COLORECTAL SCREENINGS AND

BREAST CANCER SCREENINGS TO LOW-INCOME, UNINSURED WOMEN; WHEN

APPROPRIATE, CASE MANAGE FROM DIAGNOSIS THROUGH TREATMENT AND BEYOND

> PROMOTE CARDIOVASCULAR HEALTH THROUGH SCREENINGS AND EDUCATION ON

PREVENTION AND LIFESTYLE CHANGES

> DELIVER COMPREHENSIVE AND ACCREDITED DIABETES EDUCATION TO THE

COMMUNITY

> PROVIDE EDUCATION AND COMPREHENSIVE SUPPORT THROUGH OUR SMOKING

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CESSATION PROGRAM THAT INCLUDES BEDSIDE COUNSELING, INDIVIDUALIZED

NICOTINE REPLACEMENT THERAPY AND FOLLOW-UP CALLS POST-DISCHARGE

3) COMMUNITY HEALTH AND OUTREACH - COLLABORATES WITH ADVENTIST

HEALTHCARE'S HOSPITAL LEADERSHIP TO PROVIDE COMMUNITY OUTREACH AND

HEALTH EDUCATION FOR SENIORS, ADULTS, TEENS AND FAMILIES. DEVELOPS AND

IMPLEMENTS RECOMMENDATIONS FROM COMMUNITY HEALTH NEEDS ASSESSMENT TO

IMPROVE HEALTH OUTCOMES. PARTNERS WITH ACADEMIC INSTITUTIONS TO PROVIDE

MEANINGFUL INTERNSHIP EXPERIENCES TO HELP RECRUIT AND DEVELOP FUTURE

HEALTH CARE PROFESSIONALS. COORDINATES LANGUAGE ACCESS POLICIES,

PROGRAMS AND SERVICES TO MEET THE COMMUNICATION NEEDS OF DEAF AND

HARD-OF-HEARING PATIENTS AND PATIENTS WITH LIMITED ENGLISH PROFICIENCY.

COORDINATES COMMUNITY DONATIONS AND SPONSORSHIPS THROUGH THE ADVENTIST

HEALTHCARE'S COMMUNITY PARTNERSHIP FUND.

> OVERSEE LANGUAGE ACCESS SERVICES FOR ADVENTIST HEALTHCARE (E.G.,

QUALIFIED BILINGUAL STAFF, INTERPRETATION AND TRANSLATION VENDORS)

> DEVELOP HOSPITAL AND ORGANIZATIONAL POLICIES AND PROCEDURES RELATED

TO PROVISION OF CULTURALLY AND LINGUISTICALLY COMPETENT CARE, AND TRAIN

PROVIDERS/STAFF ACCORDINGLY

> RESEARCH, ANALYZE AND WRITE COMMUNITY HEALTH NEEDS ASSESSMENTS

(CHNAS) FOR EACH HOSPITAL AND FACILITATE THE DEVELOPMENT,

IMPLEMENTATION, AND EVALUATION OF CORRESPONDING STRATEGIC PLANS

> PROVIDE HEALTH EDUCATION ON VARIOUS TOPICS INCLUDING NUTRITION,

EXERCISE, MATERNAL/CHILD HEALTH, SAFETY, AND COLD/FLU PREVENTION

> CONDUCT CPR CLASSES (INFANT AND ADULT), BABYSITTING CLASSES AND

SIBLING CLASSES

> PROVIDE TOBACCO CESSATION COUNSELING

> PROVIDE A VARIETY OF HEALTH SCREENINGS (E.G., BLOOD PRESSURE, BODY

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COMPOSITION, BONE DENSITY, ETC.)

> COORDINATE FLU SHOT CLINICS IN A VARIETY OF COMMUNITY LOCATIONS

> ADMINISTER COMMUNITY PARTNERSHIP FUND DONATIONS

> BUILD RELATIONSHIPS WITH A WIDE RANGE OF COMMUNITY ORGANIZATIONS

(E.G., SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS,

LOW-INCOME HOUSING COMPLEXES, ETC.)

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

UNCOMPENSATED MENTAL HEALTH CARE ACROSS ITS TWO MAIN CAMPUSES.

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

CARE BEDS, 99 RESIDENTIAL TREATMENT CENTER BEDS, 32 GROUP HOME BEDS AND

A FULL CONTINUUM OF OUTPATIENT SERVICES. ADVENTIST BEHAVIORAL HEALTH

CARED FOR APPROXIMATELY 14,331 PATIENTS, CLIENTS AND RESIDENTS ACROSS

ITS ENTITIES IN 2012.

ADVENTIST BEHAVIORAL HEALTH ROCKVILLE:

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

JOINT COMMISSION ACCREDITED, 107-BED ACUTE PSYCHIATRIC TREATMENT

FACILITY LOCATED IN MONTGOMERY COUNTY. COUPLED WITH AN ADDITIONAL

82-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.

ADVENTIST BEHAVIORAL HEALTH'S ACUTE SERVICES INCLUDE THE SPECIALIZED

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MAGNOLIA UNIT, A 10-BED ACUTE INPATIENT UNIT DEDICATED TO SERVING GERIATRIC ADULTS. THE UNIT PROVIDES CRITICAL STABILIZATION AND SHORT-TERM INPATIENT TREATMENT FOR OLDER ADULTS WHO EXPERIENCE SUDDEN LIFE CHANGES AND STRESSORS THAT TRIGGER DEPRESSION, ANXIETY AND OTHER CHALLENGES THAT IMPACT THEIR DAILY ACTIVITIES. BASED IN ROCKVILLE, MARYLAND, THE MAGNOLIA UNIT IS THE ONLY ONE OF ITS KIND IN MONTGOMERY COUNTY.

THE RIDGE SCHOOL OF MONTGOMERY COUNTY, A SPECIAL AND GENERAL EDUCATION SCHOOL APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION, IS LOCATED AT THE ADVENTIST BEHAVIORAL HEALTH ROCKVILLE CAMPUS AND SERVES ADOLESCENTS FROM MARYLAND AND WASHINGTON, D.C.

THE BEHAVIORAL HEALTH UNIT AT WASHINGTON ADVENTIST HOSPITAL: THE BEHAVIORAL HEALTH UNIT OFFERS FOUR ADOLESCENT AND 38 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.

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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.

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.

THERAPEUTIC GROUP HOMES & ASSISTED LIVING:

ADVENTIST BEHAVIORAL HEALTH'S GROUP HOMES INCLUDE TWO HOMES FOR

ADOLESCENTS AND ONE FOR ADULTS. THE ADOLESCENT HOMES, OR COTTAGES,

OFFER ADOLESCENTS 13 TO 17 YEARS OF AGE A SAFE AND THERAPEUTIC

RESIDENTIAL ENVIRONMENT IN WHICH TO SUPPORT THEIR TRANSITION BACK TO

THEIR FAMILIES, THE COMMUNITY, AND, IN SOME CASES, INDEPENDENT LIVING.

THE GROUP HOMES ARE LOCATED IN MONTGOMERY COUNTY IN COMMUNITIES.

THE MANOR IS AN ASSISTED LIVING FACILITY IN TAKOMA PARK FOR INDIVIDUALS

WITH CHRONIC AND SEVERE MENTAL ILLNESS WHO ARE UNABLE TO LIVE

INDEPENDENTLY. THE FACILITY PROVIDES A SAFE AND SUPPORTIVE RESIDENTIAL

ENVIRONMENT AS AN ALTERNATIVE TO LONG-TERM PSYCHIATRIC HOSPITALIZATION.

COMMUNITY SERVICE:

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 CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS

AS WELL AS FREE EDUCATIONAL WORKSHOPS FOR CONSUMERS.

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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.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: DECISIONS SUBJECT TO APPROVAL.

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

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

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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:

EXPLANATION: 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:

EXPLANATION: PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY,

EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A

POSITION THAT REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR

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

FINANCIAL RELATIONSHIP OUTSIDE OF THE ORGANIZATION. COMPLIANCE WITH POLICY

IS MONITORED AND ENFORCED BY THE HUMAN RESOURCES DEPARTMENT, CORPORATE

INTEGRITY DEPARTMENT AND THE LEGAL DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: 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

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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:

EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
 FINANCIAL STATEMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ORGANIZATION TRANSFER	1,292,662.
CHANGE IN ASSET HELD FOR EQUIP PURCHASE	30,317.
OTHER UNRESTRICTED NET ASSETS ACTIVITY	-82,045.
CHANGE IN VALUE OF REMAINDER TRUST	223,675.
TOTAL TO FORM 990, PART XI, LINE 9	1,464,609.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ADVENTIST CANCER CARE, LLC - 26-2515407 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	OUTPATIENT CANCER CARE	MARYLAND	4,103,422.	2,945,480.	N/A
AHC HOLDINGS I, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	HOLDING COMPANY	MARYLAND		5,400,000.	N/A
AHC HOLDINGS II, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	HOLDING COMPANY	DELAWARE		5,570,774.	N/A
ONE HEALTH QUALITY ALLIANCE, LLC - 52-1532556, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	INTEGRATED PHYSICIAN GROUP	MARYLAND	0.	0.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVENTIST HEALTHCARE URGENT CARE CENTERS, INC. - 46-1577511, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	CLINIC - EMERGENCY CARE	MARYLAND	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE, INC.	X	
ADVENTIST HOME HEALTH SERVICES, INC. - 52-0986808, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOME CARE SERVICES	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE, INC.	X	
ADVENTIST PHYSICIAN SERVICES, INC - 20-4600646, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	PHYSICIAN SERVICES	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE, INC.	X	
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC. - 20-1486678, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	REHABILITATION HOSPITAL	MARYLAND	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE, INC.	X	

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

Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS

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
ADVENTIST REHABILITATION, INC. - 30-0780513 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	REHABILITATION HOSPITAL	MARYLAND	501(C)(3)	LINE 3	ADVENTIST REHABILITATION HOSPITAL OF	X	
HACKETTSTOWN COMMUNITY HOSPITAL, INC. - 22-6106281, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	HOSPITAL	NEW JERSEY	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE, INC.	X	
HACKETTSTOWN REGIONAL MEDICAL CENTER EMERGENCY SERVICES, INC. - 27-0820164, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	AMBULANCE SERVICE	NEW JERSEY	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL, INC.	X	
HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION, INC. - 22-2333410, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	FUNDRAISING	NEW JERSEY	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL, INC.	X	
MEDICAL CENTER PARTNERS, INC. - 45-4789273 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840	PHYSICIAN SERVICES	NEW JERSEY	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL, INC.	X	
MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION - 52-1884153, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOLDING COMPANY	MARYLAND	501(C)(3)	LINE 9	N/A		X
ADVENTIST BEHAVIORAL HEALTH FOUNDATION, INC. - 20-5479860, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	ADVENTIST HEALTHCARE, INC.	X	
REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC. - 52-1255870, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD	BEHAVIORAL CARE	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE, INC.	X	
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC. - 52-1216429, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	ADVENTIST HEALTHCARE, INC.	X	
WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC. - 52-1692158, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	ADVENTIST HEALTHCARE, INC.	X	
WASHINGTON ADVENTIST FITNESS CENTER - 27-4758462, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	WELLNESS	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GERMANTOWN OUTPATIENT IMAGING, LLC - 20-4395818, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	OUTPATIENT IMAGING	MD	SHADY GROVE RADIOLOGY CENTER	RELATED	-1,138,899.	-1,626,611.		X	N/A		X	50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PREMIER MEDICAL NETWORK, INC. - 52-1952469 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	JOINT PHYSICIAN CONT	MD	ADVENTIST HEALTHCARE, INC	C CORP	815.	19,612.	50.00%		X

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION	C	2,000,000.	FMV
(2) ADVENTIST BEHAVIORAL HEALTH FOUNDATION	C	85,319.	FMV
(3) WASHINGTON ADVENTIST HOSPITAL FOUNDATION	C	17,941.	FMV
(4) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION	B	102,967.	FMV
(5) WASHINGTON ADVENTIST HOSPITAL FOUNDATION	B	84,693.	FMV
(6) HACKETTSTOWN REGIONAL MEDICAL CENTER	L	2,268,812.	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) HACKETTSTOWN REGIONAL MEDICAL CENTER	Q	4,485,178.	FMV
(8) ADVENTIST REHABILITATION HOSPITAL OF MD	L	673,579.	FMV
(9) ADVENTIST REHABILITATION HOSPITAL OF MD	Q	1,944,004.	FMV
(10) REGINALD LOURIE CENTER	L	150,569.	FMV
(11) ADVENTIST HOME HEALTH SERVICES, INC	L	390,507.	FMV
(12) ADVENTIST HOME HEALTH SERVICES, INC	Q	578,048.	FMV
(13) MEDICAL CENTER PARTNERS	L	42,156.	FMV
(14) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION	B	16,000.	FMV
(15) WASHINGTON ADVENTIST HOSPITAL FOUNDATION	B	10,000.	FMV
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ADVENTIST REHABILITATION, INC.

DIRECT CONTROLLING ENTITY: ADVENTIST REHABILITATION HOSPITAL OF MARYLAND,

INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN,

INC.

