

# PUBLIC INSPECTION COPY

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning and ending

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>ADVENTIST HEALTHCARE, INC.</b></p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 820 WEST DIAMOND AVE. 500</p> <p>City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878-1419</p> <p><b>F</b> Name and address of principal officer: TERRY FORDE SAME AS C ABOVE</p>	<p><b>D</b> Employer identification number 52-1532556</p> <p><b>E</b> Telephone number 301 315 3030</p> <p><b>G</b> Gross receipts \$ 1,011,055,621.</p> <p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p> <p><b>H(c)</b> Group exemption number ▶ 1071</p>
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**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.ADVENTISTHEALTHCARE.COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1983 **M** State of legal domicile: MD

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>HEALTH-CARE NETWORK: SERVICES INCLUDING ACUTE CARE, AMBULATORY AND POPULATION HEALTH MANAGEMENT.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	7307
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	571
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,378,975.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	2,148,331.	9,117,078.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	746,814,121.	811,063,206.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,011,028.	14,043,231.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,746,385.	-2,781,796.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	761,227,095.	831,441,719.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	1,423,475.	1,299,487.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	370,541,393.	375,397,404.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,246,973.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	349,633,100.	403,685,814.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	721,597,968.	780,382,705.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	39,629,127.	51,059,014.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	1,335,425,748.	1,592,455,100.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	867,503,311.	1,078,327,091.
<b>22</b>		467,922,437.	514,128,009.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>[Signature]</i>	Date 11/11/2021
	JAMES G. LEE, EVP & CFO	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ERRI N. BOGDA, CPA	Preparer's signature <i>[Signature]</i>	Date 11/11/21	Check if self-employed <input type="checkbox"/>	PTIN 00760402
	Firm's name ▶ BAKER TILLY US LLP	Firm's EIN ▶ 38-0859910			
	Firm's address ▶ 1570 FRUITVILLE PIKE, STE. 400 LANCASTER, PA 17601	Phone no. 717-740-4863			

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 EXTEND GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING.

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

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

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

4a (Code: ) (Expenses \$ 591,882,962. including grants of \$ 1,299,487. ) (Revenue \$ 751,219,251. ) THE MISSION OF ADVENTIST HEALTHCARE IS TO "EXTEND GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." IN MEETING THIS MISSION, AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. COMPASSION IS REFLECTED IN OUR MISSION AND OUR ORGANIZATION'S COMMITMENT TO PROVIDING CONSISTENTLY HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE. TO MEET THE NEEDS OF OUR COMMUNITIES, ADVENTIST HEALTHCARE CONTINUES TO INNOVATE AND EXPAND THE RANGE OF OUR SERVICES TO BUILD ON THE STRONG FOUNDATION WE HAVE LAID FOR A HEALTHY, ENGAGED COMMUNITY. CONTINUES ON SCHEDULE O.

4b (Code: ) (Expenses \$ 41,514,930. including grants of \$ ) (Revenue \$ 43,920,457. ) SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES EXTEND CARE TO INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE CHALLENGES. SHADY GROVE MEDICAL CENTER IS A NONPROFIT, ACCREDITED BY THE JOINT COMMISSION AND PROVIDES PSYCHIATRIC TREATMENT AT FREESTANDING FACILITIES LOCATED ON ADVENTIST HEALTHCARE'S CAMPUS IN ROCKVILLE, MONTGOMERY COUNTY, MARYLAND. CONTINUES ON SCHEDULE O

4c (Code: ) (Expenses \$ 19,890,821. including grants of \$ ) (Revenue \$ 14,544,523. ) ADVENTIST HEALTHCARE, INC. HAS CONTRACTED WITH MEDICAL FACULTY ASSOCIATES, INC. (MFA) TO EMPLOY CERTAIN PHYSICIANS WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE. THE MFA IS THE LARGEST MULTI-SPECIALTY PHYSICIAN PRACTICE IN THE WASHINGTON, D.C. AREA. THE MFA IS A NON-PROFIT ORGANIZATION INDEPENDENT OF THE GEORGE WASHINGTON UNIVERSITY AND GW HOSPITAL. IT HAS MORE THAN 800 DOCTORS IN 51 MEDICAL SPECIALTIES. THROUGH THIS CONTRACTUAL RELATIONSHIP, MFA EMPLOYS ABOUT 10 COMMUNITY PHYSICIANS IN A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES TO SERVE ADVENTIST HEALTHCARE'S COMMUNITIES IN.....CONTINUES ON SCHEDULE O,

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

4e Total program service expenses 653,288,713.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational status.



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 on 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 on 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, 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMES G. LEE, EXEC. VP & CFO - 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. See instructions for the order in which to list the persons above.

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

(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) TERRY FORDE PRESIDENT & CEO, AHC; BOARD MEMBER	45.00 5.00	X		X				1,575,074.	0.	308,054.
(2) JOHN SACKETT EVP & COO, AHC	40.00 20.00			X				1,125,840.	0.	67,261.
(3) PAUL MASSIMIANO PHYSICIAN	50.00					X		1,060,805.	0.	45,143.
(4) ANTHONY RONGIONE PHYSICIAN	50.00					X		1,060,955.	0.	29,929.
(5) NIV AD PHYSICIAN	50.00					X		1,065,222.	0.	6,317.
(6) JAMES LEE EVP & CFO, AHC	30.00 20.00			X				856,033.	0.	169,870.
(7) DANIEL COCHRAN PRESIDENT, SGMC	45.00 5.00				X			682,712.	0.	174,407.
(8) KENNETH DESTEFANO SVP, GENERAL COUNSEL, AHC	50.00					X		666,053.	0.	123,355.
(9) ANITA JENKINS PRESIDENT, HOWARD UNIVERSITY HOSPITAL	50.00					X		747,799.	0.	41,214.
(10) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SVCS	10.00 40.00				X			675,749.	0.	41,973.
(11) ANTHONY STAHL PRESIDENT, WOMC	42.00 8.00				X			531,420.	0.	122,590.
(12) BRENDAN JOHNSON SVP OF HUMAN RESOURCES, AHC	50.00				X			508,643.	0.	107,768.
(13) BRENT REITZ PRESIDENT, POST-ACUTE CARE SVCS, AHC	10.00 40.00				X			495,001.	0.	119,350.
(14) KRISTEN PULIO SVP, CHIEF REV OFFR/CFO, NON-HOSP SVS	49.00 1.00				X			469,649.	0.	106,261.
(15) MARISSA LESLIE, MD BOARD; SYSTEM CHIEF OF PSYCHIATRY, AHC	40.00	X						357,875.	0.	27,976.
(16) KEITH BALLENGER FORMER PRESIDENT, HOME HEALTH	0.00 0.00						X	290,426.	0.	11,411.
(17) ROSEMARIE MELENDEZ, RN, BSN, CEN BOARD; DIR ED&NURSING; TERM END 5/20	40.00	X						144,207.	0.	25,600.

**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) BRETT GAMMA, M.D. BOARD MEMBER	1.00	X					55,199.	0.	0.	
(19) DAVID E. WEIGLEY BOARD CHAIR	1.00	X					10,155.	0.	0.	
(20) NICOLAS CACCIABEVE, M.D. BOARD MEMBER	1.00	X					4,500.	0.	0.	
(21) EMMANUEL ASIEDU TREASURER	1.00	X					750.	0.	0.	
(22) PAUL ALPUCHE, ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	
(23) JAMES BOYLE BOARD MEMBER	1.00	X					0.	0.	0.	
(24) FRANKLIN DAVID BOARD MEMBER	1.00	X					0.	0.	0.	
(25) JANET DEVINNEY BOARD MEMBER	1.00	X					0.	0.	0.	
(26) WALTER F. FENNEL BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							12,384,067.	0.	1,528,479.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							12,384,067.	0.	1,528,479.	

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 626

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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
QUEST DIAGNOSTICS 14225 NEWBROOK DR, CHANTILLY, VA 19176-1303	CLINICAL LAB SERVICES	22,083,159.
CARETECH SOLUTIONS INC. P.O. BOX 674271, DETROIT, MI 48267-4271	IT SERVICES	11,218,043.
AYA HEALTHCARE INC, PO BOX 123519 DEPT#3519, DALLAS, TX 75312-3519	STAFFING/RECRUITMENT SERVICES	7,626,513.
SODEXO INC P.O. BOX 360170, PITTSBURGH, PA 15251-6170	DIETARY AND PLANT OPS	7,247,050.
ADEX MEDICAL STAFFING LLC, 13083 TELECOM PARKWAY NORTH, TEMPLE TERRACE, FL	STAFFING/RECRUITMENT SERVICES	4,292,941.
<b>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</b>		164

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	1,713,517.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	7,007,061.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	396,500.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			9,117,078.			
Program Service Revenue	<b>2 a</b> ACUTE CARE	Business Code					
		622110	741,792,256.	741,792,256.			
	<b>b</b> BEHAVIORAL HEALTH	622110	43,920,457.	43,920,457.			
	<b>c</b> PHYSICIAN PRACTICE	621110	14,544,523.	14,544,523.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....	900099	10,805,970.	9,426,995.	1,378,975.		
<b>g Total.</b> Add lines 2a-2f .....			811,063,206.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		9,068,963.			9,068,963.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....		532,741.			532,741.	
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				4,956,511.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	8,073,208.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-3,116,697.				
	<b>d</b> Net rental income or (loss) .....			-3,116,697.		-3,116,697.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				75,923,184.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	171,432,743.	48,914.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	4,490,441.	-48,914.			
<b>d</b> Net gain or (loss) .....			4,441,527.		4,441,527.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		190,622.				
			59,037.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....			131,585.		131,585.		
Miscellaneous Revenue	<b>11 a</b> PARKING REVENUE	Business Code					
		621990	192,893.			192,893.	
	<b>b</b> VENDING REVENUE	621990	10,423.			10,423.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			203,316.				
<b>12 Total revenue.</b> See instructions .....			831,441,719.	809,684,231.	1,378,975.	11,261,435.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,299,487.	1,299,487.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	8,762,414.		8,762,414.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	307,127,730.	269,139,642.	37,212,413.	775,675.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,172,586.	8,016,700.	3,123,611.	32,275.
<b>9</b> Other employee benefits .....	25,716,203.	21,114,031.	4,532,446.	69,726.
<b>10</b> Payroll taxes .....	22,618,471.	18,733,073.	3,833,836.	51,562.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	6,552,110.	4,730,282.	1,821,828.	
<b>b</b> Legal .....	1,636,599.		1,636,599.	
<b>c</b> Accounting .....	505,786.		505,786.	
<b>d</b> Lobbying .....	110,000.		110,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	903,051.		903,051.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	120,413,492.	111,250,674.	9,014,681.	148,137.
<b>12</b> Advertising and promotion .....	2,233,584.	221,749.	1,993,818.	18,017.
<b>13</b> Office expenses .....	4,057,837.	2,178,622.	1,833,978.	45,237.
<b>14</b> Information technology .....	30,234,836.	22,676,127.	7,558,709.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	61,799,192.	40,490,811.	21,270,182.	38,199.
<b>17</b> Travel .....	1,252,572.	804,167.	437,417.	10,988.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	830,667.	569,672.	260,882.	113.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	43,409,542.	31,441,209.	11,961,523.	6,810.
<b>23</b> Insurance .....	8,862,148.	1,147,969.	7,714,179.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	117,306,572.	117,306,572.		
<b>b</b> COLLECTION FEES/LICENSE	2,218,160.	2,167,926.		50,234.
<b>c</b> RECRUITING	1,359,666.		1,359,666.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	780,382,705.	653,288,713.	125,847,019.	1,246,973.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	113,739.	<b>1</b>	428,209.
	<b>2</b> Savings and temporary cash investments .....	81,673,047.	<b>2</b>	101,033,421.
	<b>3</b> Pledges and grants receivable, net .....	1,288,663.	<b>3</b>	1,289,123.
	<b>4</b> Accounts receivable, net .....	99,499,743.	<b>4</b>	99,793,336.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	1,547,552.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	11,486,267.	<b>7</b>	37,517,089.
	<b>8</b> Inventories for sale or use .....	10,872,189.	<b>8</b>	10,298,319.
	<b>9</b> Prepaid expenses and deferred charges .....	11,717,907.	<b>9</b>	14,549,067.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,103,344,665.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 409,804,913.		
	<b>11</b> Investments - publicly traded securities .....	689,602,727.	<b>10c</b>	693,539,752.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	266,662,300.	<b>11</b>	429,458,680.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	28,694,438.	<b>12</b>	42,635,856.
	<b>14</b> Intangible assets .....	48,091,039.	<b>13</b>	49,430,284.
	<b>15</b> Other assets. See Part IV, line 11 .....	6,993,958.	<b>14</b>	6,832,860.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	78,729,731.	<b>15</b>	104,101,552.	
	1,335,425,748.	<b>16</b>	1,592,455,100.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	145,500,946.	<b>17</b>	166,403,094.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	376,915.	<b>19</b>	50,092,819.
	<b>20</b> Tax-exempt bond liabilities .....	546,840,043.	<b>20</b>	536,789,709.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	36,528,536.	<b>23</b>	165,468,623.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	138,256,871.	<b>25</b>	159,572,846.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	867,503,311.	<b>26</b>	1,078,327,091.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	466,629,235.	<b>27</b>	512,363,696.
	<b>28</b> Net assets with donor restrictions .....	1,293,202.	<b>28</b>	1,764,313.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	467,922,437.	<b>32</b>	514,128,009.
<b>33</b> Total liabilities and net assets/fund balances .....	1,335,425,748.	<b>33</b>	1,592,455,100.	