EIN: 52-1255870

820 W. DIAMOND AVE SUITE 600

GAITHERSBURG, MD 20878-1419

Adventist HealthCare, Inc. and Controlled Entities

Financial Statements and
Supplementary Information

December 31, 2013 and 2012



Adventist HealthCare, Inc. and Controlled Entities

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December 31, 2013 and 2012

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Independent Auditors' Report

Board of Trustees
Adventist HealthCare, Inc. and Controlled Entities

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Adventist HealthCare, Inc. and controlled entities (collectively, the "Corporation"), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Adventist HealthCare, Inc. and controlled entities as of December 31, 2013 and 2012, and the results of its operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating and combining information presented on pages 42 to 49 is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

ParenteBeard LLC

Wilkes-Barre, Pennsylvania
April 29, 2014

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 58,692,102	\$ 19,965,512
Short-term investments	128,642,187	155,416,945
Assets whose use is limited	3,950,514	5,722,017
Patient accounts receivable, net of estimated allowances of \$92,434,000 in 2013 and \$104,455,000 in 2012	127,698,502	138,952,125
Other receivables, net of estimated allowance for doubtful collections of \$2,288,000 in 2013 and \$2,350,000 in 2012	12,781,149	9,124,293
Inventories	12,172,222	12,781,870
Prepaid expenses and other current assets	<u>6,251,940</u>	<u>3,306,192</u>
Total current assets	350,188,616	345,268,954
Property and Equipment, Net	392,164,649	382,975,709
Assets Whose Use is Limited		
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	7,045,353	9,843,484
Professional liability trust fund	8,835,811	6,122,473
Deferred compensation fund	164,057	164,057
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	2,978,828	2,650,934
Investments and Investments in Unconsolidated Subsidiaries	9,926,599	9,533,604
Land Held for Healthcare Development	84,805,542	76,230,174
Deferred Financing Costs, Net	2,622,135	3,374,836
Intangible Assets, Net	5,408,550	5,693,334
Deposits and Other Noncurrent Assets	<u>7,448,871</u>	<u>5,562,034</u>
Total assets	<u>\$ 871,589,011</u>	<u>\$ 847,419,593</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 83,688,817	\$ 75,480,655
Accrued compensation and related items	31,922,897	30,866,740
Interest payable	2,222,769	3,043,488
Due to third party payors	21,919,784	26,873,945
Estimated self-insured professional liability	1,202,986	1,241,672
Current maturities of long-term obligations	22,925,596	38,270,987
Long-term debt subject to short-term remarketing and repayment arrangements	<u>41,985,000</u>	<u>-</u>
Total current liabilities	205,867,849	175,777,487
Construction Payable	116,254	124,101
Long-Term Obligations, Net		
Bonds payable	221,015,919	231,407,570
Notes payable	18,916,729	23,435,834
Capital lease obligations	16,348,680	15,183,624
Derivative Financial Instruments	16,103,581	28,169,723
Deferred Compensation	164,057	164,057
Other Liabilities	12,310,883	5,520,386
Estimated Self-Insured Professional Liability	<u>8,121,925</u>	<u>6,023,754</u>
Total liabilities	<u>498,965,877</u>	<u>485,806,536</u>
Net Assets		
Unrestricted	365,618,832	353,330,451
Temporarily restricted	6,662,881	7,941,185
Permanently restricted	<u>341,421</u>	<u>341,421</u>
Total net assets	<u>372,623,134</u>	<u>361,613,057</u>
Total liabilities and net assets	<u>\$ 871,589,011</u>	<u>\$ 847,419,593</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Operations
Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Unrestricted Revenues		
Net patient service revenue	\$ 664,929,799	\$ 660,197,337
Provision for doubtful collections	(43,172,646)	(46,135,114)
Net patient service revenue less provision for doubtful collections	621,757,153	614,062,223
Other revenue	<u>37,990,928</u>	<u>33,937,871</u>
Total unrestricted revenues	<u>659,748,081</u>	<u>648,000,094</u>
Expenses		
Salaries and wages	277,034,762	280,362,629
Employee benefits	58,644,334	56,654,101
Contract labor	29,565,999	26,663,188
Medical supplies	93,404,087	96,729,115
General and administrative	121,185,271	107,141,577
Building and maintenance	35,047,777	32,879,596
Insurance	5,147,729	5,149,118
Interest	8,365,613	9,782,884
Depreciation and amortization	<u>31,059,309</u>	<u>31,178,340</u>
Total expenses	<u>659,454,881</u>	<u>646,540,548</u>
Income from operations	<u>293,200</u>	<u>1,459,546</u>
Other Income (Expense)		
Investment income	2,786,060	2,310,413
Loss on extinguishment of debt	(707,292)	-
Other income	<u>1,673,660</u>	<u>799,959</u>
Total other income	<u>3,752,428</u>	<u>3,110,372</u>
Revenues in excess of expenses from continuing operations	4,045,628	4,569,918
Change in net unrealized gains and losses on investments other than trading securities	(2,896,072)	395,380
Change in net unrealized gain (loss) on derivative financial instruments	8,450,548	(555,316)
Net assets released from restriction for purchase of property and equipment	3,243,024	4,008,780
Other unrestricted net asset activity	<u>(82,046)</u>	<u>(210,000)</u>
Increase in unrestricted net assets from continuing operations	12,761,082	8,208,762
(Loss) income from discontinued operations	<u>(472,701)</u>	<u>2,298,650</u>
Increase in unrestricted net assets	<u>\$ 12,288,381</u>	<u>\$ 10,507,412</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Changes in Net Assets
Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Unrestricted Net Assets		
Revenues in excess of expenses from continuing operations	\$ 4,045,628	\$ 4,569,918
Change in net unrealized gains and losses on investments other than trading securities	(2,896,072)	395,380
Change in net unrealized loss on derivative financial instruments	8,450,548	(555,316)
Net assets released from restriction for purchase of property and equipment	3,243,024	4,008,780
Other unrestricted net asset activity	<u>(82,046)</u>	<u>(210,000)</u>
 Increase in unrestricted net assets from continuing operations	 12,761,082	 8,208,762
 (Loss) income from discontinued operations	 <u>(472,701)</u>	 <u>2,298,650</u>
 Increase in unrestricted net assets	 <u>12,288,381</u>	 <u>10,507,412</u>
Temporarily Restricted Net Assets		
Restricted gifts and donations	6,132,245	8,680,029
Net assets released from restriction for purchase of property and equipment	(3,243,024)	(4,008,780)
Net assets released from restriction used for operations	(4,290,355)	(6,613,695)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	237,254	106,075
Change in discount of pledges receivable and provision for doubtful pledges	(146,325)	(16,886)
Donor restricted investment income	<u>31,901</u>	<u>17,448</u>
 Decrease in temporarily restricted net assets	 <u>(1,278,304)</u>	 <u>(1,835,809)</u>
Permanently Restricted Net Assets		
Other permanently restricted net asset activity	<u>-</u>	<u>-</u>
 Increase in net assets	 11,010,077	 8,671,603
 Net Assets, Beginning	 <u>361,613,057</u>	 <u>352,941,454</u>
 Net Assets, Ending	 <u>\$ 372,623,134</u>	 <u>\$ 361,613,057</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows

Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Cash Flows from Operating Activities		
Increase in net assets	\$ 11,010,077	\$ 8,671,603
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for doubtful collections	47,796,874	51,208,518
Depreciation and amortization	36,092,319	36,467,510
Loss on extinguishment of debt	707,292	-
Restricted contributions and grants	(2,246,168)	(5,985,585)
Earnings recognized from unconsolidated subsidiaries and affiliates	(2,695,156)	(3,026,134)
Amortization of bond discounts	-	9,790
Amortization of physician income guarantees	94,483	156,138
Gain on sale of interest in unconsolidated subsidiaries	(1,855,239)	(3,090,298)
Net realized loss on investments other than trading securities	903,233	1,561,074
Change in net unrealized gains and losses on investments other than trading securities	2,896,072	(395,380)
Change in net unrealized (gain) loss on derivative financial instruments	(8,450,548)	555,316
Change in value of beneficial interest in trusts and charitable gift annuity	(237,254)	(106,075)
Change in discount on pledges receivable and provision for doubtful pledges	146,325	16,886
Changes in assets and liabilities:		
Patient accounts receivable, net	(36,543,251)	(60,410,918)
Other receivables, net	(3,389,526)	(885,133)
Inventories, prepaid expenses and other current assets	(2,336,100)	(186,128)
Accounts payable and accrued expenses	6,203,378	(6,139,327)
Accrued compensation and related items	1,056,157	(3,427,448)
Interest payable	(820,719)	534,568
Estimated self-insured professional liability	2,059,485	(1,680,884)
Due to third party payors	(4,954,161)	7,262,875
Other noncurrent assets and liabilities	1,378,995	(1,338,663)
Net cash provided by operating activities	<u>46,816,568</u>	<u>19,772,305</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Cash Flows
Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Cash Flows from Investing Activities		
Purchase of property and equipment	\$ (34,507,464)	\$ (24,526,941)
Payments to physicians under income guarantees	(16,667)	(79,680)
Decrease in investments and investments in unconsolidated subsidiaries	25,381,710	10,392,031
Net additions to land held for healthcare development	(7,502,447)	(3,042,560)
Proceeds from sale of interest in unconsolidated subsidiaries	2,003,649	5,842,152
Distributions from investments in unconsolidated subsidiaries	262,586	2,555,418
Decrease in trustee held funds and restricted cash	1,013,310	6,801,791
	<u>(13,365,323)</u>	<u>(2,057,789)</u>
Net cash used in investing activities		
Cash Flows From Financing Activities		
Payment of financing costs	(191,318)	(166,398)
Proceeds from issuance of bonds	40,797,600	-
Repayments on long-term obligations, net	(37,577,105)	(18,734,996)
Proceeds from restricted contributions and grants	2,246,168	5,985,585
	<u>5,275,345</u>	<u>(12,915,809)</u>
Net cash provided by (used in) financing activities		
Net increase in cash and cash equivalents	38,726,590	4,798,707
Cash and cash equivalents, beginning	<u>19,965,512</u>	<u>15,166,805</u>
Cash and cash equivalents, ending	<u>\$ 58,692,102</u>	<u>\$ 19,965,512</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 11,591,903</u>	<u>\$ 11,521,995</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Capital lease obligation incurred for equipment	<u>\$ 9,306,779</u>	<u>\$ 3,841,370</u>
Construction payable for property and equipment	<u>\$ 116,254</u>	<u>\$ 124,101</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Adventist HealthCare, Inc. (“AHC”) is a nonstock membership corporation organized to effectuate coordinated administration of hospitals and other health care organizations through the provision of key management and administrative services. AHC is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. AHC is not exempt from income taxes for unrelated business income. AHC’s sole corporate member is Mid-Atlantic Adventist HealthCare, Inc.

AHC is comprised of several operating divisions. Shady Grove Adventist Hospital (“SGAH”) is a 331-bed acute care hospital located in Rockville, Maryland. Washington Adventist Hospital (“WAH”) is a 252-bed acute care hospital with 32 acute rehabilitation beds located in Takoma Park, Maryland. Adventist Behavioral Health (“ABH”) is comprised of two separate facilities located in Maryland. ABH - Rockville is a 106-bed psychiatric hospital with 54 residential treatment rooms and 32 group home beds for adolescents. ABH - Eastern Shore is the region’s only acute care and residential mental health resource for children and adolescents, which has 15 acute care psychiatric beds and 32 residential treatment rooms. The Support Center is comprised of the corporate office that provides corporate and centralized shared service functions that benefit the entire healthcare system. The Support Center is comprised of the following units: Adventist Choice Nursing (“ACN”), Adventist Home Assistance (“AHA”) and the AHC Benefit business unit. ACN provides skilled nursing care to individual patients and other healthcare entities not affiliated with AHC. AHA provides non-clinical assistance to homebound patients who cannot perform certain daily activities on their own. The AHC Benefit business unit administers the self insured health benefit program including health insurance, dental and vision coverage for Adventist HealthCare, Inc. and controlled entities.

Hackettstown Community Hospital d.b.a. Hackettstown Regional Medical Center (“HRMC”) is a 111-bed not-for-profit acute care hospital organized under the laws of the State of New Jersey. The primary purpose of HRMC is to participate in the health ministry of the Seventh-day Adventist Church and to promote the wholeness of man physically, mentally and spiritually through acute care hospital services. HRMC is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Effective January 28, 2014, the Corporation entered into an affiliation agreement with an unrelated third party for the future sale of HRMC pending state regulatory review. See Note 2 for further details.

Adventist Rehabilitation Hospital of Maryland, Inc. (“ARHM”) is comprised of two outpatient sites in Maryland. ARHM - Rockville is a 55-bed rehabilitation facility and ARHM - Takoma Park is a 32-bed rehabilitation facility. ARHM is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

The Reginald S. Lourie Center for Infants and Young Children (“Lourie Center”) is a not-for-profit organization that specializes in the diagnosis, treatment and prevention of developmental and emotional disorders in children from birth through ten years of age. The Lourie Center is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Adventist Medical Group (“AMG”), formerly known as Adventist Physician Services, Inc., is a not-for-profit entity that provides physician professional health services to further provide necessary services to the communities it serves. AMG is tax-exempt under Section 501(c)3 of the Internal Revenue Code. Adventist Healthcare, Inc. is contracted with Medical Faculty Associates, Inc. (“MFA”) to employ the AMG employees, through a wholly owned affiliate of MFA, in exchange for certain economic support to facilitate the growth by MFA of the AMG practices.

Adventist Senior Living Services, Inc. (“ASLS”) is a nonstock membership corporation that provides management and support services to five subsidiary nursing homes, a wholly-owned dialysis center, and one affiliated nursing home. The facilities’ residents primarily come from the State of Maryland. ASLS and its subsidiary nursing homes are tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Effective November 30, 2010, the Corporation sold the operating assets of its five wholly-owned subsidiary nursing homes, its wholly owned dialysis center, and it’s one affiliated nursing home. See Note 2 for further details.

Adventist Home Health Services, Inc. (“AHHS”) is a nonstock membership corporation organized to provide home health services in Maryland. It is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

Adventist Management Services, Inc. (“AMSI”) is organized as a taxable corporation to provide management services to its subsidiaries that provide various health care services including, but not limited to a wholly-owned healthcare recruitment organization, GROW HealthCare, LLC. Effective December 3, 2012, AMSI was legally dissolved and all remaining assets and liabilities were transferred to the parent AHC in 2013.

Washington Adventist Hospital Foundation, Inc., Shady Grove Adventist Hospital Foundation, Inc., Hackettstown Community Hospital Foundation, Inc., and Adventist Behavioral Health Foundation, Inc. (collectively the “Foundations”) are separate nonstock corporations that operate for the furtherance of each named hospital’s health care objectives primarily through the solicitation of contributions, gifts and bequests. The Foundations also exist to help fund new equipment purchases and capital improvement projects for their respective hospitals. The Foundations are tax-exempt under Section 501(c)3 of the Internal Revenue Code.

Principles of Consolidation

The consolidated financial statements for 2013 and 2012 include the accounts of AHC, the controlling parent, HRMC, ARHM, the Lourie Center, AMG, ASLS, AHHS, AMSI, the Foundations, and their majority-owned subsidiaries and controlled affiliates (collectively, the “Corporation”). All significant intercompany balances and transactions have been eliminated in the consolidated financial statements of the Corporation.

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through April 29, 2014, the date the consolidated financial statements were issued.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risk Factors

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance; however, the possible future financial effects of this matter on the Corporation, if any, are not presently determinable.

Maryland Health Services Cost Review Commission

Patient charges of SGAH, WAH, ABH and ARHM are subject to review and approval by the Maryland Health Service Cost Review Commission ("HSCRC"). Management has filed the required reports with the HSCRC for each facility and believes they are in compliance with HSCRC requirements.