Form 990 (2020)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	831,441,719.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	780,382,705.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	51,059,014.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	467,922,437.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,595,163.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-9,448,605.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	514,128,009.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2020)





**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	   	\$ 1,670,505.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	   	\$ 43,012.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	   	\$ 33,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	   	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	   	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	   	\$ 32,500.	Person <input type="checkbox"/> Payroll Noncash (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	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Name of organization  ADVENTIST HEALTHCARE, INC.	Employer identification number  52-1532556
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**2020**

**Open to Public Inspection**

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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">ADVENTIST HEALTHCARE, INC.</p>	Employer identification number <p style="text-align: center;">52-1532556</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**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) 2020**

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		110,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			110,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

IN 2020, ADVENTIST HEALTHCARE, INC. ENGAGED IN LOBBYING ACTIVITIES AT

THE LOCAL, STATE AND FEDERAL LEVEL. ACTIVITIES INCLUDED DISCUSSIONS

WITH ELECTED OFFICIALS AT ALL LEVELS OF GOVERNMENT REGARDING THE

DEMANDS OF THE COVID-19 PANDEMIC ON HOSPITALS AND HEALTHCARE PROVIDERS

AND ENSURING CONTINUED SUPPORT FOR EACH IN ORDER TO PROVIDE NEEDED

**Part IV** Supplemental Information (continued)

ACCESS TO CARE FOR THE COMMUNITY. AHC COORDINATED WITH MONTGOMERY  
 COUNTY AND PRINCE GEORGE'S COUNTY OFFICIALS ON VARIOUS REGIONAL HEALTH  
 CARE MATTERS, PARTICULARLY INVOLVING ISSUES OF ACCESS TO CARE. AT THE  
 STATE LEVEL, LEGISLATORS WERE CONTACTED REGARDING ACCESS TO CARE,  
 HEALTHCARE BILLING REFORM, MENTAL HEALTH POLICY, AND WORKFORCE  
 DEVELOPMENT. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WORKED WITH  
 LEGISLATORS ON ISSUES RELATED TO FEDERAL HEALTH REFORM AND ACCESS TO  
 CARE.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

<b>Name of the organization</b> ADVENTIST HEALTHCARE, INC.	<b>Employer identification number</b> 52-1532556
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenue included on 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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,386,249.		23,386,249.
b Buildings		638,738,590.	179,053,235.	459,685,355.
c Leasehold improvements		51,668,464.	25,056,270.	26,612,194.
d Equipment		337,239,774.	187,268,022.	149,971,752.
e Other		52,311,588.	18,427,386.	33,884,202.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				693,539,752.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION FUND	1,405,257.
(2) OTHER ASSETS	2,070,886.
(3) FINANCING LEASE RIGHT-OF-USE ASSET	3,172,497.
(4) OPERATING LEASE RIGHT-OF-USE ASSET	85,424,273.
(5) ASSETS HELD FOR SALE	12,028,639.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	104,101,552.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	5,791,523.
(3) PROFESSIONAL LIABILITY INS: SE	19,936,827.
(4) OTHER LONG TERM LIABILITIES	30,451,135.
(5) CONSTRUCTION PAYABLE	1,787,415.
(6) FINANCING LEASE OBLIGATIONS	14,513,787.
(7) OPERATING LEASE OBLIGATIONS	87,092,159.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	159,572,846.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

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

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

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

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

**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:

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 2020 OR 2019.

THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED

TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.





**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			18,233,921.		18,233,921.	2.34%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			13,775,310.	11,342,855.	2,432,455.	.31%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			32,009,231.	11,342,855.	20,666,376.	2.65%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			11,746,478.	585,431.	11,161,047.	1.43%
<b>f</b> Health professions education (from Worksheet 5) .....			752,297.	48,691.	703,606.	.09%
<b>g</b> Subsidized health services (from Worksheet 6) .....			51,415,882.	19,671,645.	31,744,237.	4.07%
<b>h</b> Research (from Worksheet 7) .....			1,982,433.	578,545.	1,403,888.	.18%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			664,747.		664,747.	.09%
<b>j Total.</b> Other Benefits .....			66,561,837.	20,884,312.	45,677,525.	5.86%
<b>k Total.</b> Add lines 7d and 7j .....			98,571,068.	32,227,167.	66,343,901.	8.51%





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 letter of facility reporting group SHADY GROVE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group SHADY GROVE MEDICAL CENTER

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

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group SHADY GROVE MEDICAL CENTER

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group SHADY GROVE MEDICAL CENTER

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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? .....	<b>23</b>	X
If "Yes," explain in Section C.		
<b>24</b> 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? .....	<b>24</b>	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2020



**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 letter of facility reporting group WHITE OAK MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a 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
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 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"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group WHITE OAK MEDICAL CENTER

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

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group WHITE OAK MEDICAL CENTER

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group WHITE OAK MEDICAL CENTER

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	<b>23</b>	X
<b>24</b>	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.	<b>24</b>	X

Schedule H (Form 990) 2020

**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 letter of facility reporting group AHC-REHABILITATION - ROCKVILLE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a 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	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 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 checked="" type="checkbox"/> Other website (list url): <u>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group AHC-REHABILITATION - ROCKVILLE

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

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group AHC-REHABILITATION - ROCKVILLE

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group AHC-REHABILITATION - ROCKVILLE

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	23	X
<b>24</b>	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.	24	X

Schedule H (Form 990) 2020



**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 letter of facility reporting group AHC-REHABILITATION - TAKOMA PARK

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	Yes	No	
<b>Community Health Needs Assessment</b>			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	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 significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	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 checked="" type="checkbox"/> Other website (list url): <u>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</u>			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X	
a If "Yes," (list url): <u>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group AHC-REHABILITATION - TAKOMA PARK

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

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group AHC-REHABILITATION - TAKOMA PARK

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	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)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group AHC-REHABILITATION - TAKOMA PARK

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	23	X
<b>24</b>	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.	24	X

Schedule H (Form 990) 2020

**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 letter of facility reporting group AHC FORT WASHINGTON MEDICAL CENTER INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a 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	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 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 checked="" type="checkbox"/> Other website (list url): <u>SEE URL ON SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group AHC FORT WASHINGTON MEDICAL CENTER INC.

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

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group AHC FORT WASHINGTON MEDICAL CENTER INC.

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	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)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group AHC FORT WASHINGTON MEDICAL CENTER INC.

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	23	X
<b>24</b>	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.	24	X

Schedule H (Form 990) 2020



**Part V Facility Information** (continued)

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

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST

CONDUCTED CHNA IN 2019:

A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND REPRESENTATIVE SAMPLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED TO ACHIEVE THIS INCLUDING PARTNERING WITH THE LOCAL HEALTH IMPROVEMENT COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.

PARTNERSHIP WITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION. HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS. THE GROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZED NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY. THE DASHBOARD ENCOMPASSES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS. ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE (AHC) PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY

**Part V Facility Information** (continued)

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

MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP.

IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY

MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE

NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN

COMPLETING THE PRIORITIZATION PROCESS.

COMMUNITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED

OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND

PERCEIVED COMMUNITY HEALTH NEEDS AND STRENGTHS. AVAILABLE IN ENGLISH AND

SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT

COMMUNITY EVENTS AND PROGRAMS, VIA EMAIL AND LISTSERVS, SOCIAL MEDIA, AND

THROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION,

THREE PRIZES WERE OFFERED AS INCENTIVES. ALL SURVEY PARTICIPANTS WERE

PROVIDED WITH THE OPTION TO ENTER THE VOLUNTARY RAFFLE UPON COMPLETING THE

SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA

GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE

RAFFLE ENTRY WAS STORED SEPARATELY FROM AND NOT ASSOCIATED WITH SURVEY

RESPONSES TO MAINTAIN CONFIDENTIALITY.

KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO THE

DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE

CONDUCTED WITH COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE

INTERESTS OF DIVERSE AND OFTEN HARD TO REACH POPULATIONS.

STAKEHOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED

REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS:

**Part V Facility Information** (continued)

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

> COUNTY GOVERNMENT;

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> FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;

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> MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;

> LGBTQ COMMUNITIES;

> PEOPLE WITH DISABILITIES;

> MINORITY AND IMMIGRANT POPULATIONS.

TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE

INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK.

EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP

ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES

ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD

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PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON

PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL

ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST

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**Part V Facility Information** (continued)

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WHITE OAK MEDICAL CENTER:

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**Part V Facility Information** (continued)

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**Part V Facility Information** (continued)

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HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

AHC-REHABILITATION - ROCKVILLE:

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SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE (AHC) PLAY AN ACTIVE

ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS

INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE

DIRECTION FOR THE GROUP.

IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY

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OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND

PERCEIVED COMMUNITY HEALTH NEEDS AND STRENGTHS. AVAILABLE IN ENGLISH AND

SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT

COMMUNITY EVENTS AND PROGRAMS, VIA EMAIL AND LISTSERVS, SOCIAL MEDIA, AND

THROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION,

THREE PRIZES WERE OFFERED AS INCENTIVES. ALL SURVEY PARTICIPANTS WERE

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RAFFLE ENTRY WAS STORED SEPARATELY FROM AND NOT ASSOCIATED WITH SURVEY

RESPONSES TO MAINTAIN CONFIDENTIALITY.

KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO THE

DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE

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**Part V Facility Information** (continued)

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STAKEHOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED

REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS:

- > COUNTY GOVERNMENT;
- > SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;
- > HEALTHCARE FOUNDATIONS;
- > HEALTH CARE PRACTITIONERS & CLINICS;
- > FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;
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- > BEHAVIORAL HEALTH;
- > HOUSING & HOMELESSNESS;
- > FOOD SECURITY & DISTRIBUTION;
- > EMPLOYMENT & WORKFORCE DEVELOPMENT;
- > MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;
- > LGBTQ COMMUNITIES;
- > PEOPLE WITH DISABILITIES;
- > MINORITY AND IMMIGRANT POPULATIONS.

TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK.

EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.

PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON

**Part V Facility Information** (continued)

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PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL

ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST

HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

AHC-REHABILITATION - TAKOMA PARK:

PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST

CONDUCTED CHNA IN 2019:

A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND

REPRESENTATIVE SAMPLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED

TO ACHIEVE THIS INCLUDING PARTNERING WITH THE LOCAL HEALTH IMPROVEMENT

COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND

COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.

PARTNERSHIP WITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO

THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY

MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION. HEALTHY

MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL

SYSTEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS,

AND OTHER COMMUNITY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND

WELL-BEING FOR ALL COUNTY RESIDENTS. THE GROUP WORKS TO SET A HEALTH

PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZED

NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE

TOP PRIORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY.

THE DASHBOARD ENCOMPASSES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH,

HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS.

**Part V Facility Information** (continued)

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

ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE  
 INFRASTRUCTURE OF HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL  
 SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE (AHC) PLAY AN ACTIVE  
 ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS  
 INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE  
 DIRECTION FOR THE GROUP.

IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY  
 MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE  
 NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN  
 COMPLETING THE PRIORITIZATION PROCESS.

COMMUNITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED  
 OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND  
 PERCEIVED COMMUNITY HEALTH NEEDS AND STRENGTHS. AVAILABLE IN ENGLISH AND  
 SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT  
 COMMUNITY EVENTS AND PROGRAMS, VIA EMAIL AND LISTSERVS, SOCIAL MEDIA, AND  
 THROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION,  
 THREE PRIZES WERE OFFERED AS INCENTIVES. ALL SURVEY PARTICIPANTS WERE  
 PROVIDED WITH THE OPTION TO ENTER THE VOLUNTARY RAFFLE UPON COMPLETING THE  
 SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA  
 GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE  
 RAFFLE ENTRY WAS STORED SEPARATELY FROM AND NOT ASSOCIATED WITH SURVEY  
 RESPONSES TO MAINTAIN CONFIDENTIALITY.

KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO THE  
 DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE

**Part V Facility Information** (continued)

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

CONDUCTED WITH COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE

INTERESTS OF DIVERSE AND OFTEN HARD TO REACH POPULATIONS.

STAKEHOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED

REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS:

> COUNTY GOVERNMENT;

> SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;

> HEALTHCARE FOUNDATIONS;

> HEALTH CARE PRACTITIONERS & CLINICS;

> FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;

> SCHOOL & UNIVERSITY SYSTEMS;

> BEHAVIORAL HEALTH;

> HOUSING & HOMELESSNESS;

> FOOD SECURITY & DISTRIBUTION;

> EMPLOYMENT & WORKFORCE DEVELOPMENT;

> MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;

> LGBTQ COMMUNITIES;

> PEOPLE WITH DISABILITIES;

> MINORITY AND IMMIGRANT POPULATIONS.

TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE

INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK.

EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP

ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES

ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD

LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.

**Part V Facility Information** (continued)

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

PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 5: IN 2015, THE PRINCE GEORGE'S COUNTY

GOVERNMENT AND MARYLAND-NATIONAL CAPITAL PARKS AND PLANNING COMMISSION

CONDUCTED A SPECIAL STUDY TO DEVELOP A PRIMARY HEALTHCARE STRATEGIC PLAN

IN PREPARATION FOR ENHANCING THE HEALTHCARE DELIVERY NETWORK. A KEY

RECOMMENDATION FROM THE PLAN WAS TO "BUILD COLLABORATION AMONG PRINCE

GEORGE'S COUNTY HOSPITALS" WHICH INCLUDED CONDUCTING A JOINT COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) WITH THE PRINCE GEORGE'S COUNTY HEALTH

DEPARTMENT. FORT WASHINGTON MEDICAL CENTER INC., ALONG WITH THE OTHER

FOUR HOSPITALS LOCATED IN PRINCE GEORGE'S COUNTY, TEAMED UP WITH THE

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT TO CREATE A "CORE TEAM" TO

FACILITATE THE 2019 CHNA PROCESS. THE PROCESS WAS DEVELOPED TO 1)

MAXIMIZE COMMUNITY INPUT, 2) LEARN FROM THE COMMUNITY EXPERTS, 3) UTILIZE

EXISTING DATA, AND 4) TO ENSURE A COMPREHENSIVE COMMUNITY PRIORITIZATION.

THE PROCESS INCLUDED: 1) A COMMUNITY RESIDENT SURVEY IN BOTH ENGLISH AND

SPANISH, 2) AN ANALYSIS OF DEMOGRAPHICS AND POPULATION DESCRIPTIONS

THROUGH SOCIOECONOMIC INDICATORS AND COMPREHENSIVE HEALTH INDICATOR

PROFILE, 3) HOSPITAL SERVICE PROFILES OF RESIDENTS SERVICED BY THE CORE

TEAM, 4) A COMMUNITY-BASED ORGANIZATION SURVEY AND KEY INFORMANT

INTERVIEWS, AND 5) A COMMUNITY PRIORITIZATIONS PROCESS THAT INCLUDED 40

REPRESENTATIVES FROM ACROSS THE COUNTY WHO ARE IDENTIFIED BELOW.