In April 2014, Adventist Healthcare entered into a Global Budget Revenue Agreement with the HSCRC for Shady Grove Adventist Hospital, Washington Adventist Hospital and Shady Grove Emergency Center, retroactive to July 1, 2013. This agreement sets a fixed amount of revenue for each entity for the period July 1, 2013 through June 30, 2014. Total revenue per the Global Budget Revenue Agreement, and the amount of that revenue recognized in 2013, are as follows:

	Total Approved Revenue July 1, 2013- June 31, 2014	Revenue Recognized July 1, 2013- December 21, 2013
Shady Grove Adventist Hospital	\$ 376,588,970	\$ 185,035,009
Washington Adventist Hospital	254,864,218	122,757,511
Shady Grove Emergency Center	13,839,618	7,324,110

The HSCRC has placed into its methodology a rate system which, among other things, causes SGAH and WAH to calculate the amount of revenue lost or gained due to variances from approved rates. Revenue lost due to undercharges in rates is recouped through increases in prospective rates. Similarly, revenue gained due to overcharges in rates is paid back, wholly or in part, through reductions in prospective rates.

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The Corporation reported net undercharges of \$1,195,648 and \$6,987,996 as of December 31, 2013 and 2012, respectively. These price variances reflect (1) the variance between actual patient charges and the rate orders, and (2) a provision for expected rate adjustments related to the case mix experience of WAH and SGAH. The net amounts are reported as a component of net patient service revenue and patient accounts receivable in the consolidated financial statements. Since the HSCRC's rate year extends from July 1 through June 30, these amounts will continue to fluctuate until the end of the rate year as actual patient charges deviate from the Total Approved Global Budget Revenue Agreement amounts reflected above, at which time any over/under charges are amortized on the straight-line basis over the following rate year.

Under Maryland law, charges of specialty hospitals such as ARHM are subject to review and approval by the HSCRC. HSCRC regulations also include a provision whereby a hospital may apply for an exemption from the requirements to charge for services in accordance with the HSCRC regulations. Certain conditions regarding the percentage of revenue related to Medicare and Medicaid patients and total revenues must be met to receive the initial exemption and must be met each year thereafter. Reporting requirements as established by the HSCRC continue if an exemption regarding charging for services is received. The Corporation's management believes ARHM met the conditions for exemption during 2013 and 2012.

Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and certificates of deposit purchased with original maturities of less than 90 days, excluding assets whose use is limited.

Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful collections and provision for doubtful collections. For patient accounts receivable associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful collections and provision for doubtful collections, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful collections.

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The Corporation's allowance for doubtful collections for self-pay patients as a percentage of self-pay accounts receivable was 67% and 64% at December 31, 2012 and 2013, respectively. In addition, the Corporation's self-pay account writeoffs, net of recoveries, increased from \$38,639,959 in 2012 to \$49,368,811 in 2013 which was the result of both increased services provided to self-pay patients and negative trends experienced in the collection of amounts from self-pay patients in 2013. The Corporation does not maintain a material allowance for doubtful collections from third party payors, nor did it have significant writeoffs from third-party payors.

Other Receivables

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients and pledges from donors. These services include, but are not limited to, fees from educational programs, rental of health care facility space, interest earned, and management services provided to unconsolidated subsidiaries. Other receivables are written off when they are determined to be uncollectible based on management's assessment of individual accounts. The allowance for doubtful accounts is estimated based upon historical collection experience and other managerial information.

Assets Whose Use Is Limited

Assets whose use is limited includes assets held by bond trustees under trust indentures, assets set aside as required by the Corporation's self-funded professional liability trust, and assets set aside for deferred compensation agreements. Amounts available to meet current liabilities of the Corporation have been reclassified as current assets in the accompanying consolidated balance sheets.

Investments and Investment Risk

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Cash and cash equivalents and certificates of deposit are carried at cost which approximates fair value. Investments in joint ventures are accounted for using the equity or cost method of accounting depending on the Corporation's ownership interest. Investment income or loss (including realized gains and losses on investments, write-downs of the cost basis of investments due to an other-than-temporary decline in fair value, interest, and dividends) is included in the determination of revenues in excess of expenses from continuing operations unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the determination of revenues in excess of expenses unless the investments are trading securities. Donor-restricted investment income is reported as an increase in temporarily restricted net assets.

The Corporation's investments are comprised of a variety of financial instruments. The fair values reported in the consolidated balance sheets are subject to various risks including changes in the equity markets, the interest rate environment, and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying consolidated financial statements could change materially in the near term.

Adventist HealthCare, Inc. and Controlled Entities

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Inventories

Inventories of drugs, medical supplies and surgical supplies are valued at the lower of cost or market. Cost is determined primarily by the weighted average cost method.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful lives of the assets using the straight-line method. Equipment under capital leases is amortized on the straight-line method over the shorter period of the lease term or estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the accompanying consolidated statements of operations.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment losses are recognized in the consolidated statements of operations as a component of revenues in excess of expenses from continuing operations as they are determined. The Corporation reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, the Corporation calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, an impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. There were no impairment losses reported in 2013 or 2012.

Intangible Assets

The Corporation's intangible assets primarily include costs in excess of net assets acquired related to certain business acquisitions. The Corporation is amortizing certain intangible assets over a period not to exceed 40 years. Amortization of these intangible assets was \$284,784 and \$286,201 in 2013 and 2012, respectively. Accumulated amortization of intangible assets was \$2,567,571 and \$2,282,787 as of December 31, 2013 and 2012, respectively.

Deferred Financing Costs

Costs incurred in connection with the issuance of long-term obligations have been deferred and are being amortized over the term of the related obligation using the straight-line method. Amortization was \$603,359 and \$661,831 in 2013 and 2012, respectively. Amortization for HRMC was \$37,783 in 2013 and 2012 and is included in (loss) income from discontinued operations in the consolidated statements of operations. Accumulated amortization of deferred financing costs was \$3,627,563 and \$3,203,288 at December 31, 2013 and 2012, respectively.

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Due to Third Party Payors

The Corporation receives advances from third party payors to provide working capital for services rendered to the beneficiaries of such services. These advances are principally determined based on the timing differences between the provision of care and the anticipated payment date of the claim for service in accordance with HSCRC's rate regulations. These advances are subject to periodic adjustment.

For HRMC, the Medicare and Medicaid programs pay for primarily all inpatient and outpatient services at predetermined rates. Regulations require annual retroactive settlements for cost-based reimbursement through cost reports filed by HRMC. These retroactive settlements are estimated and recorded in the consolidated financial statements in the year in which they occur. The estimated settlements recorded at December 31, 2013 and 2012 could differ from actual settlements based on the results of cost report audits.

For certain Corporation subsidiaries, services provided on behalf of Medicare and Medicaid beneficiaries are ultimately reimbursed at cost. For cost reimbursement programs, statements of reimbursable costs are filed with the applicable program that compute the difference between reimbursable cost and interim payments, in order to determine a final settlement for services rendered to patients covered under these programs. Contractual reimbursements are affected by limitations relating to charges and the reasonableness of costs (subject to limitations) and are subject to audits by the agencies administering the applicable program.

The Corporation's working capital advances and all expected third party payor settlement activity are classified as current liabilities in the accompanying consolidated balance sheets.

Derivative Financial Instruments

The Corporation has entered into two interest rate swap agreements, which are considered derivative financial instruments, to manage its interest rate exposure on certain long-term obligations (Note 10). The interest rate swap agreements are reported at fair value in the accompanying consolidated balance sheets. One of the interest rate swap agreements is designated as a cash flow hedge. The related effective changes in fair value for the cash flow hedge is reported in the accompanying consolidated statements of operations as an unrealized gain or loss on cash flow derivative financial instruments and the ineffective portion of the change in fair value is reported as a component of interest expense. For the interest rate swap not designated as a cash flow hedge, changes in fair value are reported as a component of other non-operating income.

Estimated Self-Insured Professional Liability

The provision for estimated self-insured professional liability includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, including costs associated with litigating or settling claims. Anticipated insurance recoveries associated with reported claims are reported separately in the Corporation's consolidated balance sheets at net realizable value.

Adventist HealthCare, Inc. and Controlled Entities

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Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose, including the purchase of capital renovations and equipment, providing health education to the community, and designation for the furtherance of programs provided by specific operating departments. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

Revenues in Excess of Expenses from Continuing Operations

The consolidated statements of operations include the determination of revenues in excess of expenses from continuing operations. Revenues in excess of expenses from continuing operations is the Corporation's performance indicator. Changes in unrestricted net assets which are excluded from the determination of revenues in excess of expenses from continuing operations, consistent with industry practice, include income from discontinued operations, unrealized gains and losses on investments other than trading securities, the effective portion of the unrealized gain (loss) on derivative financial instruments, transfers with unconsolidated subsidiaries, contributions of long-lived assets (including contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets), and other unrestricted net asset activity.

Net Patient Service Revenue

The Corporation reports net patient service revenue at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including an estimate for retroactive adjustments that may occur as a result of future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, review and investigations. Net patient service revenue reported in the consolidated statements of operations is reduced both by (1) estimated allowances for the excess of charges over anticipated patient or third party payor payments and (2) a provision for doubtful collections. Certain of the health care services provided by the Corporation are reimbursed by third party payors on the basis of the lower of cost or charges, with costs subject to certain imposed limitations.

Patient accounts receivable are reported at net realizable value and include charges for accounts due from Medicare, Medicaid, other commercial and managed care insurers, and self-paying patients (Note 15). Patient accounts receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed earlier. The Corporation also deducts from patient accounts receivable an estimated allowance for doubtful collections related to patients and allowances for the excess of charges over the payments to be received from third party payors.

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The Corporation has agreements with third-party payors that provide for payments to the Corporation at amounts different from its established rates. The Corporation recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, the Corporation recognizes revenues on the basis of its standard rates, discounted in accordance with the Corporation's policy. On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable to pay for the services provided. Thus, the Corporation records a significant provision for doubtful collections related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision for doubtful collections), recognized in 2013 and 2012 from these major payor sources, are as follows:

	Patient Service Revenues (Net of Contractual Allowances and Discounts)				Total
	Medicare	Medicaid	Other Third Party Payors	Self Pay and Other	
December 31, 2013	<u>\$ 214,375,408</u>	<u>\$ 37,749,363</u>	<u>\$ 424,058,547</u>	<u>\$ 74,326,328</u>	<u>\$ 750,509,646</u>
December 31, 2012	<u>\$ 223,110,227</u>	<u>\$ 27,936,252</u>	<u>\$ 395,015,470</u>	<u>\$ 103,984,784</u>	<u>\$ 750,046,733</u>

Patient service revenues (net of contractual allowances and discounts) for HRMC were \$85,579,849 in 2013 and \$89,849,396 in 2012. These amounts have been classified in (loss) income from discontinued operations in the consolidated statements of operations.

During February 2012, the Corporation received approximately \$11.5 million in cash from Medicaid as an advance on patient claim balances.

Income Taxes

The Corporation accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined there were no tax uncertainties that met the recognition threshold in 2013 or 2012.

The Corporation's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.

The Corporation's federal Exempt Organization Returns of Income Tax and its Business Income Tax Returns for the years ended prior to December 31, 2010 no longer remain subject to examination by the Internal Revenue Service.

Adventist HealthCare, Inc. and Controlled Entities

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Charity Care

The Corporation provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Such patients are identified based on financial information obtained from the patient (or their guarantor) and subsequent analysis which includes the patient's ability to pay for services rendered. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as a component of net patient service revenue or patient accounts receivable.

The Corporation maintains records to identify and monitor the level of charity care it provides. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the Corporation amounted to approximately \$22,016,000 in 2013 and \$14,040,000 in 2012. In accordance with the reimbursement methodology set forth by the HSCRC, the Corporation received cash payments from the state wide uncompensated care pool which totaled \$1,433,374 and \$1,102,785 for 2013 and 2012, respectively. The funds were received by the Corporation because charity care was provided in excess of the statewide average and are included in net patient service revenue in the accompanying consolidated statements of operations.

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or when the underlying conditions have been substantially met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Restricted funds to be used for capital acquisitions have been reported as noncurrent assets in the accompanying consolidated balance sheets, while other restricted cash and investments are included with the cash and cash equivalents of unrestricted net assets.

Investment income that is earned on donor restricted net assets and subject to similar restrictions is reported as temporarily restricted net assets. Gifts, grants, and bequests not restricted by donors are reported as other operating income.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

Reclassifications

Certain amounts relating to 2012 have been reclassified to conform to the 2013 reporting format.

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2. Discontinued Operations

Effective November 30, 2010, the Corporation sold the operating assets of its five wholly-owned subsidiary nursing homes and its wholly-owned dialysis center to an unrelated third party, and discontinued the operations of these facilities. The Board of Trustees approved the plan of sale of these facilities in July 2010.

Effective November 30, 2010, Glade Valley Nursing & Rehabilitation Center also sold certain operating assets to the same unrelated third party.

Effective January 28, 2014, the Corporation entered into an affiliation agreement with an unrelated third party for the sale of HRMC. The sale of HRMC is pending state regulatory review which could span several months. The carrying value of property and equipment, net related to HRMC as of December 31, 2013 and 2012 was \$42,952,842 and \$45,479,206, respectively, and consists of the following:

	<u>2013</u>	<u>2012</u>
Land and improvements	\$ 2,275,448	2,275,448
Building and improvements	59,471,110	59,007,767
Office furniture and equipment	56,717,819	55,692,351
Computer software and hardware	5,004,371	4,838,474
Equipment under capital leases	19,332	19,332
Total	123,488,080	121,833,372
Less accumulated depreciation amortization	<u>(82,300,834)</u>	<u>(77,355,946)</u>
	41,187,246	44,477,426
Construction in progress	<u>1,765,596</u>	<u>1,001,780</u>
	<u>\$ 42,952,842</u>	<u>\$ 45,479,206</u>

The following amounts related to discontinued operations are included in income from discontinued operations in the accompanying consolidated statements of operations:

	<u>2013</u>	<u>2012</u>
Total unrestricted revenues	\$ 88,338,366	\$ 89,834,298
Total expenses	89,259,233	88,927,963
Other non-operating income (loss)	448,166	(107,685)
Net gain on sale of substantially all tangible and intangible assets	-	1,500,000
Revenues (less than) in excess of expenses	(472,701)	2,298,650

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3. Investments

Short-Term Investments

The Corporation's short-term investments at December 31, 2013 and 2012 are comprised of the following:

	<u>2013</u>	<u>2012</u>
Cash and cash equivalents	\$ 10,343,585	\$ 3,036,726
Marketable certificates of deposit	741,462	740,259
CBAM Intrepid Fund Ltd.	9,534,675	16,326,184
CBAM Resolute Fund Ltd.	20,618,514	35,128,531
U.S. government securities, mortgage-backed securities	87,403,951	100,185,245
Total	<u>\$ 128,642,187</u>	<u>\$ 155,416,945</u>

Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2013 and 2012 is set forth in the following tables:

	<u>2013</u>	<u>2012</u>
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks:		
Cash and cash equivalents	\$ 1,957,555	\$ 6,238,614
U.S. government securities:		
U.S. treasury notes	7,835,326	1,179,181
Mortgage-backed securities	-	6,906,034
Total	9,792,881	14,323,829
Less funds held for current liabilities	<u>2,747,528</u>	<u>4,480,345</u>
Noncurrent portion of assets held under trust indentures and capital lease purchase financing facilities	<u>\$ 7,045,353</u>	<u>\$ 9,843,484</u>
Professional liability trust fund:		
Cash and cash equivalents	\$ 3,009,063	\$ 676,322
Equity mutual funds:		
Balanced	6,181,718	6,687,823
Large cap value	848,016	-
Total	10,038,797	7,364,145
Less funds held for current liabilities	<u>1,202,986</u>	<u>1,241,672</u>
Noncurrent portion of professional liability trust fund	<u>\$ 8,835,811</u>	<u>\$ 6,122,473</u>

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Deferred compensation fund:

Equity mutual funds:

Growth	\$ 164,057	\$ 164,057
Total	<u>\$ 164,057</u>	<u>\$ 164,057</u>

The indenture requirements of certain tax exempt financings provide for the establishment and maintenance of various accounts with a trustee (Note 9). These arrangements require the trustee to control the payment of interest and the ultimate repayment of respective debt to bondholders. In addition, under the terms of the capital lease purchase financing facilities with two commercial banks, the Corporation is required to maintain funds in escrow accounts for the purpose of funding future purchases of property and equipment.