**Part V Facility Information** (continued)

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

KLEINMAN, DDS, MSCD, DUSHANKA, UMD-PUBLIC HEALTH, DEPT. OF EPIDEMIOLOGY &

BIOSTATISTICS;

TERRY, MILLY, AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION;

GRANT, TERESA, PGC DEPARTMENT OF FAMILY SERVICES;

CARVANA, ANTHONY, COMMUNITY COUNSELING AND MENTORING SERVICES, INC.;

MCDONOUGH, MARY LOU, PGC DEPARTMENT OF CORRECTIONS;

HOWELL, MICHELLE, THE ARC;

SHIVER, SANDERS, PGC PUBLIC SCHOOLS;

HOBAN, EVELYN, PGC HEALTH DEPARTMENT;

HALL, PHD, MPH, CLARENCE, PACANET USA;

BELON-BUTLER, ELANA, PGC DEPARTMENT OF FAMILY SERVICES;

GOMEZ, MARIA, MARY'S CENTER;

LOBRANO, MD, MARCIA, COMMUNITY CLINIC, INC.;

MALLOY, COLENTHIA, GREATER BADEN MEDICAL CENTER;

MATTHEWS, SAUNDRA, COMMUNITY CLINIC, INC.;

DEMUS, LESLIE, HEART TO HAND;

SPANN, MONICA, PGC HEALTH DEPARTMENT HEALTH ENTERPRISE ZONE;

ALDOORY, PHD, LINDA, UNIVERSITY OF MARYLAND, DEPARTMENT OF COMMUNICATION;

WILSON, ALICIA, LA CLINICA DEL PUEBLO;

MOORE, MAJOR ELAINE, PGC POLICE DEPARTMENT;

COOPER, MD, CARNELL, DIMENSIONS HEALTHCARE SYSTEM/PRINCE GEORGE'S HOSPITAL

CENTER;

HALL, MD, TRUDY, LAUREL REGIONAL HOSPITAL CENTER;

JOHNSON-THREAT, MD, YVETTE, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER;

MOORE, SHERRI, DOCTORS COMMUNITY HOSPITAL;

SMITH, MD, SHARNELL, FORT WASHINGTON MEDICAL CENTER/NEXUS;

SULLIVAN, TIFFANY, DIMENSIONS HEALTHCARE SYSTEM;

**Part V Facility Information** (continued)

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

WATERS, MD, JD, FCLM, VICTOR, FORT WASHINGTON MEDICAL CENTER/NEXUS;

PROCTOR, NATALIE STANDINGONTHEROCK, WILD TURKEY CLAN, CEDARVILLE BAND OF

PISCATAWAY CONOY;

DODO, KODJO, PGC HEALTH DEPARTMENT, WIC PROGRAM;

HEWLETT, ELIZABETH, MARYLAND NATIONAL PARK AND PLANNING COMMISSION;

BRYANT, TRACY, UNITED HEALTHCARE COMMUNITY PLAN;

MOOREHEAD, CREIGHTON, NORVARTIS (FORMERLY WITH KAISER);

AMIN, MENA, THE COMMUNITY FOUNDATION, PRINCE GEORGE'S COUNTY;

BARRON, EREK, HOUSE OF DELEGATES;

OWUSU-ASCHEAW, POKUAA, FOR SENATOR JOANNE BENSON;

CREEKMUR, PAMELA B., PGC HEALTH DEPARTMENT;

HARRINGTON, DAVID, PGC CHAMBER OF COMMERCE;

CARTER, MD, PHD, ERNEST, PGC HEALTH DEPARTMENT;

BROWN, ERIC, PGC DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT;

WOOD, DENNIS, PGC FIRE/EMS DEPARTMENT;

BATES, RN, MS, KAREN, OFFICE OF SCHOOL HEALTH, PRINCE GEORGE'S COUNTY

PUBLIC SCHOOLS;

BROWN, GLORIA, PGC DEPARTMENT OF SOCIAL SERVICES;

BRUCE, GERALYN, PGC DEPT. PUBLIC WORKS & TRANSPORTATION;

SNOWDEN, CAROL LYNN, PGC DEPARTMENT OF FAMILY SERVICES.

AHC-REHABILITATION - ROCKVILLE:

PART V, SECTION B, LINE 6A: ADVENTIST REHABILITATION TAKOMA PARK AND

ADVENTIST REHABILITATION ROCKVILLE CONDUCTED THEIR CHNAS IN PARTNERSHIP.

AHC-REHABILITATION - TAKOMA PARK:

**Part V Facility Information** (continued)

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

PART V, SECTION B, LINE 6A: ADVENTIST REHABILITATION TAKOMA PARK AND

ADVENTIST REHABILITATION ROCKVILLE CONDUCTED THEIR CHNAS IN PARTNERSHIP.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 6A: DOCTORS COMMUNITY HOSPITAL; LAUREL REGIONAL

HOSPITAL; MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER; AND PRINCE GEORGE'S

HOSPITAL CENTER.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 6B: PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT;

SOUTHERN MARYLAND REGIONAL COALITION FOR CARE TRANSITIONS;

PRINCE GEORGE'S COMMUNITY COLLEGE HEALTH BUSINESS SCHOOL;

FRIENDLY HIGH SCHOOL, BEHAVIORAL HEALTH;

RIVER JORDAN PROJECT, PRINCE GEORGE'S COUNTY DISTRICT 8 HEALTH;

COMMUNITY COALITION;

PRINCE GEORGE'S CHAMBER OF COMMERCE AND AMERICAN DIABETES ASSOCIATION.

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 7D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878;

PART V, SECTION B, LINE 7A: THE CHNA REPORT IS FOUND ON THIS URL:

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



**Part V Facility Information** (continued)

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

WHITE OAK MEDICAL CENTER:

PART V, SECTION B, LINE 7D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878

PART V, SECTION B, LINE 7A: THE CHNA REPORT IS FOUND ON THIS URL:

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

AHC-REHABILITATION - ROCKVILLE:

PART V, SECTION B, LINE 7D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878

PART V, SECTION B, LINE 7A: THE CHNA REPORT IS FOUND OF THIS URL:

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

AHC-REHABILITATION - TAKOMA PARK:

PART V, SECTION B, LINE 7D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878

PART V, SECTION B, LINE 7A: THE CHNA REPORT IS FOUND ON THIS URL:

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

**Part V Facility Information** (continued)

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

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 7D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878;

PART V, SECTION B, LINE 7A: THE CHNA REPORT IS FOUND ON THIS URL:

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

PART V, SECTION B, LINE 7B:

THE CHNA REPORT CAN ALSO BE FOUND ON THESE LINKS:

[HTTPS://WWW.DCHWEB.ORG/WELLNESS/COMMUNITY-HEALTH-NEED-ASSESSMENT](https://www.dchweb.org/wellness/community-health-need-assessment)

[HTTPS://WWW.UMMS.ORG/CAPITAL/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.umms.org/capital/community/community-health-needs-assessment)

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A

SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS

IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS:

CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION

SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CA](https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8ca)

[F-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF](https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8ca/f-c0b4166ea484/2020-chna-ahc-implementationstrategy.pdf)

**Part V Facility Information** (continued)

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

PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A

PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING,

ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND

PARTNERS.

IN ADDITION TO THESE PROGRAMS, ADVENTIST HEALTHCARE IS COMMITTED TO

PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR

COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND. THE ADVENTIST HEALTHCARE

COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT

ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING

FUNDING OBJECTIVES:

HEALTH & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, THE PRIORITIES

FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

**Part V Facility Information** (continued)

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

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

WHITE OAK MEDICAL CENTER:

PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS: CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CA F-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF](https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8ca-f-c0b4166ea484/2020-chna-ahc-implementationstrategy.pdf)

PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING, ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND PARTNERS.

IN ADDITION TO THESE PROGRAMS, ADVENTIST HEALTHCARE IS COMMITTED TO PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND. THE ADVENTIST HEALTHCARE

**Part V Facility Information** (continued)

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

COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT

ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING

FUNDING OBJECTIVES:

HEALTH & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, THE PRIORITIES

FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND

INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR

THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND

LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF

NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

**Part V Facility Information** (continued)

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

AHC-REHABILITATION - ROCKVILLE:

PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A

SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS

IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS:

CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION

SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CA](https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8ca)

F-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF

PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A

PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING,

ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND

PARTNERS.

IN ADDITION TO THESE PROGRAMS, ADVENTIST HEALTHCARE IS COMMITTED TO

PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR

COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND. THE ADVENTIST HEALTHCARE

COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT

ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING

FUNDING OBJECTIVES:

HEALTH & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

**Part V Facility Information** (continued)

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

WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, THE PRIORITIES

FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND

INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR

THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND

LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF

NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

AHC-REHABILITATION - TAKOMA PARK:

PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A

SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS

IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS:

CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION

SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE:

**Part V Facility Information** (continued)

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

HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CA

F-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF

PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A

PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING,

ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND

PARTNERS.

IN ADDITION TO THESE PROGRAMS, ADVENTIST HEALTHCARE IS COMMITTED TO

PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR

COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND. THE ADVENTIST HEALTHCARE

COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT

ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING

FUNDING OBJECTIVES:

HEALTH & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, THE PRIORITIES

FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY



**Part V Facility Information** (continued)

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

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 11: THE HOSPITAL ALONE CANNOT ADDRESS ALL COMMUNITY NEEDS DUE TO BUDGET CONSTRAINTS. HOWEVER, TO ENSURE THAT ALL HEALTH NEEDS WERE MET, FWMC, ALONG WITH THE OTHER FOUR HOSPITALS IN PRINCE GEORGE'S COUNTY AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET EACH IDENTIFIED COMMUNITY HEALTH NEED. WHILE THE CORE TEAM LED THE DATA GATHERING PROCESS OF THE CHNA, THERE WAS RECOGNITION THAT THERE MUST BE SHARED OWNERSHIP OF THE COUNTY'S COMMUNITY'S HEALTH. FWMC IS DIRECTLY ADDRESSING NEEDS RELATED TO DIABETES AND HEART DISEASE THROUGH DIABETIC EDUCATION AND TRAINING CLASSES, AN EXERCISE AND FITNESS PROGRAM, AND COMMUNITY OUTREACH SCREENING PROGRAMS. IN ADDITION, THE HOSPITAL ADDED INPATIENT DIALYSIS AND LITHOTRIPSY SERVICES. FWMC PARTNERS WITH PG COUNTY HEALTH DEPARTMENT AND GILEAD SCIENCES. INC., TO ADDRESS THE GROWING CONCERN OF HIV AND HEPATITIS C IN THE COMMUNITY THROUGH FREE HIV AND HEPATITIS C TESTING IN THE EMERGENCY ROOM DEPARTMENT. IN ORDER TO ASSURE

**Part V Facility Information** (continued)

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

THAT THE COMMUNITY HAS ACCESS TO ALL IDENTIFIED NEEDS, THOSE SERVICES THAT

CANNOT BE DIRECTLY DONE BY FWMC ARE SERVICES THAT THE HOSPITAL HAS

DEVELOPED A LINK TO CARE TO ASSURE THAT THEY CAN REFER ANY PATIENT TO THE

SERVICES THAT ARE IDENTIFIED OR NEEDED.

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/](https://www.adventisthealthcare.com/patients/billing/financial-assistance/)

PART V, SECTION B, LINE 16B: SAME URL AS LISTED ON LINE 16A

PART V, SECTION B, LINE 16C: SAME URL AS LISTED ON LINE 16A

WHITE OAK MEDICAL CENTER:

PART V, SECTION B, LINE 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/](https://www.adventisthealthcare.com/patients/billing/financial-assistance/)

PART V, SECTION B, LINE 16B: SAME URL AS LISTED ON LINE 16A

PART V, SECTION B, LINE 16C: SAME URL AS LISTED ON LINE 16A

AHC-REHABILITATION - ROCKVILLE:

PART V, SECTION B, LINE 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/](https://www.adventisthealthcare.com/patients/billing/financial-assistance/)

**Part V Facility Information** (continued)

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

PART V, SECTION B, LINE 16B: SAME URL AS LISTED ON LINE 16A

PART V, SECTION B, LINE 16C: SAME URL AS LISTED ON LINE 16A

AHC-REHABILITATION - TAKOMA PARK:

PART V, SECTION B, LINE 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/](https://www.adventisthealthcare.com/patients/billing/financial-assistance/)

PART V, SECTION B, LINE 16B: SAME URL AS LISTED ON LINE 16A

PART V, SECTION B, LINE 16C: SAME URL AS LISTED ON LINE 16A

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/](https://www.adventisthealthcare.com/patients/billing/financial-assistance/)

PART V, SECTION B, LINE 16B: SAME URL AS LISTED ON LINE 16A

PART V, SECTION B, LINE 16C: SAME URL AS LISTED ON LINE 16A

**Part V Facility Information** (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (describe)
1 ADVENTIST HOME HEALTH SERVICES, INC. 12041 BOURNEFIELD WAY, SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
2 REGINALD S. LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE, MD 20852	NAME CONT.: AND YOUNG CHILDREN, INC. INFANT & CHILDREN DEVELOPMENT CARE CTR.
3 SHADY GROVE ADVENTIST RADIATION 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	NAME CONTINUED: ONCOLOGY CENTER. OUTPATIENT CANCER TREATMENT CENTER.
4 ADVENTIST HEALTHCARE URGENT CARE 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	NAME CONTINUED: CENTERS, INC. CENTERS ALSO IN GERMANTOWN, LAUREL, TAKOMA PARK
5 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:

IN CONSIDERATION FOR FINANCIAL ASSISTANCE TO OUR PATIENTS, ADVENTIST

HEALTHCARE ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME. THE PATIENT'S

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

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

CARE TO THOSE WHO ARE UNABLE TO PAY FOR THAT CARE. IN GENERAL, ADVENTIST

HEALTHCARE HAS 15 LEVELS OF FINANCIAL ASSISTANCE. THEY ARE AS FOLLOWS:

- ANNUAL INCOME <= 1.0X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 1.00X AND <= 1.25X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 1.25X AND <= 1.50X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 1.50X AND <= 1.75X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 1.75X AND <= 2.00X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 2.00X AND <= 2.25X OF FPL, 10% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 2.25X AND <= 2.50X OF FPL, 20% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 2.50X AND <= 2.75X OF FPL, 30% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 2.75X AND <= 3.00X OF FPL, 40% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 3.00X AND <= 3.50X OF FPL, 50% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 3.50X AND <= 4.00X OF FPL, 60% PATIENT RESPONSIBILITY

**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:

MARYLAND'S UNIQUE ALL PAYER SYSTEM PROVIDES A MECHANISM FOR INCLUDING

UNCOMPENSATED CARE FUNDING IN EACH PROVIDER'S RATES. FOR PURPOSES OF

COMPLETING ADVENTIST HEALTHCARE'S FORM 990, THESE UNCOMPENSATED CARE

ADJUSTMENTS TO OUR APPROVED RATE ORDER ARE NOT PRESENTED AS AN OFFSET TO

THE LEVEL OF UNCOMPENSATED CARE WE PROVIDED.

SINCE THE HSCRC ASSESSES HOSPITALS TO SUBSIDIZE THE STATE'S MEDICAID

BUDGET DEFICIT, THESE ASSESSMENTS (NET OF AMOUNTS BUILT IN RATES) ARE ALSO

COUNTED TOWARD COMMUNITY BENEFITS.

FOR PURPOSES OF PREPARING SCHEDULE H OF FORM 990, ADVENTIST HEALTHCARE

CALCULATED A COST TO CHARGE RATIO AS REFLECTED IN ITS 2020 AUDITED

FINANCIAL STATEMENTS. THE COST TO CHARGE RATIO WAS USED TO REDUCE THE

YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST.

IN ADDITION, ADVENTIST HEALTHCARE ALSO CONSIDERS THE NET MEDICAID DEFICIT

ASSESSMENT AS A COMPONENT OF COMMUNITY BENEFIT. THIS ASSESSMENT IS

CHARGED TO ALL MARYLAND HOSPITALS TO FUND THE STATE MEDICAID BUDGET

SHORTFALL.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES INCLUDED PAYMENTS FOR NON-EMPLOYED BUT

**Part VI** Supplemental Information (Continuation)

HOSPITAL-BASED PHYSICIANS, NON-RESIDENT HOSPITAL STAFF, HOSPITALISTS,  
EMERGENCY ON-CALL, OFF-CAMPUS EMERGENCY CENTER, AND WOMEN'S AND CHILDREN'S  
SERVICES SUBSIDIES.

PART II, COMMUNITY BUILDING ACTIVITIES:

ADVENTIST HEALTHCARE, INC. CONTRIBUTED TO NUMEROUS COMMUNITY BUILDING  
ACTIVITIES AS PART OF FULFILLING ADVENTIST HEALTHCARE'S MISSION.

ADVENTIST HEALTHCARE'S MISSION IS "WE EXTEND GOD'S CARE THROUGH THE  
MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." ADVENTIST HEALTHCARE  
GOES BEYOND TRADITIONAL HOSPITAL CARE TO OFFER EXPERTISE AND RESOURCES  
THAT HELP STRENGTHEN THE COMMUNITY'S INFRASTRUCTURE IN A WAY THAT PROMOTES  
HEALTH AND WELL-BEING.

IN 2020, A MAJORITY OF ADVENTIST HEALTHCARE'S COMMUNITY BUILDING  
ACTIVITIES CONSISTED OF: LOWERING HEALTHCARE COSTS AND PROMOTING HEALTH  
AND WELLBEING OF THE COMMUNITY; ADVOCATING ON COMMUNITY HEALTH  
IMPROVEMENTS THROUGH OUR GOVERNMENT RELATIONS AND PUBLIC POLICY  
DEPARTMENT; AND ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS.

GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES:

IN 2020, ADVENTIST HEALTHCARE WORKED WITH STATE AND FEDERAL LEADERS TO  
ENSURE ACCESS TO CARE AND ADEQUATE SUPPORT FOR HEALTHCARE PROVIDERS  
THROUGHOUT THE COVID19 PANDEMIC. WE ALSO CONTINUED TO SUPPORT OUR  
COMMUNITY PARTNERS LIKE MANNA FOOD AND OTHERS TO ENSURE VULNERABLE  
POPULATIONS HAD ACCESS TO FOOD AND OTHER ESSENTIAL NEEDS. WE WORKED WITH  
THE MARYLAND HOSPITAL ASSOCIATION TO EXPAND ACCESS TO CARE, IN PART BY  
SUPPORTING PUBLIC POLICY THAT SUPPORTS HEALTH PROFESSIONALS WHO PROVIDE

**Part VI** Supplemental Information (Continuation)

PUBLIC SERVICE IN MARYLAND STATE OR LOCAL GOVERNMENT OR NONPROFIT AGENCIES

IN MARYLAND TO LOW INCOME OR UNDERSERVED RESIDENTS. WE WORK CLOSELY WITH

LOCAL CHAMBERS OF COMMERCE TO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT

PROJECTS ACROSS MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY.

HEALTH PARTNERSHIPS WITHIN THE COMMUNITY:

ADVENTIST HEALTHCARE AIMS TO IMPROVE THE HEALTH OF COMMUNITIES IT SERVES.

IT DOES THIS BY RAISING AWARENESS OF COMMUNITY HEALTH NEEDS AND LOCAL

DISPARITIES, IMPROVING ACCESS TO CULTURALLY APPROPRIATE CARE AND PROVIDING

COMMUNITY WELLNESS OUTREACH AND EDUCATION. A TEAM OF HEALTH EDUCATORS,

CLINICAL CARE COORDINATORS, NURSES, PATIENT NAVIGATORS, PUBLIC HEALTH

RESEARCHERS AND INTERNS WORK TOGETHER TO ENSURE THE DELIVERY OF

POPULATION-BASED CARE AND PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE

SERVE.

ADVENTIST HEALTHCARE WORKS TO ADDRESS NOT JUST THE PHYSICAL AND MENTAL

HEALTH NEEDS OF OUR PATIENTS AND COMMUNITY MEMBERS, BUT TO ADDRESS

WHOLE-PERSON HEALTH. TO DO THIS, WE DEVELOP PARTNERSHIPS AND COLLABORATE

WITH KEY STAKEHOLDERS IN THE COMMUNITY. THROUGH COLLABORATION, WE CAN

EXPAND OUR EXPERTISE AND RESOURCES AND THEREFORE HAVE A LARGER COLLECTIVE

IMPACT ON THE HEALTH AND WELL-BEING OF OUR COMMUNITY. A SAMPLING OF OUR

PARTNERSHIPS IS DESCRIBED BELOW:

1) FAITH COMMUNITY NURSE NETWORK (FCN):

ADVENTIST HEALTHCARE, THROUGH OUR FAITH COMMUNITY HEALTH NETWORK, SERVES

THE LOCAL COMMUNITIES OF FAITH (CHURCHES, TEMPLES, MOSQUES, ETC.), BY



**Part VI** Supplemental Information (Continuation)

PROVIDING ASSESSMENT, TRAINING AND CONSULTATION, EMPOWERING THEM TO BECOME

CENTERS OF HEALTH AND HEALING, RESULTING IN IMPROVED WHOLE PERSON HEALTH.

WE "PROMOTE COMMUNITY HEALTH THROUGH FAITH LEADERS". TOGETHER, SINCE 1995,

THIS PARTNERSHIP HAS HELPED IN

ACHIEVING A THRIVING CULTURE DEMONSTRATING PHYSICAL, MENTAL AND SPIRITUAL

WELLBEING.

OUR COMMITMENT IS TO HELP OUR COMMUNITIES OF FAITH TO DEVELOP STRONG

HEALTH MINISTRIES TO REACH THE MEMBERS AND SURROUNDING COMMUNITIES. THIS

IS ACCOMPLISHED THROUGH THE ONGOING TRAININGS OF THE FAITH COMMUNITY

NURSES, HEALTH MINISTERS, HEALTH TEAMS, PASTORS AND ADMINISTRATORS,

SUPPLYING EVIDENCE-BASED EDUCATION AND TOOLS NECESSARY TO ASSESS THE NEEDS

AND RISK FACTORS, OUTLINE LIFESTYLE STRATEGIES FOR DISEASE PREVENTION AND

MANAGEMENT, IMPLEMENT HEALTH PROGRAMMING (BASED ON ASSESSMENT RESULTS)

WITH ONGOING MEASUREMENT AND EVALUATION OF HEALTH OUTCOMES, THEREBY

INCREASING THE POTENTIAL FOR OPTIMAL HEALTH AND WHOLENESS. ALL OF THIS IS

DONE IN CONJUNCTION WITH THE NEEDS IDENTIFIED IN THE ADVENTIST

HEALTHCARE'S COMMUNITY HEALTH NEEDS ASSESSMENT.

IT IS NOT A NEW IDEA FOR CHURCHES TO DEVELOP AND IMPLEMENT HEALTH

PROGRAMS. CHURCHES CAN BRING A HOLISTIC PERSPECTIVE TO AN UNDERSTANDING OF

HEALTH AS BEING IN HARMONY WITH ONESELF, ONE'S GOD, OTHERS AND THE

ENVIRONMENT. THE CHURCH IS A KNOWN AND TRUSTED PLACE WHERE PEOPLE FEEL

COMFORTABLE IN THEIR MOST VULNERABLE HOUR. IT IS A NATURAL "REFERENCE

POINT." AT ADVENTIST HEALTHCARE, WE BELIEVE THIS TO BE A NECESSARY,

NATURAL, SYMBIOTIC AND SYNERGISTIC PARTNERSHIP.

**Part VI** Supplemental Information (Continuation)

2) HEALTHY MONTGOMERY:

HEALTHY MONTGOMERY IS THE LOCAL HEALTH IMPROVEMENT COALITION FOR MONTGOMERY COUNTY, MARYLAND. ADVENTIST HEALTHCARE PARTNERS WITH AND SUPPORTS HEALTHY MONTGOMERY BOTH STRATEGICALLY AND FINANCIALLY. REPRESENTATIVES FROM ADVENTIST HEALTHCARE SIT ON THE HEALTHY MONTGOMERY STEERING COMMITTEE, THE HEALTH IN ALL POLICY WORKGROUP, AND THE HOSPITAL WORKGROUP, AMONG OTHERS. ADVENTIST HEALTHCARE ALSO CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY.

HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS SUCH AS LOCAL POLICY MAKERS, HOSPITALS, ADVOCACY GROUPS AND ACADEMIC INSTITUTIONS, AMONG OTHERS, REVIEWS THE NEEDS AND RESOURCES IN THE COUNTY AND WORKS TO SET PRIORITIES FOR IMPROVING HEALTH AND WELL-BEING. THE OVERALL GOALS OF HEALTHY MONTGOMERY ARE TO IMPROVE ACCESS TO HEALTH AND SOCIAL SERVICES, ACHIEVE HEALTH EQUITY FOR ALL RESIDENTS, AND ENHANCE THE PHYSICAL AND SOCIAL ENVIRONMENT TO SUPPORT OPTIMAL HEALTH AND WELL-BEING. AMONG ITS MANY ACCOMPLISHMENTS, HEALTHY MONTGOMERY HAS BEEN ABLE TO PROVIDE LOCAL LEVEL DATA THAT IS STRATIFIED BY SEX, AGE, RACE, AND ETHNICITY. BY MAKING THIS DATA MORE EASILY AVAILABLE, COMMUNITY STAKEHOLDERS, ADVENTIST HEALTHCARE INCLUDED, ARE BETTER ABLE TO IDENTIFY NEEDS IN THE COMMUNITY THAT MAY HAVE OTHERWISE BEEN MASKED BY LESS GRANULAR DATA. THIS ALLOWS FOR MORE STRATEGIC AND TARGETED HEALTH PREVENTION AND PROMOTION PROGRAMMING TO BE DEVELOPED.

3) PRINCE GEORGE'S HEALTHCARE ACTION COALITION:

PRINCE GEORGE'S HEALTHCARE ACTION COALITION (PGHAC) SERVES AS A COMMUNITY

**Part VI** Supplemental Information (Continuation)

HEALTH NETWORK AND FORUM FOR COLLABORATION TO ADVANCE THE HEALTH OF PRINCE

GEORGE'S COUNTY. THIS COMMUNITY-POWERED COALITION REPRESENTS OVER 70

COMMUNITY ORGANIZATIONS, HEALTH CARE PROVIDERS AND STAKEHOLDERS IN

COMMUNITY HEALTH.

THE COALITION WAS FORMED IN 2012 UNDER THE LEADERSHIP OF PRINCE GEORGE'S

COUNTY HEALTH DEPARTMENT (PGCHD), WITH HEALTH OFFICER PAMELA CREEKMUR

SERVING AS CHAIRWOMAN. THE PGHAC LEADS THE PROCESS FOR DEVELOPING AND

EXECUTING THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR THE COUNTY. THIS

INCLUDES ORGANIZING SEVERAL WORK GROUPS AND BRINGING TOGETHER PARTNERS IN

AREAS SUCH AS HEALTH EQUITY, BEHAVIORAL HEALTH AND HEALTHY EATING AND

ACTIVE LIVING.

4) NEXUS MONTGOMERY:

NEXUS MONTGOMERY IS A PARTNERSHIP OF FOUR HEALTH SYSTEMS IN MONTGOMERY

COUNTY, MARYLAND, INCLUDING ADVENTIST HEALTHCARE, HOLY CROSS HEALTH,

MEDSTAR MONTGOMERY AND SUBURBAN HOSPITAL. THE PARTNERSHIP IS FOCUSED ON

IMPROVING THE WELL-BEING OF PATIENTS AND COMMUNITY MEMBERS AND REDUCING

POTENTIAL AVOIDABLE UTILIZATION (PAU)'S AND TOTAL COST OF CARE. EXAMPLES

OF STRATEGIES AND PROGRAMS THAT THE PARTNERSHIP HAS WORKED ON INCLUDE:

WELLNESS AND INDEPENDENCE FOR SENIORS AT HOME (WISH), HOSPITAL CARE

TRANSITIONS, UNINSURED/PROJECT ACCESS AND SEVERELY MENTALLY ILL/BEHAVIORAL

HEALTH. THE GOALS OF THESE PROGRAMS ARE TO: STABILIZE HEALTH OF OLDER

ADULTS TO REDUCE HOSPITAL ADMISSIONS; IMPROVE TRANSITIONS FROM

HOSPITAL-TO-HOME; CONNECT UNINSURED TO SPECIALTY CARE; IMPROVE

COMMUNITY-BASED RESOURCES FOR THE SEVERELY MENTALLY ILL. MOST RECENTLY

NEXUS IS MOVING FORWARD WITH A REGIONAL INITIATIVE TO ADDRESS DIABETES

**Part VI** Supplemental Information (Continuation)

PREVENTION AND MANAGEMENT IN OUR COMMUNITY.