The composition of trustee held and escrow funds at December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Debt service reserve fund	\$ 5,868,995	\$ 7,394,992
Principal and interest funds	2,904,428	4,480,345
Lease facility escrow funds	<u>1,019,458</u>	<u>2,448,492</u>
Total	<u>\$ 9,792,881</u>	<u>\$ 14,323,829</u>

Unrestricted investment income and gains and losses for investments, assets whose use is limited, and cash and cash equivalents are comprised of the following in 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Investment income:		
Interest and dividends, net	\$ 4,060,643	\$ 4,244,519
Interest on trustee held funds	55,008	156,496
Net realized losses on sale of investments	<u>(903,233)</u>	<u>(1,561,074)</u>
Total	<u>\$ 3,212,418</u>	<u>\$ 2,839,941</u>

Other changes in unrestricted net assets:

Change in net unrealized gains and losses on investments other than trading securities	<u>\$ (2,896,072)</u>	<u>\$ 395,380</u>
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Investment income for HRMC was \$426,357 and \$529,529 in 2013 and 2012, respectively which is included in (loss) income from discontinued operations in the consolidated statements of operations. Included in these amounts are net realized losses on sale of investments \$376,774 and \$193,472, interest on trustee held funds of \$18,155 and \$21,124, and interest and dividends, net of \$784,977 and 701,877 in 2013 and 2012, respectively.

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4. Fair Value Measurements and Financial Instruments

Fair Value Measurements

The Corporation measures its short-term investments, assets whose use is limited, investments, beneficial interest in trusts, and derivative financial instruments at fair value on a recurring basis in accordance with accounting principles generally accepted in the United States of America.

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Corporation for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 - Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

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The fair value of the Corporation's financial instruments was measured using the following inputs at December 31:

	Carrying Value	Fair Value	2013		
			Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value					
Assets:					
Cash and cash equivalents	\$ 15,412,901	\$ 15,412,901	\$ 15,412,901	\$ -	\$ -
Marketable certificates of deposit	741,462	741,462	-	741,462	-
Equity mutual funds:					
Large cap value	848,016	848,016	848,016		
Growth	212,848	212,848	212,848		-
Balanced	6,181,718	6,181,718	6,181,718		-
CBAM Intrepid Fund Ltd.	9,534,675	9,534,675	-	9,534,675	-
CBAM Resolute Fund Ltd.	20,618,514	20,618,514	-	20,618,514	-
U.S. government securities:					
U.S. treasury notes	7,835,326	7,835,326	-	7,835,326	-
Mortgage backed securities	88,139,586	88,139,586	-	88,139,586	-
Corporate bonds and other debt securities:					
Other	67,925	67,925	-	67,925	-
Beneficial interest in trusts	1,713,042	1,713,042	-	-	1,713,042
	<u>\$ 151,306,013</u>	<u>\$ 151,306,013</u>	<u>\$ 22,655,483</u>	<u>\$ 126,937,488</u>	<u>\$ 1,713,042</u>
Liabilities:					
Derivative financial instruments	\$ 16,103,581	\$ 16,103,581	\$ -	\$ 16,103,581	\$ -
Disclosed at Fair Value					
Cash and cash equivalents	\$ 58,692,102	\$ 58,692,102	\$ 58,692,102	\$ -	\$ -
Pledges receivable	3,185,497	3,100,002	-	-	3,100,002
Long-term debt, excluding capital leases (Note 9):					
Fixed rate revenue bonds	78,828,500	76,894,793	-	76,894,793	-
Variable rate revenue bonds	181,990,000	181,990,000	-	181,990,000	-
Note payable	8,750,000	8,750,000	-	-	8,750,000
Secured lines of credit	32,500,000	32,500,000	-	-	32,500,000

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	2012				
	Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value					
Assets:					
Cash and cash equivalents	\$ 10,515,221	\$ 10,515,221	\$ 10,515,221	\$ -	\$ -
Marketable certificates of deposit	740,259	740,259		740,259	-
Equity mutual funds:			-		
Growth	212,357	212,357	212,357	-	-
Balanced	6,687,823	6,687,823	6,687,823	-	-
CBAM Intrepid Fund Ltd.	16,326,184	16,326,184	-	16,326,184	-
CBAM Resolute Fund Ltd.	35,128,531	35,128,531	-	35,128,531	-
U.S. government securities:					
U.S. treasury notes	1,179,181	1,179,181	-	1,179,181	-
Mortgage backed securities	108,112,698	108,112,698	-	108,112,698	-
Corporate bonds and other debt securities:					
Multi sector	77,923	77,923	-	77,923	-
Beneficial interest in trusts	1,506,265	1,506,265	-	-	1,506,265
	<u>\$ 180,486,442</u>	<u>\$ 180,486,442</u>	<u>\$ 17,415,401</u>	<u>\$ 161,564,776</u>	<u>\$ 1,506,265</u>
Liabilities:					
Derivative financial instruments	<u>\$ 28,169,723</u>	<u>\$ 28,169,723</u>	<u>\$ -</u>	<u>\$ 28,169,723</u>	<u>\$ -</u>
Disclosed at Fair Value					
Cash and cash equivalents	\$ 19,965,512	\$ 19,965,512	\$ 19,965,512	\$ -	\$ -
Pledges receivable	3,618,480	3,401,407	-	-	3,401,407
Long-term debt, excluding capital leases (Note 9):					
Fixed rate revenue bonds	75,830,000	86,136,498	-	86,136,498	-
Variable rate revenue bonds	160,990,000	160,990,000	-	160,990,000	-
Note payable	13,000,000	13,000,000	-	-	13,000,000
Secured lines of credit	35,500,000	35,500,000	-	-	35,500,000

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The following table presents the fair value measurements for beneficial interest in trusts that have unobservable inputs at December 31, 2013 and 2012:

Balance, January 1, 2012	\$ 1,406,743
Increase in value, included in changes in temporarily restricted net assets	<u>99,522</u>
Balance, December 31, 2012	1,506,265
Increase in value, included in changes in temporarily restricted net assets	<u>206,777</u>
Balance, December 31, 2013	<u><u>\$ 1,713,042</u></u>

The following represents a reconciliation of the assets reported at fair value included in the fair value table within the accompanying consolidated balance sheets at December 31:

	<u>2013</u>	<u>2012</u>
Short-term investments (Note 3)	\$ 128,642,187	\$ 155,416,945
Assets whose use is limited (Note 3)		
Current portion	3,950,514	5,722,017
Under trust indentures, held by trustees	7,045,353	9,843,484
Professional liability trust fund	8,835,811	6,122,473
Deferred compensation fund	164,057	164,057
Investments held by foundations (Note 6)	955,049	1,711,201
Beneficial interest in trusts	<u>1,713,042</u>	<u>1,506,265</u>
Total	<u><u>\$ 151,306,013</u></u>	<u><u>\$ 180,486,442</u></u>

The Corporation did not have any financial assets or financial liabilities measured at fair value on a non-recurring basis.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value and for financial instruments disclosed at fair value. There have been no changes in methodologies used at December 31, 2013 and 2012.

Cash and cash equivalents: The carrying amounts approximate fair value because of the short maturity of these financial instruments.

Marketable certificates of deposit and equity Mutual Funds: Valued based on quoted market prices.

U.S. government securities, corporate bonds and other debt securities: Valued based on estimated quoted market prices of similar securities.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

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Beneficial interest in trusts: Beneficial interest in trusts are valued based on the fair value of the trusts underlying assets which represents a proxy for discounted present value of future cash flows. Beneficial interest in trusts are included in deposits and other noncurrent assets in the accompanying consolidated balance sheet.

Pledges receivable: Valued based on the original pledge amount, adjusted by a discount rate that a market participant would demand and an evaluation of uncollectible pledges. Pledges receivables are included in prepaid and other current assets and deposits and other noncurrent assets in the accompanying consolidated balance sheet.

Long-term debt: The fair value of the fixed rate debt is estimated based on market data provided by the Corporation's financial consultants. Fair values of the remaining long-term debt are considered to approximate their carrying amounts in the consolidated balance sheets.

The Corporation is invested in the CBAM Resolute Fund, Ltd. and the CBAM Intrepid Fund, Ltd. (collectively, the "Funds"). These funds are valued based on the net asset value per share of the funds which is based on the fair value of their underlying assets derived principally from or corroborated by observable market data by correlation or other means. In regards to the Funds, there are no unfunded purchase commitments or restrictions on the sale of the investments. Furthermore, the Corporation has no plans to sell the Funds or a portion of the amounts currently owned. In regards to redemption, the shares of the Funds can be redeemed on the last business day of each calendar month provided that written notice of redemption is provided five business days prior. Partial redemptions of the Funds must be at least \$200,000 and the Corporation cannot redeem a portion of the Funds if it would result in the Corporation holding amounts whose net asset value would be less than the minimum initial subscription amount required. There are no known existing or potential restrictions on redemption as of December 31, 2013.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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The following represents the investment strategies of the Funds and the Corporation's investments measured at fair value at December 31:

Fund	Investment Strategy	2013	2012
CBAM Resolute Fund, Ltd	To create an alternative source of income by harnessing risk premiums in global option markets. In pursuit of this objective, the fund will employ its option income strategy which utilizes actively-managed option-based investment structures to create absolute return profiles. This market-neutral strategy is designed to have minimal correlation to underlying market returns over an extended period of time and may be applied in a range of global markets including equities (both individual stocks and baskets of stocks), commodities, interest rates, foreign currencies and other markets where options are traded. The fund may trade and invest in the underlying instruments, related instruments (e.g. futures, forwards and exchange-traded funds or notes), and long and short call options and put options on the underlying or related instruments. The fund will seek to capitalize on a combination of systemic risk premium in global option markets and yields from active cash management.	\$ 20,618,514	\$ 35,128,531
CBAM Intrepid Fund, Ltd	To reshape expected distribution of long-term global equity returns by implementing an active combination of three strategies: trend, income and structure. The objective of the fund is to capture a significant proportion of upside equity returns while avoiding a significant proportion of downside equity returns thus reducing the volatility of returns. The trend strategy is designed to provide directional exposure to equity risk premium. The income strategy will utilize actively-managed option-based investment structures designed to harness systemic risk premiums in global markets. The structure strategy is designed to capture returns from lower probability events across global equity and equity volatility markets.	9,534,675	16,326,184
		\$ 30,153,189	\$ 51,454,715

The Corporation measures its derivative financial instruments at fair value based on proprietary models of an independent third-party valuation specialist. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instrument, and considers the credit risk of the Corporation and counterparty. The method used to determine the fair value calculates the estimated future payments required by the derivative financial instrument and discounts these payments using an appropriate discount rate. The value represents the estimated exit price the Corporation would pay to terminate the agreement.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

5. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment and accumulated depreciation and amortization at December 31, 2013 and 2012 consist of the following:

	<u>2013</u>	<u>2012</u>
Land and improvements	\$ 16,754,017	\$ 16,317,221
Buildings and improvements	462,359,205	447,893,682
Office furniture and equipment	216,520,642	208,287,934
Computer software and hardware	105,257,358	88,887,771
Equipment under capital leases	23,016,022	23,072,291
	<u>823,907,244</u>	<u>784,458,899</u>
Less accumulated depreciation and amortization	<u>(451,063,074)</u>	<u>(415,697,434)</u>
	372,844,170	368,761,465
Construction in progress	<u>19,320,479</u>	<u>14,214,244</u>
	<u>\$ 392,164,649</u>	<u>\$ 382,975,709</u>

Interest incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. During 2013 and 2012, the Corporation incurred interest expense of approximately \$11,167,000 and \$12,394,000, respectively, of which approximately \$1,415,000 was capitalized in 2013 and \$1,204,000 in 2012. HRMC incurred interest expense of approximately \$1,388,000 in 2013 and \$1,407,000 in 2012 which is included in (loss) income from discontinued operations in the consolidated statements of operations. There were no amounts capitalized for HRMC in 2013 and 2012. Investment earnings of approximately \$26,500 and \$42,000 were offset against capitalized interest in 2013 and 2012, respectively.

Depreciation expense, including amortization of equipment under capital leases, was \$35,549,319 in 2013 and \$35,519,478 in 2012. Depreciation expense, including amortization of equipment under capital leases, for HRMC was \$4,995,227 in 2013 and \$5,251,388 in 2012 and is included in (loss) income from discontinued operations in the consolidated statements of operations. Accumulated amortization of equipment under capital lease as of December 31, 2013 and 2012 was \$15,782,485 and \$14,245,776, respectively.