5) CASA:

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDED CASA DE MARYLAND GRANT FUNDING TO SUPPORT ACCESS TO CARE AND SOCIAL SERVICES AMONG LOW-INCOME POPULATIONS IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. FUNDS WERE USED FOR SERVICES SUCH AS PROVIDER HEALTH AND SOCIAL SERVICE NAVIGATION ASSISTANCE, ASSISTANCE ENROLLING IN OR PRESERVING HEALTH INSURANCE THROUGH PUBLIC OPTIONS AND HEALTH LITERACY WORKSHOPS.

FUND WERE UTILIZED TO INCREASE CAPACITY FOR THEIR MULTILINGUAL HEALTH AND SOCIAL SERVICES HOTLINE WHICH PROVIDES HEALTH EDUCATION AND INFORMATION, AS WELL AS NAVIGATIONAL ASSISTANCE TO HEALTH SERVICES, FOOD BANKS, SHELTERS, AND OTHER VITAL SOCIAL SERVICES. THE HOTLINE WAS ALSO ASSISTING CALLERS IN ACCESSING COVID TESTING AND TREATMENT, QUARANTINE SUPPORT AND CONTACT TRACING, AS WELL AS UNEMPLOYMENT AND OTHER PUBLIC BENEFITS.

PART III, LINE 2:

TO ESTIMATE THE COST OF BAD DEBT THAT WE HAVE REPORTED ON SCHEDULE H, WE MULTIPLIED THE ORGANIZATION'S COST TO CHARGE RATIO (CCR) TIMES THE BAD DEBT PROVISION THAT HAS BEEN REPORTED IN THE 2020 AUDITED FINANCIAL STATEMENTS. THE ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN TOTAL OPERATING EXPENSE IS DIVIDED BY TOTAL CHARGES AS REFLECTED IN THE ORGANIZATION'S GENERAL LEDGER.

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

**Part VI** Supplemental Information (Continuation)

COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, WE ANALYZE HISTORICAL  
TRENDS FOR EACH MAJOR PAYOR AND ESTIMATE THE APPROPRIATE ALLOWANCE FOR  
DOUBTFUL COLLECTIONS.

PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:

6) LEADERSHIP MONTGOMERY:

LEADERSHIP MONTGOMERY'S MISSION IS TO EDUCATE, INSPIRE, CONVENE, AND  
CONNECT LEADERS TO ADVANCE MONTGOMERY COUNTY. THEY OFFER SEVERAL  
PROGRAMS FOR BUILDING A NETWORK OF ENGAGED LEADERS IN OUR COMMUNITY.  
THEY ALSO HAVE A STRONG FOCUS ON VOLUNTEERING THROUGH THEIR CORPORATE  
VOLUNTEER COUNCIL PROGRAM WHICH IS DESIGNED TO CONNECT BUSINESSES AND  
PROFESSIONALS TO STRUCTURED VOLUNTEER AND COMMUNITY ENGAGEMENT  
OPPORTUNITIES. ADDITIONALLY, THEY HAVE A STRONG FOCUS ON RACIAL EQUITY  
AND SOCIAL JUSTICE. THEIR REAL INCLUSION PROGRAM EXAMINES THE SYSTEMIC  
BELIEFS, PRACTICES AND POLICIES THAT HAVE PERPETUATED RACIAL INEQUITIES  
AND SITUATES THAT ANALYSIS WITHIN THE CONTEXT OF ORGANIZATIONAL  
LEADERSHIP.

IN 2020 ADVENTIST HEALTHCARE PROVIDED LEADERSHIP MONTGOMERY WITH GRANT  
FUNDING TO EXPAND THEIR RACIAL EQUITY PROGRAMS AND TRAININGS AS WELL AS  
TO ASSIST WITH THE COORDINATION OF VIRTUAL VOLUNTEER OPPORTUNITIES IN  
THE COMMUNITY.

7) IDENTITY:

IDENTITY IS A NON-PROFIT AIMED AT CREATING OPPORTUNITIES FOR LATINO AND  
OTHER MULTICULTURAL YOUTH IN MONTGOMERY COUNTY TO REALIZE THEIR HIGHEST

**Part VI** Supplemental Information (Continuation)

POTENTIAL THROUGH INCREASED RESILIENCE AGAINST NEGATIVE BEHAVIORS AND

INCREASED SELF-MANAGEMENT AND SELF-EFFICACY. THEIR PROGRAMS PROVIDE

SOCIAL AND EMOTIONAL SUPPORT, ACADEMIC AID, AND WORKFORCE DEVELOPMENT

SKILL-BUILDING SUPPORTED BY WRAPAROUND SERVICES, INCLUDING FAMILY CASE

MANAGEMENT, BEHAVIORAL HEALTH (INDIVIDUAL, FAMILY AND GROUP THERAPY

UTILIZING BOTH TRADITIONAL AND NON-TRADITIONAL TECHNIQUES), ACCESS TO

HEALTHCARE AND FITNESS AND RECREATION. ALL PROGRAMS ARE TRAUMA-INFORMED

AND ARE BASED ON THE POSITIVE YOUTH DEVELOPMENT MODEL.

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDED IDENTITY

WITH GRANT DOLLARS IN 2020 TO RESPOND TO THE TRAUMATIC MENTAL HEALTH

IMPACTS OF COVID-19 BY SUPPORTING YOUTH DEVELOPMENT SPECIALISTS AND

PARENT OUTREACH WORKERS IN PROVIDING TRAUMA-INFORMED MENTAL HEALTH

SUPPORT SERVICES; UP TO 250 HOURS OF VIRTUAL CLINICAL THERAPY; AND

PSYCHO EDUCATIONAL GROUPS AND WEBINARS.

ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY

BUILDING ACTIVITIES IN 2021. PROVIDING COMMUNITY BUILDING ACTIVITIES

IS ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION.

PART III, LINE 4:

THE CORPORATION ASSESSES COLLECTABILITY ON PATIENT CONTRACTS PRIOR TO THE

RECOGNITION OF NET PATIENT SERVICE REVENUE. PATIENT ACCOUNTS RECEIVABLE

ARE REPORTED AT THEIR NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF

THROUGH BAD DEBT EXPENSE WHEN THE CORPORATION HAS EXHAUSTED ALL COLLECTION

EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN PATIENT

CREDIT WORTHINESS. PATIENT ACCOUNTS RECEIVABLE ALSO INCLUDES MANAGEMENT'S

**Part VI** Supplemental Information (Continuation)

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.

PART III, LINE 8:

ACUTE CARE HOSPITALS IN MARYLAND ARE EXEMPT FROM MEDICARE REIMBURSEMENT

METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND MEDICAID) PAY

HOSPITALS' CHARGES, WHICH ARE REGULATED BY THE STATE'S HEALTH SERVICES

COST REVIEW COMMISSION (HSCRC). SPECIFICALLY, MEDICARE IS AWARDED A

DISCOUNT OF 7.7% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH

PROVIDERS, AS WELL AS A 2% REDUCTION FOR SEQUESTRATION. A SHORTFALL WILL

ONLY EXIST WHEN THE MEDICARE COLLECTION EXPERIENCE IS LOWER THAN THE

FACILITY'S COST TO CHARGE RATIO. IF SUCH A SHORTFALL EXISTS, NONE OF IT

SHOULD BE COUNTED TOWARDS A COMMUNITY BENEFIT CALCULATION.

ADVENTIST HEALTHCARE USES ITS INCOME STATEMENT TO COMPUTE A COST TO CHARGE

RATIO USED TO ESTIMATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS.

PART III, LINE 9B:

> THAT ALL PATIENTS RECEIVE A NOTICE ON FINANCIAL ASSISTANCE AND A PHONE

CALL, BY ADVENTIST HEALTHCARE'S STAFF AND OUTSOURCED VENDORS, MENTIONING

THE OPPORTUNITY TO HAVE THEIR BILL REDUCED IF THE DEBTOR QUALIFIES FOR

ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE.

> WHEN A DEBTOR HAS AFFIRMED A DEBT AND HAS BEEN GIVEN AN OPPORTUNITY TO

APPLY FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE, AND HAS APPLIED FOR

AND BEEN GRANTED ASSISTANCE THAT REDUCED THE OUTSTANDING BALANCE BUT

LEAVING AN AMOUNT STILL OWED TO AN ADVENTIST HEALTHCARE FACILITY OR HAS

NOT APPLIED FOR ASSISTANCE IN THE ALLOTTED TIME PERIOD:

**Part VI** Supplemental Information (Continuation)

1) FOR EXISTING ACCOUNTS, THE COLLECTION AGENCY WILL RECEIVE "DAILY" NOTIFICATION TO REDUCE THE OUTSTANDING BALANCE OF ANY DEBTOR WHO QUALIFIES FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE. THE AGENCY WILL SEND A LETTER TO THE DEBTOR, ACKNOWLEDGING THE NEW BALANCE WITHIN 15 DAYS OF THE NOTICE TO ADJUST.

2) ONCE THE DEBTOR AFFIRMS THE DEBT, THE AGENCY WILL INFORM THE DEBTOR ABOUT ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE POLICY, AND ASK IF THEY HAD RECEIVED INFORMATION ON HOW TO COMPLETE THE APPLICATION, OR THE CRITERIA FOR QUALIFICATION.

3) WHEN A DEBTOR EXPRESSES A DESIRE TO COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE, THEY WILL BE REFERRED TO THE OFFICE OF ADVENTIST HEALTHCARE'S MANAGER OF COLLECTIONS / CUSTOMER SERVICE (301-315-3660). THE COLLECTION AGENCY WILL PLACE THE ACCOUNT ON "HOLD" FOR 2 WEEKS TO ALLOW THE DEBTOR AMPLE TIME TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

4) WHEN THE DEBTOR HAS COMPLETED THE APPLICATION FOR FINANCIAL ASSISTANCE AND BEEN APPROVED, THE AGENCY WILL RECEIVE IMMEDIATE NOTIFICATION FROM THE MANAGER OF COLLECTIONS/CUSTOMER SERVICE. NOTIFICATION WILL INCLUDE THE AMOUNT OF DEBT REDUCTION THE DEBTOR QUALIFIED FOR. THE MANAGER OF COLLECTIONS/CUSTOMER SERVICE WILL ADJUST THE DEBTOR'S BALANCE ON ADVENTIST HEALTHCARE'S BOOKS.

PART VI, LINE 2:

NEEDS ASSESSMENT:

ADVENTIST HEALTHCARE FORMED A COMMUNITY BENEFIT STEERING COMMITTEE (CBSC) IN 2011 TO GUIDE ITS COMMUNITY BENEFIT ACTIVITIES AND STRATEGY. THE COMMUNITY BENEFIT STEERING COMMITTEE HAS REPRESENTATION FROM EACH OF OUR



**Part VI** Supplemental Information (Continuation)

HOSPITAL ENTITIES AS WELL AS ADDITIONAL KEY SYSTEM-WIDE DEPARTMENTS SUCH AS FINANCE, POPULATION HEALTH AND MISSION INTEGRATION. THE CBSC LEADS THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND THE DEVELOPMENT AND MONITORING OF EACH HOSPITAL'S IMPLEMENTATION STRATEGY. IN ADDITION TO COMPLETING OUR CHNAS EVERY THREE YEARS, ADVENTIST HEALTHCARE ASSESSES THE NEEDS OF THE COMMUNITY WE SERVE THROUGH SEVERAL METHODS:

> REPRESENTATIVES FROM ADVENTIST HEALTHCARE SERVE ON THE LOCAL HEALTH IMPROVEMENT COALITIONS IN OUR SERVICE AREA, HEALTHY MONTGOMERY AND PRINCE GEORGE'S HEALTH ACTION COALITION. BY PARTICIPATING IN THE STEERING COMMITTEES AS WELL AS SEVERAL SUB-COMMITTEES AND WORKGROUPS, WE ARE ABLE TO STAY APPRISED OF EXISTING AND DEVELOPING HEALTH NEEDS IN THE COMMUNITY AND ARE ABLE TO WORK WITH OTHER STAKEHOLDERS TO DEVELOP STRATEGIES FOR ADDRESSING THEM.

> WE ARE ALSO ABLE TO GATHER INFORMATION AROUND COMMUNITY NEEDS THROUGH OUR NUMEROUS COMMUNITY PARTNERSHIPS AND OUTREACH EFFORTS. THROUGH OUR OUTREACH EFFORTS, WE GATHER INFORMATION DIRECTLY FROM THE COMMUNITY MEMBERS WE ARE SERVING. THROUGH OUR PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS, WE LEARN ABOUT THE NEEDS OF THE STAKEHOLDERS THOSE ORGANIZATIONS REPRESENT. ONE EXAMPLE OF THIS IS OUR COMMUNITY PARTNERSHIP FUND THROUGH WHICH WE DEVELOP COLLABORATIONS WITH OTHER ORGANIZATIONS AND AWARD GRANT AND SPONSORSHIP FUNDING. ADDITIONALLY, SEVERAL OF OUR STAFF AND LEADERS SERVE ON THE BOARDS OF LOCAL COMMUNITY ORGANIZATIONS AND GATHER ADDITIONAL INSIGHT INTO THE NEEDS OF OUR COMMUNITY.

> ADDITIONALLY, ADVENTIST HEALTHCARE LEADS THE ONE HEALTH QUALITY ALLIANCE, A CLINICALLY INTEGRATED NETWORK MADE UP OF PRIMARY AND SPECIALTY

**Part VI** Supplemental Information (Continuation)

CARE PHYSICIANS INCLUDING CLINICS AND FQHCs IN OUR COMMUNITY. ADVENTIST HEALTHCARE HAS ALSO FORMED A CARE TRANSFORMATION ORGANIZATION AS PART OF THE MARYLAND PRIMARY CARE PROGRAM. THROUGH BOTH THESE INITIATIVES, WE MONITOR HEALTH NEEDS AND DATA ACROSS OUR COMMUNITY AND CAN HEAR FEEDBACK REGARDING COMMUNITY NEEDS FROM OUR PROVIDERS AND PATIENTS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY:

ADVENTIST HEALTHCARE EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE IN MANY WAYS. THEY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: (1) ADVENTIST HEALTHCARE HAS FINANCIAL ASSISTANCE SIGNAGE IN ALL ITS FACILITIES, ON ALL PATIENT STATEMENTS AND ON OUR HOSPITALS' WEBSITES; (2) DURING PRE-REGISTRATION AND REGISTRATION, PATIENTS WHO ARE REGISTERED AS SELF-PAY, OR EXPRESS A FINANCIAL HARDSHIP, ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND MAILED OR GIVEN A CHARITY APPLICATION. ADDITIONALLY, AN ADVENTIST HEALTHCARE PATIENT FINANCIAL ADVISOR WILL VISIT ADMITTED PATIENTS TO REVIEW FINANCIAL OPTIONS, INCLUDING AHC'S FINANCIAL ASSISTANCE PROGRAM; (3) WHEN GOING THROUGH THE MEDICAID ELIGIBILITY SCREENING, SELF-PAY PATIENTS ARE GIVEN A CHARITY APPLICATION DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT QUALIFY FOR MEDICAID; (4) WHEN PATIENTS WITH A BALANCE RECEIVES A STATEMENT, THE PATIENT STATEMENT INCLUDES NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THE CONTACT INFORMATION TO SPEAK WITH A REPRESENTATIVE OR OBTAIN A FINANCIAL ASSISTANCE PACKAGE; (5) WHEN PATIENTS WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL HARDSHIP, CUSTOMER SERVICE REPS AND SELF-PAY COLLECTORS WILL NOTIFY THE PATIENT OF THE AVAILABILITY OF ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE AND MAIL A CHARITY APPLICATION TO THE PATIENT AND (6) RESIDENTS WHO

**Part VI** Supplemental Information (Continuation)

PARTICIPATE IN OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY,  
ETC., ARE INFORMED OF ADVENTIST HEALTHCARE'S CHARITY PROGRAM PRIOR TO  
RECEIVING SERVICES.

PART VI, LINE 4:

COMMUNITY INFORMATION:

ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) PRIMARILY SERVICES

RESIDENTS OF MONTGOMERY COUNTY, MARYLAND. APPROXIMATELY 85.0 PERCENT OF

DISCHARGES COME FROM OUR TOTAL SERVICE AREA, WHICH IS CONSIDERED ADVENTIST

HEALTHCARE SHADY GROVE MEDICAL CENTER'S COMMUNITY BENEFIT SERVICE AREA

(CBSA). WITHIN THAT AREA, 60.0 PERCENT OF DISCHARGES ACCOUNT FOR THE

PRIMARY SERVICE AREA (PSA), WHICH INCLUDES THE FOLLOWING ZIP CODES/CITIES:

20874 GERMANTOWN, 20878 GAITHERSBURG, 20850 ROCKVILLE, 20877

GAITHERSBURG, 20886 MONTGOMERY VILLAGE, 20879 GAITHERSBURG, 20852

ROCKVILLE, 20876 GERMANTOWN, 20854 POTOMAC, 20871 CLARKSBURG, AND 88888

HOMELESS.

THE REMAINING 25.0 PERCENT OF DISCHARGES ACCOUNT FOR OUR SECONDARY SERVICE

AREA (SSA), WHICH INCLUDES THE FOLLOWING ZIP CODES/CITIES:

20906 - SILVER SPRING, 20853 ROCKVILLE, 20855 DERWOOD, 20851 ROCKVILLE,

20872 DAMASCUS, 20882 GAITHERSBURG, 20832 OLNEY, 20902 SILVER SPRING,

20904 SILVER SPRING, 20837 POOLESVILLE, 20841 BOYDS, 20817 BETHESDA,

20814 BETHESDA, 21703 FREDRICK, 20901 SILVER SPRING, 20910 SILVER

SPRING, 21771 MOUNT AIRY, 20895 KENSINGTON, 21704 FREDRICK, 21702

FREDRICK.

**Part VI** Supplemental Information (Continuation)

IN MARYLAND, THE POPULATION DEMOGRAPHICS ARE RAPIDLY CHANGING,  
PARTICULARLY AMONG RESIDENTS LIVING IN MONTGOMERY COUNTY. ADVENTIST  
HEALTHCARE SERVES SOME OF THE MOST DIVERSE COMMUNITIES IN THE UNITED  
STATES, CONSTANTLY UNDERGOING ECONOMIC, SOCIAL AND DEMOGRAPHIC SHIFTS THAT  
RESULT FROM AN EVER-CHANGING, EVER-GROWING POPULATION.

MONTGOMERY COUNTY IS THE MOST POPULOUS JURISDICTION IN MARYLAND AND HAS  
RETAINED ITS STATUS AS THE SECOND LARGEST JURISDICTION IN THE WASHINGTON,  
D.C. METROPOLITAN AREA. FROM 1990 TO 2017, MONTGOMERY COUNTY'S POPULATION  
GREW 38 PERCENT, INCREASING FROM 765,476 TO 1,058,810 PEOPLE. THE GREATEST  
POPULATION GROWTH OCCURRED INSIDE THE CAPITAL BELTWAY (INTERSTATE 495).  
ACCORDING TO THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION  
(MNCPPC), THE GROWTH IN MONTGOMERY COUNTY WAS DRIVEN LARGELY BY BIRTHS TO  
RESIDENTS AND INCREASING INTERNATIONAL MIGRATION. AT 32.6 PERCENT,  
MONTGOMERY COUNTY HAS A FOREIGN-BORN POPULATION TWICE THAT OF THE STATE OF  
MARYLAND.

MONTGOMERY COUNTY IS A MAJORITY-MINORITY COUNTY, MEANING IT IS MADE UP OF  
LESS THAN 50 PERCENT NON-HISPANIC WHITES. THE MAJORITY OF RESIDENTS (43.4  
PERCENT) IN MONTGOMERY COUNTY ARE NON-HISPANIC WHITE, FOLLOWED BY BLACK  
AND HISPANIC (19.9 PERCENT EACH), AND ASIAN (15.6 PERCENT). THE RACIAL AND  
ETHNIC DIVERSITY IN THE COUNTY HAS CONTINUED TO INCREASE WITH THE INCREASE  
IN THE OVERALL POPULATION.

AGING POPULATION: ACCORDING TO THE MARYLAND-NATIONAL CAPITAL PARK AND  
PLANNING COMMISSION (MNCPPC), THERE HAS BEEN A NOTICEABLE POPULATION AGE  
SHIFT IN MONTGOMERY COUNTY FROM 1990 TO 2016, LARGELY IN PART TO THE AGING  
BABY BOOMER GENERATION BORN BETWEEN 1946 AND 1964. FROM 1990-2016 THE

**Part VI** Supplemental Information (Continuation)

MEDIAN AGE OF RESIDENTS IN THE COUNTY ROSE FROM 33.9 YEARS TO 39 YEARS.

MEANWHILE, THE PERCENTAGE OF YOUNG ADULTS, 20 TO 34 YEARS, DECREASED BY

7.7 PERCENT AND ADULTS AGE 35 TO 44 YEARS DECREASED BY 3.9 PERCENT.

CHILDREN UNDER AGE 18 DECREASED MARGINALLY AND ARE PROJECTED TO REMAIN

STEADY. THE FASTEST GROWING POPULATION, 65+, IS PROJECTED TO GROW 7

PERCENT REACHING 21 PERCENT OF THE POPULATION BY 2040.

FOREIGN-BORN POPULATION: ACCORDING TO THE U.S. CENSUS BUREAU, MARYLAND IS

ONE OF THE TOP TEN DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS WITH A

SIGNIFICANT NUMBER RESIDING IN MONTGOMERY COUNTY. FROM 1980 TO 2016, THE

POPULATION OF FOREIGN-BORN INDIVIDUALS LIVING IN MONTGOMERY COUNTY

INCREASED FROM 12.0 PERCENT TO 33.0 PERCENT. THE MAJORITY OF FOREIGN-BORN

RESIDENTS WHO LIVE IN MONTGOMERY COUNTY COME FROM BOTH ASIA AND LATIN

AMERICA, WITH THE TOP FIVE COUNTRIES CONSISTING OF EL SALVADOR, CHINA,

INDIA, KOREA, AND ETHIOPIA. OF THOSE INDIVIDUALS WHO ARE FOREIGN-BORN AND

LIVING IN MONTGOMERY COUNTY, 15.4 PERCENT PRIMARILY SPEAK ENGLISH, 30.8

PERCENT SPEAK SPANISH, 22.4 PERCENT SPEAK AN ASIAN OR PACIFIC ISLANDER

LANGUAGE AND 21.4 PERCENT SPEAK AN INDO-EUROPEAN LANGUAGE. IN THE SGMC

CBSA, 13.6 PERCENT OF INDIVIDUALS AGED 5+ ARE LIMITED ENGLISH PROFICIENT.

WHEN COMPARED TO MONTGOMERY COUNTY AND MARYLAND, SGMC'S CBSA HAS THE

SECOND HIGHEST PERCENTAGE OVERALL OF LIMITED ENGLISH PROFICIENT RESIDENTS.

INCOME & POVERTY: THE MEDIAN HOUSEHOLD INCOME IN MONTGOMERY COUNTY IS

\$103,178.14 COMPARATIVELY, THE 2017 MEDIAN HOUSEHOLD INCOME IN MARYLAND IS

\$78,916, WHICH IS HIGHER THAN THE U.S. MEDIAN OF \$57,652. ALTHOUGH THE

MEDIAN HOUSEHOLD INCOME OF MONTGOMERY COUNTY IS HIGHER THAN THE STATE'S,

SIGNIFICANT INCOME DISPARITIES EXIST WHEN BROKEN DOWN BY RACIAL/ETHNIC

GROUPS. THE MEDIAN HOUSEHOLD INCOME OF WHITE AND ASIAN HOUSEHOLDS IS OVER

**Part VI** Supplemental Information (Continuation)

\$30,000 HIGHER THAN THAT OF BLACK AND HISPANIC HOUSEHOLDS.

THE 2017 FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR IS \$24,600.15.

MONTGOMERY COUNTY EXPERIENCED A DECREASE IN RESIDENTS LIVING BELOW THE

FEDERAL POVERTY LEVEL FROM 7.5 PERCENT IN 2015 TO 7.0 PERCENT IN 2017. IN

2017, IN MARYLAND, AS WELL AS WITHIN MONTGOMERY COUNTY, FEWER RESIDENTS

WERE LIVING BELOW THE POVERTY LEVEL (9.7 PERCENT) THAN IN 2015 (10.0

PERCENT). DESPITE THE SLIGHT DECREASE IN POVERTY RATES, A LARGE INCOME

INEQUALITY GAP PERSISTS. BLACK AND HISPANIC RESIDENTS IN MONTGOMERY COUNTY

EXPERIENCE POVERTY AT A RATE NEARLY THREE TIMES THAT OF WHITE RESIDENTS.

HEALTH INSURANCE COVERAGE: DESPITE MONTGOMERY COUNTY'S RELATIVE WEALTH

REGARDING INCOME, EDUCATION AND SUPPORT FOR PUBLIC SERVICES, BETWEEN

80,000 AND 90,000 RESIDENTS ARE UNINSURED. IN MONTGOMERY COUNTY AS WELL AS

IN THE STATE OF MARYLAND OVERALL, HISPANICS ARE SIGNIFICANTLY MORE LIKELY

NOT TO HAVE HEALTH INSURANCE COMPARED TO WHITE AND BLACK INDIVIDUALS.

ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER (WOMC) PRIMARILY SERVICES

RESIDENTS OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES IN MARYLAND. AS A NEW

HOSPITAL, WOMC HAS A REDEFINED PROJECTED COMMUNITY BENEFIT SERVICE AREA

(CBSA) IN COMPARISON TO ITS PREVIOUS LOCATION IN TAKOMA PARK (WHILE

OPERATING AS WASHINGTON ADVENTIST HOSPITAL). THE PROJECTED CBSA WAS

DETERMINED TAKING SEVERAL FACTORS INTO ACCOUNT SUCH AS PROXIMITY (DRIVE

TIME AND DISTANCE) OF ZIP CODES TO ACUTE CARE HOSPITALS AND PROVIDERS,

PREVIOUS PRESENCE AND MARKET SHARE WITHIN EACH ZIP CODE, AND PROJECTED

SHIFT OF PRESENCE AND MARKET SHARE AS A RESULT OF THE RELOCATION OF THE

HOSPITAL TO WHITE OAK.

**Part VI** Supplemental Information (Continuation)

APPROXIMATELY 85.0 PERCENT OF DISCHARGES COME FROM OUR TOTAL SERVICE AREA,  
WHICH IS CONSIDERED ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER'S  
COMMUNITY BENEFIT SERVICE AREA (CBSA). WITHIN THAT AREA, 60.0 PERCENT OF  
DISCHARGES ACCOUNT FOR THE PRIMARY SERVICE AREA (PSA) AND INCLUDE THE  
FOLLOWING ZIP CODES/CITIES:

20783 HYATTSVILLE, 20912 TAKOMA PARK, 20782 HYATTSVILLE, 20903 SILVER  
SPRING, 20901 SILVER SPRING, 20904 SILVER SPRING, 20740 COLLEGE PARK,  
20906 SILVER SPRING, 20705 BELTSVILLE, AND 88888 HOMELESS.

THE REMAINING 25.0 PERCENT OF DISCHARGES ACCOUNT FOR OUR SECONDARY SERVICE  
AREA (SSA) WHICH INCLUDES THE FOLLOWING ZIP CODES/CITIES:

20011 WASHINGTON, 20737 RIVERDALE, 20902 SILVER SPRING, 20770  
GREENBELT, 20784 HYATTSVILLE, 20706 LANHAM, 20781 HYATTSVILLE, 20712  
MOUNT RAINIER, 20785 HYATTSVILLE, 20012 WASHINGTON, 20707 LAUREL, 20708  
LAUREL, 20743 CAPITOL HEIGHTS, 20774 UPPER MARLBORO, 20747 DISTRICT  
HEIGHTS, 20710 BLADENSBURG, 20905 SILVER SPRING, 20721 BOWIE, 20772  
UPPER MARLBORO, 20866 BURTONSVILLE, 20715 BOWIE, 20850 ROCKVILLE, 20853  
ROCKVILLE, 20723 LAUREL.

MONTGOMERY COUNTY IS THE MOST POPULOUS JURISDICTION IN MARYLAND AND HAS  
RETAINED ITS STATUS AS THE SECOND LARGEST JURISDICTION IN THE WASHINGTON,  
D.C. METROPOLITAN AREA. FROM 1990 TO 2017, MONTGOMERY COUNTY'S POPULATION  
GREW 38 PERCENT, INCREASING FROM 765,476 TO 1,058,810 PEOPLE. THE GREATEST  
POPULATION GROWTH OCCURRED INSIDE THE CAPITAL BELTWAY (INTERSTATE 495),  
WHICH ALSO INCLUDES PRINCE GEORGE'S COUNTY. ACCORDING TO THE  
MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION (MNCPPC), THE

**Part VI** Supplemental Information (Continuation)

GROWTH IN MONTGOMERY COUNTY WAS DRIVEN LARGELY BY BIRTHS TO RESIDENTS AND  
 INCREASING INTERNATIONAL MIGRATION. AT 32.6 PERCENT, MONTGOMERY COUNTY HAS  
 A FOREIGN-BORN POPULATION TWICE THAT OF THE STATE OF MARYLAND. PRINCE  
 GEORGE'S COUNTY IS THE SECOND-LARGEST JURISDICTION IN MARYLAND WITH NEARLY  
 ONE MILLION RESIDENTS. THE COUNTY HAS SEEN SIGNIFICANT POPULATION GROWTH  
 INCREASING BY NEARLY 50,000 RESIDENTS OR 5.7 PERCENT FROM 2010 TO 2017.