Construction in progress as of December 31, 2013 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were approximately \$2,257,000 at December 31, 2013. The cost of these projects is expected to be funded through transfers from the Corporation's related foundations and from operations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

6. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries includes the following at December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Investment in healthcare entities	\$ 8,439,678	\$ 7,612,371
Capital balance in group purchasing organization	779,155	798,206
Investments held by foundations and other	<u>707,766</u>	<u>1,123,027</u>
Total	<u>\$ 9,926,599</u>	<u>\$ 9,533,604</u>

Investment in Healthcare Entities

The Corporation recognized earnings of \$1,037,529 and \$1,536,380 during 2013 and 2012, respectively, related to its ownership interest in the healthcare entities. A brief description of these investments is presented below:

Chesapeake Potomac Regional Cancer Center ("CPRCC") - CPRCC provides outpatient radiation oncology services to patients in Maryland. The Corporation has a 20% ownership interest in CPRCC.

Doctors Regional Cancer Center ("DRCC") - DRCC provides outpatient radiations oncology service to patients in Bowie and Lanham, Maryland. The Corporation has a 20% ownership interest in DRCC.

Germantown Outpatient Imaging ("GOI") - This organization provides radiology and other imaging services to patients on an outpatient basis in Germantown, Maryland. The Corporation has a 50% ownership interest in GOI.

Shady Grove Medical Building, LLC ("SGMB") - SGMB is organized for the purpose of developing and constructing a cancer care center on the campus of Shady Grove Adventist Hospital. The Corporation has a 50% ownership interest in SGMB.

Riverside Health, Inc. ("RHI") - RHI is a Medicaid managed care organization providing health services to its members. The Corporation has a 20% ownership in RHI.

Summarized financial information related to these entities is presented below:

	<u>2013</u>	<u>2012</u>
Net revenue	\$ 24,504,023	\$ 21,563,981
Revenues in excess of expenses	60,095	3,836,294
Total assets	41,306,378	31,106,742
Total liabilities	21,594,521	11,351,062

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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Capital Balance in Group Purchasing Organization

The Corporation is a partner in Premier, Inc. ("Premier"), a health care system group purchasing organization. Partners are required to maintain capital accounts with Premier. The Corporation maintains approximately 0.5% of the total capital of Premier at December 31, 2013 and 2012. Excess earnings after expenses associated with the purchasing program are credited to partners' capital accounts based on partners' pro rata volume of purchases. Premier's board establishes a required capital balance every six months. Capital balances in excess of the required capital balance are distributed semi-annually. The Corporation recognized earnings of \$1,657,627 in 2013 and \$1,489,754 in 2012, which is included in other revenue in the accompanying consolidated statements of operations.

During 2013, the Corporation sold a portion of their investment in Premier and recognized a gain on the sale of \$1,855,239, which is included in other income in the accompanying consolidated statements of operations.

Investments Held by Foundations and Other

The Foundations also hold marketable debt and equity securities for funds not required to be expended in less than 90 days. These marketable securities are subject to credit and market risks.

The Corporation's investment in an entity that provides wellness initiatives services is reflected here and is accounted for under the equity method of accounting.

InforMed, LLC

On January 1, 2007, the Corporation paid \$3,000,000 to purchase a 10% membership interest in InforMed, LLC ("InforMed"), which is a provider of chronic disease and medical management, clinical claims data warehousing and analysis, network management, and third party administration based in Annapolis, Maryland. The Corporation accounted for this investment in InforMed on the cost basis method of accounting. During 2012, the Corporation sold its investment in InforMed and recognized a gain on the sale of \$3,090,298, which is included in other income in the accompanying consolidated statements of operations.

7. Land Held for Healthcare Development

Land - Clarksburg, Maryland

On February 25, 2002, the Corporation purchased 209 acres of land in Clarksburg, Maryland for approximately \$20,000,000. Concurrent with this purchase, the Corporation entered into a sale agreement with an unrelated third party to be used for residential construction for the sale of 91 acres for \$16,000,000.

On December 27, 2004, the Corporation purchased an additional adjacent parcel of land in Clarksburg, Maryland for \$8,000,000. The purchase price and the related closing costs were financed under a line of credit with a commercial bank. Total costs capitalized related to the above parcels of land and improvements on this land were \$48,804,074 and \$42,332,391 at December 31, 2013 and 2012, respectively.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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In May 2013, the Corporation entered into a Purchase and Sale Agreement (the "Sale Agreement") with an unrelated third party to sell 37.1 acres of the land located in Clarksburg, Maryland. The Sale Agreement also includes the sale of 10.7 acres owned by Cabin Branch Commons, LLC ("Cabin Branch") and the total purchase price of \$28,250,000 will be adjusted at the closing pursuant to certain costs outlined in the Sale Agreement and allocated amongst the sellers. The Corporation along with Cabin Branch are collectively responsible for the completion of certain infrastructure improvements to the property prior to the Closing. The acreage noted in the Sale Agreement is based on approximate amounts which will be finalized at the closing. Total costs capitalized relate to the parcel of land to be sold by the Corporation and improvements were \$21,612,000 at December 31, 2013.

Land - Silver Spring, Maryland

In July 2006, the Corporation purchased a parcel of land near the Calverton-White Oak area of Silver Spring for approximately \$11,000,000. The Corporation plans to build a replacement hospital for Washington Adventist Hospital. The cost of the land will continue to be reported as land held for healthcare development until such time as the Maryland Health Care Commission approves the Corporation's plan for constructing the new facility. As of December 31, 2013 and 2012, the Corporation had total costs capitalized related to this land and land improvements of \$33,544,921 and \$30,898,569, respectively.

Land - Boyds, Maryland

On December 29, 2008, the Corporation participated in a group purchase of 5.31 acres of property located in Boyds, Maryland. The parcel was purchased by Cabin Branch Management, LLC, a Maryland Limited Liability Company of which the Corporation is a voting member. The Corporation does not maintain control of this Limited Liability Company and, therefore, the operation of it is not included in the consolidated financial statements at December 31, 2013 and 2012. The Corporation contributed \$205,045 of the total contracted sales price of \$735,000.

Land - Concordia Property

During 2011, Winchester Homes, Inc. and the Corporation created a new entity, Cabin Branch Commons, LLC ("Cabin Branch"), the purpose of which was to acquire a certain parcel of property known as the "Concordia Property", which was in default with Wells Fargo Bank (formerly known as Wachovia Bank). The Corporation paid \$2,294,169 as its initial capital contribution to Cabin Branch. Cabin Branch purchased the note from Wachovia related to the Concordia Property, foreclosed on the Concordia Parcel, and purchased the Concordia Parcel at the foreclosure sale. The Corporation then paid Cabin Branch \$500,000 for construction rights for certain active adult units on the Concordia Parcel. Total costs capitalized related to the above parcel of land were \$2,794,169 at December 31, 2013 and 2012.

8. Short-Term Financing

The Corporation has a \$3,000,000 unsecured line of credit with a commercial bank, with interest at LIBOR plus 1.50% (1.67% at December 31, 2013). There were no borrowings outstanding under this line of credit as of December 31, 2013 or 2012.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

9. Long Term Obligations

Long term obligations as of December 31, 2013 and 2012 are comprised of the following:

	<u>2013</u>	<u>2012</u>
Fixed rate revenue bonds	\$ 72,828,500	\$ 75,830,000
Variable rate revenue bonds	181,990,000	160,990,000
Secured lines of credit	32,500,000	35,500,000
Note payable	8,750,000	13,000,000
Capital lease purchase financing facilities	4,756,014	8,362,130
Other long term liabilities	<u>20,367,410</u>	<u>14,813,315</u>
Total obligations	321,191,924	308,495,445
Less current maturities	22,925,596	38,270,987
Less long-term debt subject to short-term remarketing and repayment agreements	41,985,000	-
Less bond discount	<u>-</u>	<u>197,430</u>
Noncurrent portion of long term obligations, net	<u>\$ 256,281,328</u>	<u>\$ 270,027,028</u>

Fixed Rate Revenue Bonds

Fixed rate revenue bonds consist of the Maryland Health and Higher Educational Facilities Authority Refunding Revenue Bonds, Series 2003A, Adventist HealthCare, Inc. with a par amount of \$22,925,000 and the Series 2011A, Adventist HealthCare, Inc. with a par amount of \$57,205,000. The Series 2003A bear interest at fixed coupon rates ranging from 5.00% to 5.75%. The Series 2011A bear interest at fixed coupon rates ranging from 5.00% to 6.25%.

In June 2013, the Series 2003A bonds were refunded in conjunction with the issuance of the Series 2013 fixed rate revenue bonds, bearing interest at a rate of 3.21%. The Maryland Health and Higher Educational Facilities Authority Refunding Revenue Bonds, Series 2013, Adventist HealthCare, Inc. have a par amount of \$15,623,500. As a result of this refunding, a loss on extinguishment of debt was recognized in 2013 for approximately \$707,000 and is comprised of the remaining unamortized deferred financing costs and bond discount related to the Series 2003A bonds as well as the premium paid on the repayment of the Series 2003A.

Fixed rate revenue bonds consist of the following at December 31:

	<u>2013</u>	<u>2012</u>
Series 2003A, Adventist HealthCare, Inc.	\$ -	\$ 18,625,000
Series 2011A, Adventist HealthCare, Inc.	57,205,000	57,205,000
Series 2013, Adventist HealthCare, Inc.	<u>15,623,500</u>	<u>-</u>
Total	<u>\$ 72,828,500</u>	<u>\$ 75,830,000</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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The above bond issues are subject to trust indentures which impose various covenants on the Support Center, SGAH, WAH, HRMC, ABH, and ARHM (collectively, the "Obligated Group") which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities, and the achievement of certain pre-established financial indicators. Management believes it has complied with the required covenants for the years ending December 31, 2013 and 2012. Debt service reserve funds are required on the Series 2011A bonds and were required related for the Series 2003A bonds prior to the refunding.

Variable Rate Revenue Bonds

Variable rate revenue bonds consist of the following at December 31:

	<u>2013</u>	<u>2012</u>
Maryland Health and Higher Educational Facilities Authority Revenue Bonds		
Series 2005A, Adventist HealthCare, Inc.	\$ 78,000,000	\$ 78,000,000
Series 2011B, Adventist HealthCare, Inc.	52,005,000	55,005,000
Maryland Health and Higher Educational Facilities Authority Revenue Refunding Bonds		
Series 2004B, Adventist HealthCare, Inc.	26,985,000	27,985,000
Maryland Health and Higher Educational Facilities Authority Taxable Revenue Bonds		
Series 2013B, Adventist HealthCare, Inc.	25,000,000	-
Total	<u>\$ 181,990,000</u>	<u>\$ 160,990,000</u>

The Series 2005A Bonds bear interest at a variable rate based on the SIFMA index and reset weekly. At December 31, 2013, the tax-exempt rate on the 2005A bonds was 0.06%. The 2004B taxable bonds referenced above bear interest at a variable rate based on the LIBOR index. The rate on the 2004B bonds at December 31, 2013 was 0.12%. The Corporation's Series 2004B, 2005A and 2011B bonds are subject to an Amended and Restated Master Trust Indenture that imposes various covenants on the Obligated Group which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities, and the achievement of certain pre-established financial indicators. Management believes it has complied with the required covenants for the years ending December 31, 2013 and 2012. The payment of principal and interest on the 2004B bonds are secured by a separate irrevocable direct-pay letter of credit with an expiration date in December 2014. As such, the entire outstanding balance of the 2004B bonds is shown as a component of long-term debt subject to short-term remarketing and repayment agreements in the consolidated balance sheet at December 31, 2013. The payment of principal and interest on the 2005A bonds are secured by a separate irrevocable direct-pay letter of credit with an expiration date in January 2015. Letters of credit are required to be maintained for the 2004B and 2005A bonds through their maturity dates.

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The Series 2011B bond is a direct placement bond with a commercial bank and bears interest at a variable rate that resets after two years. In September 2013, the interest rate for reset for two years through September 2015. The interest rate for the current two year period is 67% of one month LIBOR plus a spread of 1.77%. (1.94% at December 31, 2013).

In December 2013, the Corporation issued Series 2013B taxable revenue bonds in the amount of \$25,000,000 in order to fund certain capital expenditures. The Series 2013B bonds bear interest at a variable rate of 6-month LIBOR plus 3.00% (3.19% at December 31, 2013). The Series 2013B bonds are subject to the Amended and Restated Master Trust Indenture referred to above. In February 2014, the Series 2013B bonds were converted from taxable revenue bonds to tax-exempt revenue bonds and are now referred to as the Series 2014A bonds and bear interest at a fixed rate of 3.56%.

The bonds subject to the Amended and Restated Master Trust Indenture are secured by the unrestricted revenues of the Obligated Group as well as a mortgage interest in the facilities of Shady Grove Adventist Hospital, Adventist Behavioral Health, Adventist Rehabilitation Hospital of Maryland, Washington Adventist Hospital, and Hackettstown Community Hospital.

Secured Lines of Credit

The Corporation has two secured lines of credit outstanding as follows:

- \$20,000,000 line of credit with a commercial bank that bears interest at LIBOR plus 2.00% (2.17% at December 31, 2013). The amortization on the line extends to December 31, 2017, however the line is up for renewal at January 31, 2015. The balance on the working capital line was \$17,500,000 and \$19,500,000 at December 31, 2013 and 2012, respectively.
- \$16,000,000 line of credit that bears interest at LIBOR plus 1.75% (1.92% at December 31, 2013) and expires on June 30, 2014. As such, the entire outstanding balance is shown as a component of long-term debt subject to short-term remarketing and repayment agreements in the consolidated balance sheet at December 31, 2013. The balance on the line of credit was \$15,000,000 and \$16,000,000 at December 31, 2013 and 2012, respectively.

These lines of credit are secured by Master Notes issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003.

Note Payable

The Corporation had a \$20,000,000 unsecured line of credit outstanding with a commercial bank that bears interest at LIBOR plus 1.00% that expired on January 31, 2011. In February 2011, this line of credit was refinanced into a three year term loan, and bears interest at an interest rate of LIBOR plus 2.50% with a floor of 4.25% (4.25% at December 31, 2013). This new loan is secured by a Master Note issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003. In February 2012, the amortization of this note was amended and the term was extended for an additional year. This note expires in March 2015. The note payable balance was \$8,750,000 at December 31, 2013 and \$13,000,000 at December 31, 2012.

Adventist HealthCare, Inc. and Controlled Entities

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Capital Lease Purchase Financing Facilities

There are two capital lease purchase financing facilities with two commercial banks. The first facility was established in October 2008 for \$8,000,000 and bears interest at a rate of 3.85% and was repaid during 2013. The second facility was established in February 2011 for \$10,000,000 and bears interest at a rate of 3.47%. Both facilities have a five year repayment period. Under the terms of the agreements, the commercial banks deposited funds into escrow accounts for the purpose of funding future purchases of new or used medical or medical-related equipment. The commercial banks retain title to the equipment and are considered to be the owner; however, the Corporation is responsible for all related expenses, including but not limited to, insurance, maintenance, and taxes.