PART VI, LINE 5:

COMMUNITY HEALTH PROMOTION:

IN KEEPING WITH OUR MISSION, ADVENTIST HEALTHCARE CONTINUES TO PROMOTE  
 GOOD HEALTH IN THE COMMUNITY THROUGH A WIDE VARIETY OF HEALTH AND WELLNESS  
 SERVICES OFFERED THROUGHOUT MONTGOMERY AND PRINCE GEORGE'S COUNTIES IN  
 MARYLAND, AS WELL AS SOME AREAS IN WASHINGTON D.C. AND THE SURROUNDING  
 REGION. BELOW IS A BRIEF SUMMARY OF THE HEALTH PROMOTION ACTIVITIES IN  
 2020, INCLUDING HEALTH EDUCATION/LECTURES, HEALTH SCREENINGS, SUPPORT  
 GROUPS, AS WELL AS SERVING ON COMMUNITY BOARDS AND COMMITTEES AND  
 SUPPORTING MONTGOMERY COUNTY'S SAFETY NET CLINICS FOR UNINSURED AND  
 UNDERINSURED RESIDENTS. WE FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC  
 DISEASES PREVALENT IN THE COMMUNITIES WE SERVE, AS WELL AS OUTREACH AND  
 CULTURALLY COMPETENT SERVICES TO VULNERABLE POPULATIONS.

> A VARIETY OF HEALTH EDUCATION LECTURES AND PROGRAMS WERE CONVERTED TO BE  
 VIRTUAL TO CONTINUE TO BE A RESOURCE FOR COMMUNITY MEMBERS DURING COVID.  
 > MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED SUPPORT AND ASSISTANCE TO  
 THOUSANDS OF NEW AND EXPERIENCED PARENTS AND CAREGIVERS THROUGH CLASSES  
 AND SUPPORT GROUPS. THESE PROGRAMS WERE ALSO CONVERTED TO BE OFFERED  
 VIRTUALLY. EXAMPLES OF PROGRAMS INCLUDED BREASTFEEDING SUPPORT GROUPS,  
 DISCOVERING MOTHERHOOD, NAVIGATING FATHERHOOD, AND PERINATAL LOSS. WE ALSO



**Part VI** Supplemental Information (Continuation)

OFFER A FREE WARM LINE THAT IS STAFFED BY A CERTIFIED LACTATION CONSULTANT

WHO IS ABLE TO ANSWER BREASTFEEDING QUESTIONS.

> ADVENTIST HEALTHCARE HAS A HEALTH MINISTRY PROGRAM THAT SPECIFICALLY

SUPPORTS FAITH COMMUNITY NURSES AND CONGREGATIONS TO ADDRESS HEALTH ISSUES

IN FAITH-BASED COMMUNITIES. MORE THAN 140 CONGREGATIONS OF VARIOUS FAITHS

ARE INVOLVED IN OUR PROGRAM, RECEIVING ONGOING SUPPORT AND RESOURCES.

> PERSONNEL FROM VARIOUS DEPARTMENTS ARE ACTIVE IN THE COMMUNITY SERVING

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

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

POPULATIONS.

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

IN-KIND SUPPORT TO THE SAFETY NET CLINICS IN MONTGOMERY COUNTY. THIS

SUPPORT INCLUDES FINANCIAL CONTRIBUTIONS AND PROVISION OF LABORATORY AND

RADIOLOGY SERVICES.

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

HEALTHCARE PROVIDES CULTURAL AND LINGUISTIC COMPETENCY TRAINING TO MEDICAL

AND SUPPORT STAFF.

> THROUGH ADVENTIST HEALTHCARE'S COMMUNITY PARTNERSHIP FUND (CPF), GRANT

AND SPONSORSHIP FUNDING IS PROVIDED TO NON-PROFIT ORGANIZATIONS IN THE

COMMUNITY ACROSS TWO FUNDING OBJECTIVES: HEALTH AND WELLNESS AND

PARTNERSHIPS. FUNDING IS AWARDED TO ORGANIZATIONS ADDRESSING NEEDS

IDENTIFIED IN ONE OF AHC'S COMMUNITY HEALTH NEEDS ASSESSMENTS. IN 2020,

CPF PRIORITIES AND PROCESSES PIVOTED TO ADDRESS COVID 19. WE PROVIDED

FUNDING TO ORGANIZATIONS TO ENABLE THEM TO EXPAND AND ADAPT THEIR SERVICES

AND TO IMPLEMENT PROGRAMS ADDRESSING NEEDS EXACERBATED BY COVID. WE ALSO

CHANGED OUR PROCESSES TO REDUCE APPLICANT BURDEN AND TURNAROUND TIME FOR

FUNDING DECISIONS.

**Part VI** Supplemental Information (Continuation)

> IN 2020, ADVENTIST HEALTHCARE ALSO PARTNERED WITH THE STATE TO OPEN AN ALTERNATIVE CARE SITE AT OUR WASHINGTON ADVENTIST HOSPITAL SITE IN TAKOMA PARK TO PROVIDE DEDICATED, HIGH-QUALITY CARE FOR COVID PATIENTS. THE ALTERNATIVE CARE SITE IS ONE OF SEVERAL INFUSION CENTERS IN MARYLAND THAT ADMINISTERS MONOCLONAL ANTIBODY TREATMENTS.

ADVENTIST HEALTHCARE IS COMMITTED TO ENSURING THAT THE COMMUNITIES IT SERVES THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE BENEFITS OF HIGH QUALITY, EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL, MENTAL AND SPIRITUAL WELLBEING.

PART VI, LINE 6:

AFFILIATED HEALTH CARE:

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

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

**Part VI** Supplemental Information (Continuation)

ADVENTIST HEALTHCARE INCLUDES: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER, ADVENTIST HEALTHCARE REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES, THE REGINALD S. LOURIE CENTER FOR CHILDREN'S SOCIAL & EMOTIONAL WELLNESS, ADVENTIST HEALTHCARE URGENT CARE CENTERS, AND OTHER HEALTH SERVICES. TOGETHER MORE THAN 2,000 AFFILIATED PRIMARY AND SPECIALTY CARE PHYSICIANS, ADVENTIST HEALTHCARE ENCOMPASSES MANY OF THE NECESSARY CARE DELIVERY COMPONENTS NEEDED TO DELIVER POPULATION-BASED CARE ACROSS THE CONTINUUM.

OUR COMMITMENT TO THE COMMUNITY EXTENDS BEYOND OUR WALLS TO ENCOMPASS THE MOST VULNERABLE AND UNDERSERVED. IN 2020, THERE WERE APPROXIMATELY 673,144 OVERALL ENCOUNTERS ACROSS ALL OF OUR FACILITIES AND PROGRAMS. WE ALSO PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFIT. AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF 5,934 EMPLOYEES AND NUMEROUS VOLUNTEERS PROVIDING OVER 25,929 HOURS OF TIME, THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY.

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

**Part VI** Supplemental Information (Continuation)

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.

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

MD

PART VI, LINE 4:

COMMUNITY INFORMATION:

BOTH MONTGOMERY AND PRINCE GEORGE'S COUNTIES ARE MAJORITY-MINORITY

COUNTIES MEANING THEY ARE MADE UP OF LESS THAN 50 PERCENT NON-HISPANIC

WHITES. THE MAJORITY OF RESIDENTS (62.0 PERCENT) IN PRINCE GEORGE'S

COUNTY ARE BLACK, FOLLOWED BY HISPANIC OR LATINO (19.1 PERCENT). THE

MAJORITY OF RESIDENTS (43.4 PERCENT) IN MONTGOMERY COUNTY ARE

NON-HISPANIC WHITE, FOLLOWED BY BLACK AND HISPANIC (19.9 PERCENT EACH),

AND ASIAN (15.6 PERCENT). THE RACIAL AND ETHNIC DIVERSITY IN THE COUNTY

HAS CONTINUED TO INCREASE WITH THE INCREASE IN THE OVERALL POPULATION.

AGING POPULATION: ACCORDING TO THE MARYLAND-NATIONAL CAPITAL PARK AND

PLANNING COMMISSION (MNCPPC), THERE HAS BEEN A NOTICEABLE POPULATION

AGE SHIFT IN MONTGOMERY COUNTY FROM 1990 TO 2016, LARGELY IN PART TO

THE AGING BABY BOOMER GENERATION BORN BETWEEN 1946 AND 1964. FROM

1990-2016 THE MEDIAN AGE OF RESIDENTS IN THE COUNTY ROSE FROM 33.9

YEARS TO 39 YEARS. MEANWHILE, THE PERCENTAGE OF YOUNG ADULTS, 20 TO 34

YEARS, DECREASED BY 7.7 PERCENT AND ADULTS AGE 35 TO 44 YEARS DECREASED

BY 3.9 PERCENT. CHILDREN UNDER AGE 18 DECREASED marginally AND ARE

PROJECTED TO REMAIN STEADY.

**Part VI** Supplemental Information (Continuation)

ACCORDING TO DATA FROM THE U.S. CENSUS AMERICAN COMMUNITY SURVEY, THERE HAS ALSO BEEN A SIGNIFICANT POPULATION AGE SHIFT IN PRINCE GEORGE'S COUNTY FROM 1990 TO 2016. SIMILAR TO MONTGOMERY COUNTY, THE LARGEST AGE GROUP IN 1990 WAS 20-34 YEARS, COMPARED TO 45-64 YEARS IN 2016. THE 35-44 AGE GROUP HAS DECREASED 4.0 PERCENT AND CHILDREN UNDER AGE 18 DECREASED marginally AND ARE PROJECTED TO REMAIN STEADY. THE FASTEST GROWING POPULATION, 65+, IS PROJECTED TO GROW 7.0 PERCENT IN MONTGOMERY AND 9.0 PERCENT IN PRINCE GEORGE'S, REACHING 21.0 PERCENT OF THE POPULATION IN BOTH COUNTIES BY THE YEAR 2040.

FOREIGN BORN POPULATION: ACCORDING TO THE U.S. CENSUS BUREAU, MARYLAND IS ONE OF THE TOP TEN DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS WITH A SIGNIFICANT NUMBER RESIDING IN MONTGOMERY COUNTY. FROM 1980 TO 2016, THE POPULATION OF FOREIGN-BORN INDIVIDUALS LIVING IN MONTGOMERY COUNTY INCREASED FROM 12.0 PERCENT TO 33.0 PERCENT. THE MAJORITY OF FOREIGN-BORN RESIDENTS WHO LIVE IN MONTGOMERY COUNTY COME FROM BOTH ASIA AND LATIN AMERICA, WITH THE TOP FIVE COUNTRIES CONSISTING OF EL SALVADOR, CHINA, INDIA, KOREA, AND ETHIOPIA. OF THOSE INDIVIDUALS WHO ARE FOREIGN-BORN AND LIVING IN MONTGOMERY COUNTY, 15.4 PERCENT PRIMARILY SPEAK ENGLISH, 30.8 PERCENT SPEAK SPANISH, 22.4 PERCENT SPEAK AN ASIAN OR PACIFIC ISLANDER LANGUAGE AND 21.4 PERCENT SPEAK AN INDO-EUROPEAN LANGUAGE. IN PRINCE GEORGE'S COUNTY, ONE OUT OF EVERY FIVE RESIDENTS OR 22.6 PERCENT ARE BORN OUTSIDE THE UNITED STATES. IN 2017 ALONE, THERE WERE OVER 200,000 FOREIGN-BORN RESIDENTS IN THE COUNTY. THE TOP FIVE COUNTRIES THAT CONTRIBUTE THE MOST TO THE FOREIGN-BORN POPULATION INCLUDE: EL SALVADOR, NIGERIA, GUATEMALA, MEXICO, AND JAMAICA. OF THE FOREIGN-BORN RESIDENTS LIVING IN PRINCE GEORGE'S COUNTY, ONE IN FIVE OR 21.5 PERCENT SPEAK ENGLISH AS THEIR

**Part VI** Supplemental Information (Continuation)

PRIMARY LANGUAGE AND 44 PERCENT SPEAK SPANISH. IN THE WOMC CBSA, NEARLY

15.0 PERCENT OF INDIVIDUALS AGED 5+ ARE LIMITED ENGLISH PROFICIENT.

WHEN COMPARED TO BOTH COUNTIES AND MARYLAND, WOMC'S CBSA HAS THE

HIGHEST PERCENTAGE OVERALL OF LIMITED ENGLISH PROFICIENT RESIDENTS.

INCOME & POVERTY: THE MEDIAN HOUSEHOLD INCOMES IN MONTGOMERY AND PRINCE

GEORGE'S COUNTIES ARE \$103,178 AND \$78,607, RESPECTIVELY.

COMPARATIVELY, THE 2017 MEDIAN HOUSEHOLD INCOME IN MARYLAND IS \$78,916,

WHICH IS HIGHER THAN THE U.S. MEDIAN OF \$57,652. WHEN BROKEN DOWN BY

RACE AND ETHNICITY, SIGNIFICANT INCOME DISPARITIES EXIST. IN MONTGOMERY

COUNTY, THE MEDIAN INCOME OF WHITE AND ASIAN HOUSEHOLDS IS OVER \$30,000

HIGHER THAN THAT OF BLACK AND HISPANIC HOUSEHOLDS. IN PRINCE GEORGE'S

COUNTY, ASIAN AND WHITE HOUSEHOLDS HAVE THE LARGEST MEDIAN HOUSEHOLD

INCOME, FOLLOWED BY BLACK HOUSEHOLDS AND HISPANIC HOUSEHOLDS WHO HAVE

THE LARGEST INCOME INEQUALITY.

THE 2017 FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR IS \$24,600.19.