Other Long Term Liabilities

This category consists of several capital lease obligations and notes payable on various types of medical and IT equipment. The financed equipment serves as security on these leases. Interest rates on these other long term liabilities range from 3.40% - 6.83%.

Scheduled principal repayments of long-term obligations at December 31, 2013 are as follows:

Years ending December 31:	
2014	\$ 64,910,596
2015	23,738,881
2016	17,721,067
2017	15,004,204
2018	11,214,969
Thereafter	<u>188,602,207</u>
Total	<u>\$ 321,191,924</u>

10. Derivative Financial Instruments

The Corporation has two interest rate swap agreements, which are considered derivative financial instruments. The agreements were entered into in order to manage interest rate exposure. The principal objective of the swap agreements is to minimize the risks associated with financing activities by reducing the impact of changes in interest rates on its debt portfolio. The notional amount of the swap agreements is used to measure the interest to be paid or received and does not represent the amount of exposure to credit loss. Exposure to credit loss is limited to the receivable, if any, which may be generated as a result of the swap agreement. Losses related to credit risk are managed by diversification among various swap counterparties and by requiring collateral from the Corporation's swap counterparties at various ratings thresholds while the Corporation has no reciprocal requirement to post collateral. The two interest rate swap agreements are reported at fair value in the consolidated balance sheets.

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The interest rate swap agreement with a notional amount of \$78,000,000 was designated by the Corporation as a cash flow hedge, which qualifies it for hedge accounting treatment under accounting principles generally accepted in the United States of America. The effective portion of the change in fair value of the cash flow hedge is reported in the consolidated statements of operations and changes in net assets as an unrealized gain or loss on cash flow derivative financial instrument. The ineffective portion of the change in fair value is reported in the accompanying consolidated statements of operations as a component of interest expense.

In December 2010, the Corporation sold two separate options to the swap counterparties to terminate their remaining interest rate swap agreements designated as cash flow hedges, both at an exercise price of \$3,000,000. The option related to the interest rate swap agreement with a notional amount of \$59,330,000, as noted in the table below, had an exercise date of December 21, 2012 and the swap counterparty did not exercise this option. The other option related to the interest rate swap agreement with a notional amount of \$78,000,000, as noted in the table below, had an exercise date of December 1, 2013 and the swap counterparty did not exercise this option.

The net cash paid or received under the swap agreements is recognized as either an adjustment to interest expense or other income. The net cash paid under the interest rate swap agreements was \$4,536,085 in 2013 and \$4,611,952 in 2012. For 2013 and 2012, \$2,682,465 and \$2,656,541, respectively, are reported as a component of interest expense in the accompanying consolidated statements of operations. These amounts represent the net cash paid related to the swap agreement that continues to be accounted for using hedge accounting. The remaining amounts for 2013 and 2012 are reported as a component of other income in the accompanying consolidated statements of operations, which is related to the swap agreement that does not qualify for hedge accounting.

At December 31, 2013 and 2012, the Corporation's derivative financial instruments and related fair values are as follows:

	<u>2013</u>	<u>2012</u>
Agreement for the notional amount of \$55,680,000 requiring the Corporation to pay a fixed interest rate of 3.457% while receiving variable interest rates based upon 67% of LIBOR, maturing January 2021	\$ (4,764,505)	\$ (8,030,190)
Agreement for the notional amount of \$78,000,000 requiring the Corporation to pay a fixed interest rate of 3.567% while receiving variable interest rates based upon 67% of LIBOR, maturing January 2035 and qualifying for cash flow hedge accounting treatment	<u>(11,339,076)</u>	<u>(20,139,533)</u>
Total	<u>\$ (16,103,581)</u>	<u>\$ (28,169,723)</u>

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The fair value of the interest rate swap agreements is estimated to be the amount the Corporation would receive or pay to terminate the swap agreements at the reporting date and was based on information supplied by an independent third party valuation agent (Note 4). Additionally, the fair value reflects a credit risk assessment required under accounting principles generally accepted in the United States of America. To the extent that the interest rate swaps qualifying for cash flow hedge accounting treatment are effective in converting the variable interest rate to a fixed rate, the unrealized gain or loss on the derivative financial instruments is excluded from revenues in excess of expenses from continuing operations. Gains or losses resulting from hedge ineffectiveness are recognized in revenues in excess of expenses from continuing operations. Gains of \$500,129 and \$305,855 were recognized as of December 31, 2013 and 2012, respectively as a result of hedge ineffectiveness. Gains or losses resulting from interest rate swap agreements not qualifying for cash flow hedge accounting treatment are entirely recognized as a component of revenues in excess of expenses from continuing operations. The impact of swaps not qualifying for hedge accounting treatment on the consolidated statements of operations were gains of \$2,373,408 in 2013 and \$514,069 in 2012.

On October 3, 2008, the counterparty for the Corporation's fixed pay swap maturing in January 2035, Lehman Brothers, Inc., commenced proceedings under Chapter 11 of the Bankruptcy Code. This action triggered an Event of Default under the ISDA Master Agreement in effect with said party and gave the Corporation the right to terminate the transaction. On October 16, 2008, the Corporation terminated this agreement and concurrently entered into an agreement with a new counterparty that assumed all existing terms and conditions of the original agreement. The termination of the original swap agreement resulted in a gain of \$472,023 which is included in unrestricted net assets in the consolidated balance sheets. This gain is being amortized over the remaining term of the 2005A Series Bonds, or through January 2035. As of December 31, 2013 and 2012, accumulated amortization of \$89,909 and \$53,946, respectively, is included in other changes in net assets and interest expense in the consolidated statements of operations and changes in net assets.

11. Leases

The Corporation has entered into various operating leases primarily for office space as well as certain equipment items. Rental expense for operating leases was \$16,006,602 in 2013 and \$19,606,916 in 2012. Future minimum payments under non cancelable operating leases with initial terms of one year or more consist of the following during the years ending December 31:

Years ending December 31:	
2014	\$ 14,080,302
2015	13,643,186
2016	13,288,725
2017	12,418,366
2018	11,985,993
Thereafter	<u>84,918,623</u>
Total	<u>\$ 150,335,195</u>

The Corporation has also entered into various sub-lease agreements with tenants that occupy space in the Corporation's buildings. The terms of these sub-leases vary and extend through 2020. Rental income was \$3,851,382 in 2013 and \$4,335,800 in 2012, which has been reported as a component of other operating revenue in the consolidated statements of operations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Future rent payments expected to be received by the Corporation during the years ending December 31 are as follows:

Years ending December 31:	
2014	\$ 2,894,563
2015	2,498,262
2016	1,778,550
2017	1,080,850
2018	623,734
Thereafter	<u>219,651</u>
Total	<u>\$ 9,095,610</u>

12. Retirement, Health Plans and Life Insurance

Defined Contribution Retirement Plan

The Corporation sponsors a 401(a) defined contribution retirement plan, which covers substantially all full-time employees. After twelve months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2% of eligible employees' compensation, plus a matching employer contribution equal to 50% of employee contributions up to 6% of base salary. Retirement plan expense was \$8,183,463 in 2013 and \$8,624,347 in 2012. Retirement plan expense for HRMC was \$666,071 in 2013 and \$733,839 in 2012 which is included in (loss) income from discontinued operations in the consolidated statements of operations.

Salary Deferral (457(b)) Plan

Employees who contribute the maximum allowable amount to the 403(b) retirement plan have an opportunity to contribute additional funds on a tax-deferred basis to a 457(b) retirement plan up to the maximum tax-sheltered opportunity. There are no employer contributions to this plan.

Employee Life and Health Benefit Program

The Corporation maintains a self-insurance employee program for its health insurance coverage. The Corporation accrues the estimated costs of incurred and reported and incurred but not reported claims, after consideration of its stop-loss insurance coverage, based upon data provided by the third-party administrator of the program and historical claims experience. Beginning January 1, 2005, HRMC maintained its own self-insurance program for employee health care coverage.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Life Insurance

Full-time and part-time employees are insured for an amount equal to one times their base salary at time of enrollment up to \$450,000 for full-time employees and \$10,000 for part-time employees. In addition, if death is caused by accident, the employee is insured for an additional benefit equal to the amount of their life insurance.

13. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for betterments to plant facilities and purchases of equipment or to support operating programs sponsored by the Corporation and its affiliates.

Permanently restricted net assets have been restricted by donor to be maintained by the Corporation in perpetuity.

Net assets were released from donor restriction by satisfying their restricted purposes in the amount of \$7,533,379 in 2013 and \$10,622,475 in 2012.

14. Commitments and Contingencies

Litigation and Claims

The Corporation is subject to asserted and unasserted claims (in addition to litigation) encountered in the ordinary course of business. In the opinion of management and after consultation with legal counsel, the Corporation has established adequate reserves related to all known matters. The outcome of any potential investigative, regulatory or prosecutorial activity that may occur in the future cannot be predicted with certainty. However, any associated potential future losses resulting from such activity could have a material adverse effect on the Corporation's future financial position, results of operations and liquidity.

Insurance

The Corporation's primary coverage for professional liability is provided through a self-funded insurance retention trust (the "Trust") established on January 1, 1993. The Trust is funded based on actuarial estimates and provides coverage of \$2,000,000 per occurrence with no annual aggregate limitation. The Trust also provides general liability coverage up to \$1,000,000 per occurrence and \$3,000,000 in the aggregate. The Corporation also carries umbrella excess liability insurance on a claims made basis with a commercial carrier, with limits of \$20,000,000 per occurrence and in aggregate.

It is the Corporation's policy to accrue for the ultimate cost of uninsured asserted and unasserted malpractice claims, if any, when incidents occur. Based on a review of the Corporation's prior experience and incidents occurring through December 31, 2013, management determined that the fully-funded professional liability reserve reported at December 31, 2013 and 2012 is adequate in light of the program's excess umbrella policy currently in force and historical claims experience. The estimated professional liability for both asserted and unasserted claims was \$9,324,911 and \$7,265,426 at December 31, 2013 and 2012, respectively. The discount rate used in determining these liabilities was 2.5% at both December 31, 2013 and 2012.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

The Corporation is self-insured for unemployment and workers' compensation benefits. The liability for unemployment and worker's compensation claims payable is an estimate based on the Corporation's past experience and is included in the accompanying consolidated balance sheets. It is reasonably possible that the estimates used could change materially in the near term.

Remediation

Certain buildings, which were constructed prior to the passage of the Clean Air Act, contain encapsulated asbestos material. Current law requires that this asbestos be removed in an environmentally safe fashion prior to demolition and renovation of these buildings. At this time, the Corporation has no plans to demolish or renovate these buildings and, as such, cannot reasonably estimate the fair value of the liability for such asbestos removal.

15. Business and Credit Concentrations

The Corporation grants credit to patients, substantially all of whom are local residents. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans or policies.

At December 31, 2013 and 2012, concentrations of gross receivables from third-party payors and others are as follows:

	<u>2013</u>	<u>2012</u>
Medicare	19 %	19 %
Medicaid	12	17
Other third party payers	37	39
Self-pay and others	32	25
	<u>100 %</u>	<u>100 %</u>

Gross patient service revenue, by payor class, consisted of the following for the years ended December 31:

	<u>2013</u>	<u>2012</u>
Medicare	29 %	39 %
Medicaid	5	5
Other third party payers	57	46
Self-pay and others	9	10
	<u>100 %</u>	<u>100 %</u>

The Corporation maintains its cash and cash equivalents with several financial institutions. Cash and cash equivalents on deposit with any one financial institution are insured up to \$250,000.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2013 and 2012

17. Functional Expenses

A summary of the Corporation's operating expenses by function for the years ended December 31 is as follows:

	<u>2013</u>	<u>2012</u>
Hospital acute and ambulatory services	\$ 524,569,366	\$ 504,575,820
Home care services	15,114,246	14,314,302
Other health care services	105,945,631	101,221,270
Other, including general and administrative	13,121,785	25,537,867
Fundraising	703,853	891,289
Total	<u>\$ 659,454,881</u>	<u>\$ 646,540,548</u>

The Corporation also incurred general and administrative expense related to ASLS and hospital acute services expense related to HRMC that were included in (loss) income from discontinued operations in the consolidated statements of operations. ASLS general and administrative expenses were \$2,972 in 2013. There were no general and administrative expenses for ASLS incurred in 2012. HRMC hospital acute services expenses were \$89,256,261 in 2013 and \$88,927,963 in 2012.

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet
December 31, 2013

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Assets														
Current Assets														
Cash and cash equivalents	\$ 58,692,102	\$ -	\$ (33,782,969)	\$ 105,863,271	\$ (6,971,085)	\$ 33,788,130	\$ (9,472,647)	\$ (2,002,075)	\$ 7,880,009	\$ 2,727,506	\$ (40,730,750)	\$ (42,164)	\$ (340,998)	\$ 1,775,874
Short term investments	128,642,187	-	128,642,187	-	-	-	-	-	-	-	-	-	-	-
Assets whose use is limited	3,950,514	-	3,950,514	-	-	-	-	-	-	-	-	-	-	-
Patient accounts receivable, net of estimated allowances of \$92,434,000	127,698,502	-	393,103	52,479,937	40,561,412	9,497,690	9,253,345	-	10,239,140	2,341,466	2,936,754	(4,345)	-	-
Other receivables, net of estimated allowance for uncollectible accounts of \$2,288,000	12,781,149	(190,379)	3,493,980	1,900,776	743,346	461,392	1,920,199	2,407,470	68,802	(8,377)	256,282	-	402,878	1,324,780
Due from third party payors	-	(2,313,438)	-	-	-	-	194,072	-	1,973,008	-	-	146,358	-	-
Due from affiliates	-	(180)	-	74,141	(74,141)	-	-	-	180	-	-	-	-	-
Inventories	12,172,222	-	-	5,931,563	4,056,160	1,801,874	130,095	-	104,013	-	-	-	148,517	-
Prepaid expenses and other current assets	6,251,940	-	2,961,189	1,501,979	1,084,096	293,660	93,334	2,275	72,347	47,131	159,350	-	36,229	350
Total current assets	350,188,616	(2,503,997)	105,658,004	167,751,667	39,399,788	45,842,746	2,118,398	407,670	20,337,499	5,107,726	(37,378,364)	99,849	246,626	3,101,004
Property and Equipment, Net	392,164,649	-	112,888,907	181,192,380	33,476,093	42,952,842	10,363,701	1,644,476	8,577,123	497,688	411,902	-	359,537	-
Assets Whose Use is Limited														
Under trust indenture and capital lease purchase financing facilities, held by trustees and banks	7,045,353	-	1,340,578	1,105,757	866,336	2,793,642	492,996	-	446,044	-	-	-	-	-
Professional liability trust fund	8,835,811	-	8,835,811	-	-	-	-	-	-	-	-	-	-	-
Deferred compensation fund	164,057	-	-	-	164,057	-	-	-	-	-	-	-	-	-
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	2,978,828	-	-	330,520	-	1,520,468	-	549,666	210,884	-	-	-	-	367,290
Investments and Investments in Unconsolidated Subsidiaries	9,926,599	-	5,094,069	2,101,791	-	1,353,168	-	-	-	-	-	422,522	-	955,049
Land Held for Healthcare Development	84,805,542	-	62,758,405	15,657	22,031,480	-	-	-	-	-	-	-	-	-
Deferred Financing Costs, Net	2,622,135	-	589,643	900,879	540,174	445,734	79,485	-	66,220	-	-	-	-	-
Intangible Assets, Net	5,408,550	-	48,632	1,426,333	-	867,660	1,862,520	-	974,334	184,256	-	-	44,815	-
Deposits and Other Noncurrent Assets	7,448,871	-	1,192,987	3,002,585	3,408	876,951	26,674	5,054	32,000	30,828	6,887	-	42,581	2,228,916
Total assets	\$ 871,589,011	\$ (2,503,997)	\$ 298,207,036	\$ 357,827,569	\$ 96,481,336	\$ 96,653,211	\$ 14,943,774	\$ 2,606,866	\$ 30,644,104	\$ 5,820,498	\$ (36,959,575)	\$ 522,371	\$ 693,559	\$ 6,652,259

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet
December 31, 2013

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Liabilities and Net Assets														
Current Liabilities														
Accounts payable and accrued expenses	\$ 83,688,817	\$ (182)	\$ 21,467,559	\$ 31,685,715	\$ 18,006,464	\$ 5,399,992	\$ 2,631,420	\$ 411,345	\$ 1,584,655	\$ 731,240	\$ 1,033,016	\$ (7,514)	\$ 620,857	\$ 124,250
Accrued compensation and related items	31,922,897	(190,379)	4,076,530	11,212,107	8,042,978	2,974,886	2,028,514	392,428	1,875,836	901,861	432,427	1,318	174,391	-
Interest payable	2,222,769	-	2,217,729	-	2,302	-	2,738	-	-	-	-	-	-	-
Due to third party payors	21,919,784	(2,313,438)	-	14,415,364	8,210,143	555,818	985,166	-	(27,057)	-	-	93,788	-	-
Estimated self-insured professional liability	1,202,986	-	1,202,986	-	-	-	-	-	-	-	-	-	-	-
Current maturities of long-term obligations	22,925,596	-	12,823,929	4,981,571	4,213,189	45,657	861,250	-	-	-	-	-	-	-
Long-term debt subject to short-term remarketing and repayment arrangements	41,985,000	-	-	32,920,739	9,064,261	-	-	-	-	-	-	-	-	-
Total Current Liabilities	205,867,849	(2,503,999)	41,788,733	95,215,496	47,539,337	8,976,353	6,509,088	803,773	3,433,434	1,633,101	1,465,443	87,592	795,248	124,250
Construction Payable	116,254	-	-	-	-	116,254	-	-	-	-	-	-	-	-
Long-Term Obligations, Net														
Bonds payable	221,015,919	-	181,885,000	3,732,000	35,398,919	-	-	-	-	-	-	-	-	-
Notes payable	18,916,729	-	18,216,562	-	243,750	-	456,417	-	-	-	-	-	-	-
Capital lease obligation	16,348,680	-	13,831,198	1,892,022	577,265	48,195	-	-	-	-	-	-	-	-
Internal debt	-	2	(177,649,000)	103,119,312	32,143,145	32,229,053	5,809,634	-	4,347,854	-	-	-	-	-
Derivative Financial Instruments	16,103,581	-	16,103,581	-	-	-	-	-	-	-	-	-	-	-
Deferred Compensation	164,057	-	-	-	164,057	-	-	-	-	-	-	-	-	-
Other Liabilities	12,310,883	-	5,207,680	5,249,737	486,931	1,106,959	-	-	200,000	-	-	-	-	59,576
Estimated Self Insured Professional Liability	8,121,925	-	8,121,925	-	-	-	-	-	-	-	-	-	-	-
Total liabilities	498,965,877	(2,503,997)	107,505,679	209,208,567	116,553,404	42,476,814	12,775,139	803,773	7,981,288	1,633,101	1,465,443	87,592	795,248	183,826
Net Assets (Deficit)														
Unrestricted	365,618,832	-	190,608,660	148,328,361	(20,642,842)	52,986,699	2,168,636	1,324,203	22,594,799	4,187,397	(38,425,018)	434,779	(101,689)	2,154,847
Temporarily restricted	6,662,881	-	92,697	290,641	570,774	1,189,698	(1)	137,469	68,017	-	-	-	-	4,313,586
Permanently restricted	341,421	-	-	-	-	-	-	341,421	-	-	-	-	-	-
Total net assets (deficit)	372,623,134	-	190,701,357	148,619,002	(20,072,068)	54,176,397	2,168,635	1,803,093	22,662,816	4,187,397	(38,425,018)	434,779	(101,689)	6,468,433
Total liabilities and net assets	\$ 871,589,011	\$ (2,503,997)	\$ 298,207,036	\$ 357,827,569	\$ 96,481,336	\$ 96,653,211	\$ 14,943,774	\$ 2,606,866	\$ 30,644,104	\$ 5,820,498	\$ (36,959,575)	\$ 522,371	\$ 693,559	\$ 6,652,259

Adventist Healthcare, Inc. and Controlled Entities

 Consolidating Schedule, Statement of Operations
 Year Ended December 31, 2013

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Unrestricted Revenues														
Net patient service revenue	\$ 664,929,799	\$ (85,757,199)	\$ 4,577,689	\$ 338,865,036	\$ 216,357,425	\$ 85,579,847	\$ 39,049,612	\$ 588,114	\$ 33,951,685	\$ 15,209,221	\$ 16,508,369	\$ -	\$ -	\$ -
Provision for doubtful collections	(43,172,646)	4,624,228	(36,641)	(18,775,242)	(20,223,050)	(4,624,228)	(1,473,295)	(83,907)	(982,226)	(76,756)	(1,486,466)	-	(35,063)	-
Net patient service revenue less provision for doubtful collections	621,757,153	(81,132,971)	4,541,048	320,089,794	196,134,375	80,955,619	37,576,317	504,207	32,969,459	15,132,465	15,021,903	-	(35,063)	-
Other revenue	37,990,928	(15,463,303)	4,839,558	11,068,192	6,540,625	7,382,747	6,829,623	6,690,122	360,155	35,643	924,991	-	5,740,017	3,042,558
Total unrestricted revenues	659,748,081	(96,596,274)	9,380,606	331,157,986	202,675,000	88,338,366	44,405,940	7,194,329	33,329,614	15,168,108	15,946,894	-	5,704,954	3,042,558
Operating Expenses														
Salaries and wages	277,034,762	(37,662,844)	12,012,680	119,025,920	82,830,918	37,662,435	23,960,613	4,231,286	18,963,230	10,402,817	3,803,668	409	1,803,630	-
Employee benefits	58,644,334	(9,313,996)	3,156,429	25,068,467	17,329,481	9,313,650	5,482,342	893,854	3,885,587	1,960,849	507,661	37	359,973	-
Contract labor	29,565,999	(1,941,301)	200,624	10,775,754	13,338,507	1,871,196	1,012,436	368,814	717,967	171,976	2,505,856	-	544,170	-
Medical supplies	93,404,087	(12,139,581)	(3,442)	52,143,295	36,700,444	12,047,963	1,743,800	30,730	1,323,840	225,915	8,725	-	1,322,398	-
General and administrative	121,185,271	(22,441,047)	37,266,028	39,561,825	27,423,483	9,418,785	3,092,734	974,934	2,855,256	775,622	18,548,614	2,526	686,445	3,020,066
Building and maintenance	35,047,777	(7,065,030)	907,509	21,344,117	9,031,414	5,192,743	2,961,967	284,406	1,215,331	601,739	52,449	-	521,132	-
Insurance	5,147,729	(532,209)	89,963	2,528,458	1,852,746	532,209	239,722	21,463	143,893	106,251	159,415	-	5,818	-
Interest	8,365,613	(1,388,123)	(125,251)	5,982,743	1,988,992	1,388,123	311,353	1,865	205,223	-	-	-	688	-
Depreciation and amortization	31,059,309	(5,033,010)	8,259,458	14,828,247	6,195,471	5,033,010	1,009,126	112,695	635,193	116,671	43,653	-	58,795	-
IT depreciation	-	-	(7,664,344)	3,856,865	2,108,421	1,217,489	68,779	-	361,276	35,092	-	-	16,422	-
Allocation: IT services	-	-	(31,115,283)	14,235,038	10,091,609	3,267,690	1,412,424	-	1,582,729	422,244	-	-	103,549	-
AHC management fees	-	-	(15,408,268)	6,482,897	4,504,478	2,310,968	862,984	150,569	673,579	299,822	-	-	122,971	-
Total expenses	659,454,881	(97,517,141)	7,576,103	315,633,626	213,395,964	89,256,261	42,158,280	7,070,616	32,563,104	15,118,998	25,630,041	2,972	5,545,991	3,020,066
Income (loss) from operations	293,200	920,867	1,804,503	15,524,360	(10,720,964)	(917,895)	2,247,660	123,713	766,510	49,110	(9,683,147)	(2,972)	158,963	22,492
Other Income (Expense)														
Investment income (loss)	2,786,060	(426,358)	3,061,483	731,946	(1,027,531)	426,358	(151,156)	7,722	81,008	35,497	-	-	(4,010)	51,101
Loss on extinguishment of debt	(707,292)	-	(707,292)	-	-	-	-	-	-	-	-	-	-	-
Other income (expense)	1,673,660	(21,808)	3,228,900	(992,613)	(482,180)	(649,149)	(45,970)	-	(34,477)	-	-	670,957	-	-
Total other income (expense)	3,752,428	(448,166)	5,583,091	(260,667)	(1,509,711)	(222,791)	(197,126)	7,722	46,531	35,497	-	670,957	(4,010)	51,101
Revenue and gains in excess of (less than expenses from continuing operations)	4,045,628	472,701	7,387,594	15,263,693	(12,230,675)	(1,140,686)	2,050,534	131,435	813,041	84,607	(9,683,147)	667,985	154,953	73,593
Change in net unrealized gains and losses on investment other than trading securities	(2,896,072)	-	(763,753)	(1,380,006)	(13,361)	(530,960)	(1,728)	(10,891)	(104,671)	(43,962)	-	-	(8)	(46,732)
Change in net unrealized gain on derivative financia instrument	8,450,548	-	8,450,548	-	-	-	-	-	-	-	-	-	-	-
Transfer from (to) unconsolidated subsidiary	-	-	8,856,643	(3,030,260)	(2,107,217)	(860,732)	(403,379)	(70,380)	(314,847)	(140,144)	-	(1,872,205)	(57,479)	-
Net assets released from restriction for purchase of property and equipment	3,243,024	-	1,275,415	1,818,335	32,890	27,084	-	25,000	64,300	-	-	-	-	-
Other unrestricted net asset activity	(82,046)	-	(82,046)	-	-	-	-	-	-	-	-	-	-	-
Increase (decrease) in unrestricted net assets from continuing operations	12,761,082	472,701	25,124,401	12,671,762	(14,318,363)	(2,505,294)	1,645,427	75,164	457,823	(99,499)	(9,683,147)	(1,204,220)	97,466	26,861
Loss from discontinued operations	(472,701)	(472,701)	-	-	-	-	-	-	-	-	-	-	-	-
Increase (decrease) in unrestricted net assets	\$ 12,288,381	\$ -	\$ 25,124,401	\$ 12,671,762	\$ (14,318,363)	\$ (2,505,294)	\$ 1,645,427	\$ 75,164	\$ 457,823	\$ (99,499)	\$ (9,683,147)	\$ (1,204,220)	\$ 97,466	\$ 26,861

Adventist Healthcare, Inc. - Obligated Group

 Combining Schedule, Balance Sheet
 December 31, 2013

Assets	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health	Adventist Rehabilitation Hospital of Maryland
Current Assets								
Cash and cash equivalents	\$ 97,304,709	\$ -	\$ (33,782,969)	\$ 105,863,271	\$ (6,971,085)	\$ 33,788,130	\$ (9,472,647)	\$ 7,880,009
Short-term investments	128,642,187	-	128,642,187	-	-	-	-	-
Assets whose use is limited	3,950,514	-	3,950,514	-	-	-	-	-
Patient accounts receivable, net of estimated allowances of \$91,260,000	122,424,627	-	393,103	52,479,937	40,561,412	9,497,690	9,253,345	10,239,140
Other receivables, net of estimated allowance for uncollectible accounts of \$684,000	8,398,116	(190,379)	3,493,980	1,900,776	743,346	461,392	1,920,199	68,802
Due from third party payors	-	(2,167,080)	-	-	-	-	194,072	1,973,008
Due from affiliates	-	(180)	-	74,141	(74,141)	-	-	180
Inventories	12,023,705	-	-	5,931,563	4,056,160	1,801,874	130,095	104,013
Prepaid expenses and other current assets	6,006,605	-	2,961,189	1,501,979	1,084,096	293,660	93,334	72,347
Total current assets	378,750,463	(2,357,639)	105,658,004	167,751,667	39,399,788	45,842,746	2,118,398	20,337,499
Property and Equipment, Net	389,251,046	-	112,688,907	181,192,380	33,476,093	42,952,842	10,363,701	8,577,123
Assets Whose Use is Limited								
Under trust indenture and capital lease purchase financing facilities, held by trustees and banks	7,045,353	-	1,340,578	1,105,757	866,336	2,793,642	492,996	446,044
Professional liability trust fund	8,835,811	-	8,835,811	-	-	-	-	-
Deferred compensation fund	164,057	-	-	-	164,057	-	-	-
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	2,061,872	-	-	330,520	-	1,520,468	-	210,884
Investments and Investments in Unconsolidated Subsidiaries	8,549,028	-	5,094,069	2,101,791	-	1,353,168	-	-
Land Held for Healthcare Development	84,805,542	-	62,758,405	15,657	22,031,480	-	-	-
Deferred Financing Costs	2,622,135	-	589,643	900,879	540,174	445,734	79,485	66,220
Intangible Assets, Net	5,179,479	-	48,632	1,426,333	-	867,660	1,862,520	974,334
Deposits and Other Noncurrent Assets	5,134,605	-	1,192,987	3,002,585	3,408	876,951	26,674	32,000
Total assets	<u>\$ 892,399,391</u>	<u>\$ (2,357,639)</u>	<u>\$ 298,207,036</u>	<u>\$ 357,827,569</u>	<u>\$ 96,481,336</u>	<u>\$ 96,653,211</u>	<u>\$ 14,943,774</u>	<u>\$ 30,644,104</u>

Adventist Healthcare, Inc. - Obligated Group

Combining Schedule, Balance Sheet

December 31, 2013

	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health	Adventist Rehabilitation Hospital of Maryland
Liabilities and Net Assets								
Current Liabilities								
Accounts payable and accrued expenses	\$ 80,775,623	\$ (182)	\$ 21,467,559	\$ 31,685,715	\$ 18,006,464	\$ 5,399,992	\$ 2,631,420	\$ 1,584,655
Accrued compensation and related items	30,020,472	(190,379)	4,076,530	11,212,107	8,042,978	2,974,886	2,028,514	1,875,836
Interest payable	2,222,769	-	2,217,729	-	2,302	-	2,738	-
Due to third party payors	21,972,354	(2,167,080)	-	14,415,364	8,210,143	555,818	985,166	(27,057)
Estimated self-insured professional liability	1,202,986	-	1,202,986	-	-	-	-	-
Current portion of long-term obligations	22,925,596	-	12,823,929	4,981,571	4,213,189	45,657	861,250	-
Long-term debt subject to short-term remarketing and repayment arrangements	41,985,000	-	-	32,920,739	9,064,261	-	-	-
Total current liabilities	201,104,800	(2,357,641)	41,788,733	95,215,496	47,539,337	8,976,353	6,509,088	3,433,434
Construction Payable	116,254	-	-	-	-	116,254	-	-
Long-Term Obligations, Net								
Bonds payable	221,015,919	-	181,885,000	3,732,000	35,398,919	-	-	-
Notes payable	18,916,729	-	18,216,562	-	243,750	-	456,417	-
Capital lease obligation	16,348,680	-	13,831,198	1,892,022	577,265	48,195	-	-
Internal debt	-	2	(177,649,000)	103,119,312	32,143,145	32,229,053	5,809,634	4,347,854
Derivative Financial Instruments	16,103,581	-	16,103,581	-	-	-	-	-
Deferred Compensation	164,057	-	-	-	164,057	-	-	-
Other Liabilities	12,251,307	-	5,207,680	5,249,737	486,931	1,106,959	-	200,000
Estimated Self-Insured Professional Liability	8,121,925	-	8,121,925	-	-	-	-	-
Total liabilities	494,143,252	(2,357,639)	107,505,679	209,208,567	116,553,404	42,476,814	12,775,139	7,981,288
Net Assets (Deficit)								
Unrestricted	396,044,313	-	190,608,660	148,328,361	(20,642,842)	52,986,699	2,168,636	22,594,799
Temporarily restricted	2,211,826	-	92,697	290,641	570,774	1,189,698	(1)	68,017
Total net assets (deficit)	398,256,139	-	190,701,357	148,619,002	(20,072,068)	54,176,397	2,168,635	22,662,816
Total liabilities and net assets	\$ 892,399,391	\$ (2,357,639)	\$ 298,207,036	\$ 357,827,569	\$ 96,481,336	\$ 96,653,211	\$ 14,943,774	\$ 30,644,104

Adventist Healthcare, Inc. - Obligated Group

 Combining Schedule, Statement of Operations
 Year Ended December 31, 2013

	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Adventist Rehabilitation Hospital of Maryland
Unrestricted Revenues								
Net patient service revenue	\$ 632,624,095	\$ (85,757,199)	\$ 4,577,689	\$ 338,865,036	\$ 216,357,425	\$ 85,579,847	\$ 39,049,612	\$ 33,951,685
Provision for doubtful collections	(41,490,454)	4,624,228	(36,641)	(18,775,242)	(20,223,050)	(4,624,228)	(1,473,295)	(982,226)
Net patient service revenue less provision for doubtful collections	591,133,641	(81,132,971)	4,541,048	320,089,794	196,134,375	80,955,619	37,576,317	32,969,459
Other revenue	26,991,606	(10,029,294)	4,839,558	11,068,192	6,540,625	7,382,747	6,829,623	360,155
Total unrestricted revenues	618,125,247	(91,162,265)	9,380,606	331,157,986	202,675,000	88,338,366	44,405,940	33,329,614
Operating Expenses								
Salaries and wages	256,793,361	(37,662,435)	12,012,680	119,025,920	82,830,918	37,662,435	23,960,613	18,963,230
Employee benefits	54,921,996	(9,313,960)	3,156,429	25,068,467	17,329,481	9,313,650	5,482,342	3,885,587
Contract labor	25,979,935	(1,936,549)	200,624	10,775,754	13,338,507	1,871,196	1,012,436	717,967
Medical supplies	91,844,933	(12,110,967)	(3,442)	52,143,295	36,700,444	12,047,963	1,743,800	1,323,840
General and administrative	109,353,354	(10,264,757)	37,266,028	39,561,825	27,423,483	9,418,785	3,092,734	2,855,256
Building and maintenance	33,611,078	(7,042,003)	907,509	21,344,117	9,031,414	5,192,743	2,961,967	1,215,331
Insurance	4,854,782	(532,209)	89,963	2,528,458	1,852,746	532,209	239,722	143,893
Interest	8,363,060	(1,388,123)	(125,251)	5,982,743	1,988,992	1,388,123	311,353	205,223
Depreciation and amortization	30,727,495	(5,033,010)	8,259,458	14,628,247	6,195,471	5,033,010	1,009,126	635,193
IT depreciation	(1,269,003)	(1,217,489)	(7,664,344)	3,856,865	2,108,421	1,217,489	68,779	361,276
Allocation: IT services	(3,793,483)	(3,267,690)	(31,115,283)	14,235,038	10,091,609	3,267,690	1,412,424	1,582,729
AHC management fees	(2,884,330)	(2,310,968)	(15,408,268)	6,482,897	4,504,478	2,310,968	862,984	673,579
Total expenses	608,503,178	(92,080,160)	7,576,103	315,633,626	213,395,964	89,256,261	42,158,280	32,563,104
Income (loss) from operations	9,622,069	917,895	1,804,503	15,524,360	(10,720,964)	(917,895)	2,247,660	766,510
Other Income (Expense)								
Investment income (loss)	2,695,750	(426,358)	3,061,483	731,946	(1,027,531)	426,358	(151,156)	81,008
Loss on extinguishment of debt	(707,292)	-	(707,292)	-	-	-	-	-
Other income (expense)	1,673,660	649,149	3,228,900	(992,613)	(482,180)	(649,149)	(45,970)	(34,477)
Total other income (expense)	3,662,118	222,791	5,583,091	(260,667)	(1,509,711)	(222,791)	(197,126)	46,531
Revenue in excess of (less than) expenses from continuing operations	13,284,187	1,140,686	7,387,594	15,263,693	(12,230,675)	(1,140,686)	2,050,534	813,041
Change in net unrealized gains and losses on investments other than trading securities	(2,794,479)	-	(763,753)	(1,380,006)	(13,361)	(530,960)	(1,728)	(104,671)
Change in net unrealized gain on derivative financial instrument	8,450,548	-	8,450,548	-	-	-	-	-
#REF!	2,140,208	-	8,856,643	(3,030,260)	(2,107,217)	(860,732)	(403,379)	(314,847)
Net assets released from restriction for purchase of property and equipment	3,218,024	-	1,275,415	1,818,335	32,890	27,084	-	64,300
Other unrestricted net asset activity	(82,046)	-	(82,046)	-	-	-	-	-
Increase (decrease) in unrestricted net assets from continuing operations	24,216,442	1,140,686	25,124,401	12,671,762	(14,318,363)	(2,505,294)	1,645,427	457,823
Loss from discontinued operations	(1,140,686)	(1,140,686)	-	-	-	-	-	-
Increase (decrease) in unrestricted net assets	\$ 23,075,756	\$ -	\$ 25,124,401	\$ 12,671,762	\$ (14,318,363)	\$ (2,505,294)	\$ 1,645,427	\$ 457,823

Adventist HealthCare, Inc. - Foundations

 Combining Schedule, Balance Sheet
 December 31, 2013

	Combined Adventist HealthCare, Inc. Foundations	Eliminating Entries	Shady Grove Adventist Hospital Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Hackettstown Community Hospital Foundation, Inc.	Adventist Behavioral Health Foundation, Inc.
Assets						
Current Assets						
Cash and cash equivalents	\$ 1,775,874	\$ -	\$ 300,509	\$ 1,258,759	\$ 155,739	\$ 60,867
Current portion pledges receivable, less allowance for doubtful pledges of \$77,000	1,298,901	-	1,110,621	148,724	10,324	29,232
Other receivables	25,879	-	-	-	25,879	-
Prepaid expenses and other current assets	<u>350</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>350</u>	<u>-</u>
Total current assets	3,101,004	-	1,411,130	1,407,483	192,292	90,099
Cash and Cash Equivalents Held for Capital Acquisitions	367,290	-	-	218,389	-	148,901
Investments	955,049	-	949,332	5,717	-	-
Beneficial Interest in Trusts	829,438	-	-	829,438	-	-
Noncurrent Portion of Pledges Receivable	<u>1,399,478</u>	<u>-</u>	<u>1,266,532</u>	<u>132,946</u>	<u>-</u>	<u>-</u>
Total assets	<u>\$ 6,652,259</u>	<u>\$ -</u>	<u>\$ 3,626,994</u>	<u>\$ 2,593,973</u>	<u>\$ 192,292</u>	<u>\$ 239,000</u>
Liabilities and Net Assets						
Current Liabilities						
Accounts payable and accrued expenses	\$ 124,250	\$ -	\$ 114,251	\$ -	\$ 9,999	\$ -
Liability to Charitable Gift Annuitants	<u>59,576</u>	<u>-</u>	<u>59,576</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>183,826</u>	<u>-</u>	<u>173,827</u>	<u>-</u>	<u>9,999</u>	<u>-</u>
Net Assets						
Unrestricted	2,154,847	-	1,484,794	587,961	19,967	62,125
Temporarily restricted	<u>4,313,586</u>	<u>-</u>	<u>1,968,373</u>	<u>2,006,012</u>	<u>162,326</u>	<u>176,875</u>
Total net assets	<u>6,468,433</u>	<u>-</u>	<u>3,453,167</u>	<u>2,593,973</u>	<u>182,293</u>	<u>239,000</u>
Total liabilities and net assets	<u>\$ 6,652,259</u>	<u>\$ -</u>	<u>\$ 3,626,994</u>	<u>\$ 2,593,973</u>	<u>\$ 192,292</u>	<u>\$ 239,000</u>

Adventist HealthCare, Inc. - Foundations

Combining Schedule, Statement of Operations

Year Ended December 31, 2013

	Combined Adventist HealthCare, Inc. Foundations	Eliminating Entries	Shady Grove Adventist Hospital Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Hackettstown Adventist Hospital Foundation, Inc.	Adventist Behavioral Health Foundation Inc.
Changes in Unrestricted Net Assets						
Unrestricted Revenues, Gains, And Other Support						
Contributions, net	\$ 405,434	\$ -	\$ 140,374	\$ 214,150	\$ 45,812	\$ 5,098
Investment income	51,101	-	50,678	-	41	382
Net assets released from restrictions	<u>2,637,124</u>	<u>-</u>	<u>2,102,088</u>	<u>193,238</u>	<u>299,107</u>	<u>42,691</u>
Total unrestricted revenues, gains, and other support	<u>3,093,659</u>	<u>-</u>	<u>2,293,140</u>	<u>407,388</u>	<u>344,960</u>	<u>48,171</u>
Expenses						
General administrative expenses	516,194	-	191,059	176,871	148,264	-
In-kind gifts expended	<u>187,660</u>	<u>-</u>	<u>102,967</u>	<u>84,693</u>	<u>-</u>	<u>-</u>
Total expenses before transfers to the hospitals	703,854	-	294,026	261,564	148,264	-
Transfers to the hospitals	<u>2,316,212</u>	<u>-</u>	<u>2,000,000</u>	<u>17,941</u>	<u>212,952</u>	<u>85,319</u>
Total expenses	<u>3,020,066</u>	<u>-</u>	<u>2,294,026</u>	<u>279,505</u>	<u>361,216</u>	<u>85,319</u>
Revenues in excess of (less than) expenses	73,593	-	(886)	127,883	(16,256)	(37,148)
Change in net unrealized gains on investments other than trading securities	<u>(46,732)</u>	<u>-</u>	<u>(46,732)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Increase (decrease) in unrestricted net assets	26,861	-	(47,618)	127,883	(16,256)	(37,148)
Unrestricted net assets, beginning	<u>2,127,986</u>	<u>-</u>	<u>1,532,412</u>	<u>460,078</u>	<u>36,223</u>	<u>99,273</u>
Unrestricted net assets, ending	<u>\$ 2,154,847</u>	<u>\$ -</u>	<u>\$ 1,484,794</u>	<u>\$ 587,961</u>	<u>\$ 19,967</u>	<u>\$ 62,125</u>
Changes in Temporarily Restricted Net Assets						
Contributions, net	\$ 2,336,471	\$ -	\$ 1,134,120	\$ 738,916	\$ 400,296	\$ 63,139
Net assets released from restrictions	(2,637,124)	-	(2,102,088)	(193,238)	(299,107)	(42,691)
Change in value of beneficial interest in trusts	13,579	-	-	13,579	-	-
Change in discount of pledges receivable and provision for doubtful pledges	(146,325)	-	(135,431)	(10,894)	-	-
Investment income and unrealized gain on investments	<u>31,901</u>	<u>-</u>	<u>13,298</u>	<u>18,603</u>	<u>-</u>	<u>-</u>
(Decrease) increase in temporarily restricted net assets	(401,498)	-	(1,090,101)	566,966	101,189	20,448
Temporarily restricted net assets, beginning	<u>4,715,084</u>	<u>-</u>	<u>3,058,474</u>	<u>1,439,046</u>	<u>61,137</u>	<u>156,427</u>
Temporarily restricted net assets, ending	<u>\$ 4,313,586</u>	<u>\$ -</u>	<u>\$ 1,968,373</u>	<u>\$ 2,006,012</u>	<u>\$ 162,326</u>	<u>\$ 176,875</u>