MONTGOMERY COUNTY EXPERIENCED A DECREASE IN RESIDENTS LIVING BELOW THE

FEDERAL POVERTY LEVEL FROM 7.5 PERCENT IN 2015 TO 7.0 PERCENT IN 2017.

IN 2017, ACROSS ALL COUNTIES IN MARYLAND, FEWER RESIDENTS WERE LIVING

BELOW THE POVERTY LEVEL (9.7 PERCENT) THAN IN 2015 (10.0 PERCENT).

DESPITE THE SLIGHT DECREASE IN POVERTY RATES, A LARGE INCOME INEQUALITY

GAP PERSISTS. IN MARYLAND, WHITE INDIVIDUALS HAVE THE LOWEST PERCENTAGE

OF RESIDENTS LIVING IN POVERTY WHEN COMPARED TO NON-WHITE INDIVIDUALS.

IN PRINCE GEORGE'S COUNTY, WHITE RESIDENTS HAVE A HIGHER PERCENTAGE OF

INDIVIDUALS LIVING IN POVERTY COMPARED TO BLACK AND ASIAN RESIDENTS WHO

EXPERIENCE THE LOWEST RATES OF POVERTY. IN MONTGOMERY COUNTY BLACK AND

HISPANIC RESIDENTS EXPERIENCE POVERTY AT A RATE NEARLY THREE TIMES THAT

**Part VI** Supplemental Information (Continuation)

OF WHITE RESIDENTS.

HEALTH INSURANCE COVERAGE: DESPITE MONTGOMERY COUNTY'S RELATIVE WEALTH

REGARDING INCOME, EDUCATION AND SUPPORT FOR PUBLIC SERVICES, BETWEEN

80,000 AND 90,000 RESIDENTS ARE UNINSURED. MORE THAN 100,000 RESIDENTS

IN PRINCE GEORGE'S COUNTY ARE UNINSURED. IN MONTGOMERY AND PRINCE

GEORGE'S COUNTIES AS WELL AS IN MARYLAND OVERALL, HISPANICS ARE

SIGNIFICANTLY MORE LIKELY TO NOT HAVE HEALTH INSURANCE COVERAGE

COMPARED TO WHITE AND BLACK INDIVIDUALS.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADVENTIST HEALTH INTERNATIONAL 11060 ANDERSON ST LOMA LINDA, CA 92350	33-0940020	501-(C)-(3)	30,000.	0.			COVID19 EMERGENCY FUNDING: TO INCREASE CAPACITY FOR THEIR MULTILINGUAL HEALTH AND
BIOHEALTH INNOVATION INC 1 CHURCH STREET #801 ROCKVILLE, MD 20850	45-3824067	501-(C)-(3)	25,000.	0.			TO PROVIDE CONTRIBUTION TOWARDS RESEARCH.
CASA OF MARYLAND INC. 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501-(C)-(3)	30,000.	0.			TO SUPPORT INCREASED CAPACITY FOR THE MULTILINGUAL HEALTH AND SOCIAL SERVICES HOTLINE.
CENTRE POINTE COUNSELING PO BOX 1278 LINCOLNTON, NC 28093	52-1288655	501-(C)-(3)	20,000.	0.			DONATION TOWARDS SPIRITUALLY BASED COUNSELING.
COMMUNITY HEALTH AND EMPOWERMENT INC - 8545 PINEY BRANCH RD - SILVER SPRING, MD 20910	27-3662468	501-(C)-(3)	80,000.	0.			COVID19 EMERGENCY FUNDING: TO SUPPORT COVID-19 POSITIVE FAMILIES TO STAY HOME
CROSSROADS COMMUNITY FOOD NETWORK INC - 6930 CARROLL AVE SUITE 426 - TAKOMA PARK, MD 20912	36-4635237	501-(C)-(3)	35,000.	0.			COVID19 EMERGENCY FUNDING: TO PROVIDE WEEKLY FRESH PRODUCE DELIVERIES FOR 230+ LOW

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 35.**

**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.**  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Schedule I (Form 990) 2020**



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
US DREAM ACADEMY INC 5950 SYMPHONY WOODS ROAD COLUMBIA, MD 21044	59-3514841	501-(C)-(3)	88,940.	0.			DONATION TO THE DREAM ACADEMY TO HELP OUR NATION'S CHILDREN REACH FOR THEIR DREAMS. THROUGH
EVERYMIND 1000 TWINBROOK PARKWAY ROCKVILLE, MD 20851	52-0681147	501-(C)-(3)	25,000.	0.			SPONSORSHIP OF THE EVERYMIND 5K RUN/3K WALK RAISING FUNDS FOR EVERYMIND AND RAISING
FOOD & FRIENDS 219 RIDGE ROAD NE WASHINGTON, DC 20011	52-1648941	501-(C)-(3)	20,000.	0.			COVID19 EMERGENCY FUNDING: TO PURCHASE LARGER FOOD AND INGREDIENT QUANTITIES TO
GENERATION HOPE 415 MICHIGAN AVE NE #250 WASHINGTON, DC 20017	27-3554088	501-(C)-(3)	20,000.	0.			GENERATION HOPE SURROUNDS MOTIVATED TEEN PARENTS (OUR SCHOLARS) AND THEIR CHILDREN WITH THE
GEORGE MASON UNIVERSITY FOUNDATION INC - 4400 UNIVERSITY DRIVE, MSN 1A3 - FAIRFAX, VA 22030	54-1603842	501-(C)-(3)	5,000.	0.			FUNDS PROVIDED TO "THE STEPHEN S. FULLER INSTITUTE FOR RESEARCH ON THE WASHINGTON REGION'S
HEARTS & HOMES FOR YOUTH, INC. 3919 NATIONAL DR SUITE 400 BURTONSVILLE, MD 20866	52-6060576	501-(C)-(3)	15,000.	0.			HEARTS & HOMES FOR YOUTH IS A NONPROFIT ORGANIZATION DEDICATED TO EMPOWERING YOUTH WHO HAVE
HOPE CONNECTIONS FOR CANCER SUPPORT INC - 9650 ROCKVILLE PIKE - BETHESDA, MD 20814	20-3792198	501-(C)-(3)	5,000.	0.			FUNDS WERE PROVIDED FOR A 7-DAY CHALLENGE TO SPONSOR THE CELEBRATION OF HOPE, TO BENEFIT IN
IDENTITY 414 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	52-2120012	501-(C)-(3)	40,000.	0.			COVID19 EMERGENCY FUNDING: TO PROVIDE 200-250 HOURS OF VIRTUAL CLINICAL THERAPY, TRAUMA
IMPACT SILVER SPRING 8545 PINEY BRANCH ROAD SILVER SPRING, MD 20901	52-2164844	501-(C)-(3)	15,000.	0.			TO SUPPOT TO BRING TOGETHER A DIVERSE CROSS-SECTION OF THE COMMUNITY TO INCREASE OUR

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1301 CONNECTICUTT AVE NW STE 200 - WASHINGTON, DC 20036	46-3039129	501-(C)-(3)	37,500.	0.			PARTNERSHIPS WITH INSTITUTE FOR PUBLIC HEALTH INNOVATION TO COMPLETE IMPLEMENTATION
LEADERSHIP MONTGOMERY 6010 EXECUTIVE BLVD #200 ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	65,000.	0.			COVID19 EMERGENCY FUNDING: TO DESIGN AND IMPLEMENT RACIAL EQUITY PROGRAMS AND TOOLS AND TO
MANNA FOOD CENTER 614 LOFSTRAND LANE ROCKVILLE, MD 20850	52-1289203	501-(C)-(3)	115,000.	0.			COVID19 EMERGENCY FUNDING: TO PURCHASE 44,000 LBS. OF SHELF STABLE FOOD FOR 1,450
MANSFIELD KASEMAN HEALTH CLINIC 114 WEST MONTGOMERY AVENUE ROCKVILLE, MD 20850	27-2529951	501-(C)-(3)	40,000.	0.			COVID19 EMERGENCY FUNDING: TO EXPAND TELEHEALTH CAPABILITIES AND PURCHASE PERSONAL
MARY'S CENTER FOR MATERNAL & CHILD CARE - 2333 ONTARIO ROAD N.W - WASHINGTON, DC 20009	52-1594116	501-(C)-(3)	43,500.	0.			COVID19 EMERGENCY FUNDING: TO EXPAND TELEHEALTH SERVICES AND PROVIDE FREE COVID-19
MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501-(C)-(3)	40,000.	0.			COVID19 EMERGENCY FUNDING: TO INCREASE HOURS FOR DIRECT MEDICAL AND SUPPORT STAFF.
MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814-1620	23-7022588	501-(C)-(3)	42,500.	0.			COVID19 EMERGENCY FUNDING: TO EXPAND TELEHEALTH SERVICES, PATIENT OUTREACH AND
MONTGOMERY COUNTY BUSINESS HALL OF FAME - 7401 WISCONSIN AVE SUITE 300 - BETHESDA, MD 20814	52-0807134	LLP	10,000.	0.			HELP STUDENTS REALIZE THEIR DREAMS OF OBTAINING A COLLEGE EDUCATION BY SUPPORTING THE
MONTGOMERY COUNTY COALITION 600-B EAST GUDE DRIVE ROCKVILLE, MD 20850	52-1735674	501-(C)-(3)	40,000.	0.			COVID19 EMERGENCY FUNDING: TO SUPPORT THEIR STAFF AS THEY DOUBLE CAPACITY IN THEIR MENS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MONTGOMERY HOSPICE 1355 PICCARD DRIVE SUITE 100 ROCKVILLE, MD 20850	52-1114719	501-(C)-(3)	25,000.	0.			COVID19 EMERGENCY FUNDING: TO PREVENT SPREAD OF COVID-19 AMONG STAFF AND PATIENTS
NAAHHR 1000 THIRD STREET TILLAMOOK, OR 97141	93-0622075	501-(C)-(3)	6,000.	0.			2020 NATIONAL ASSOCIATION OF ADVENTIST HEALTHCARE HUMAN RESOURCES ANNUAL CONFERENCE SPONSORSHIP,
PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTIST - PO BOX 5005 - WESTLAKE VILLAGE, CA 91359-5005	95-1816033	C CORP	10,000.	0.			SPONSORSHIP FOR THE 2020 CONSCIENCE AND JUSTICE COUNCIL CONFERENCE. THE LUCILLE BYARD SYMPOSIUM -
PINE FORGE ACADEMY PO BOX 338 PINE FORGE, PA 19548	23-6003304	501-(C)-(3)	50,000.	0.			DONATION FOR THE CHEMISTRY LAB, IN SUPPORT OF PINE FORGE'S MISSION TO PREPARE STUDENTS
REBUILDING TOGETHER MONTGOMERY COUNTY - 3925 PLYERS MIL ROAD SUITE 202 - KENSINGTON, MD 20895	52-1667026	501-(C)-(3)	10,000.	0.			ADDRESSING SOCIAL DETERMINANTS OF HEALTH - SAFE AND HEALTHY HOMES GRANT - BUILD CAPACITY
THE SHEPHERD'S TABLE INC 8210 DIXON AVE SILVER SPRING, MD 20910	52-1381738	501-(C)-(3)	15,000.	0.			FOOD SERVICE PROGRAM GRANT - PROVIDE 3 MEALS A DAY FOR PEOPLE WHO ARE FOOD INSECURE,
SPENCERVILLE ADVENTIST ACADEMY 15930 GOOD HOPE ROAD SILVER SPRING, MD 20904	52-1714576	501-(C)-(3)	5,000.	0.			SPONSORSHIP OF SPENCERVILLE ADVENTIST ACADEMY'S 5TH ANNUAL 5K RUN, TO SUPPORT ITS
STARTING WITH TODAY, INC. 1523 PACIFIC AVE CAPITOL HEIGHTS, MD 20743	46-3385162	501-(C)-(3)	12,000.	0.			STARTING WITH TODAY SEEKS TO CONTINUE TO ADDRESS THE SOCIOECONOMIC, CULTURAL, AND
STRATHMORE HALL FOUNDATION INC. 5301 TUCKERMAN LANE BETHESDA, MD 20852	52-1714576	501-(C)-(3)	10,000.	0.			SHOW SPONSORSHIP OF ACADEMY OF ST MARTIN IN THE FIELDS WITH JOSHUA BELL. THIS SUPPORT HELPS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
STROKE COMEBACK CENTER 50 W EDMONSTON DR, STE 301 ROCKVILLE, MD 20852	54-2012975	501-(C)-(3)	10,000.	0.			TOPROVIDE ONGOING AND PERSONALLY MEANINGFUL PROGRAMS WITHIN A SUPPORTIVE AND
THE LEUKEMIA & LYMPHOMA SOCIETY INC - 3601 EISENHOWER AVE, SUITE 450 - ALEXANDRIA, VA 22304	13-5644916	C CORP	5,000.	0.			SPONSORSHIP FOR THE 2020 LEUKEMIA BALL BRONZE SPONSORSHIP, TO HELP IN THEIR MISSION TO CURE
UNIVERSITY SYSTEM OF MARYLAND FOUNDATION - 3300 METZEROTT ROAD - ADELPHI, MD 20783	52-1125663	501-(C)-(3)	10,000.	0.			SCHOLARSHIP FUNDING IN SUPPORT OF STUDENTS WHO ARE STUDYING IN PROGRAMS RELATED TO THE ALLIED
VIETNAMESE AMERICAN SERVICES 11528 COLT TER. SILVER SPRING, MD 20902	47-5530373	501-(C)-(3)	10,000.	0.			HEALTH CARE PROGRAM FOR VIETNAMESE COMMUNITY - PROVIDE PATIENT NAVIGATION, HEALTH
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVENUE TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	200,000.	0.			DONATION TO FURTHER WASHINGTON ADVENTIST UNIVERSITY'S VISION "TO PRODUCE GRADUATES WHO

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

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

ADVENTIST HEALTHCARE (AHC) IS COMMITTED TO IDENTIFYING AND RESPONDING TO

PRIORITY HEALTH NEEDS AND OUTCOMES FOR THE PEOPLE AND COMMUNITIES WE SERVE.

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDES FUNDING

FOR ORGANIZATIONS WHOSE ACTIVITIES SUPPORT OUR MISSION TO PROMOTE HEALTH

EQUITY AND WELLNESS IN OUR COMMUNITY.

CPF AWARDS GRANTS AND EVENT SPONSORSHIPS TO 501(C)(3) ORGANIZATIONS WHOSE

ACTIVITIES ALIGN WITH OUR MISSION AND OUR FUNDING OBJECTIVES:

**Part IV Supplemental Information**

1. HEALTH & WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS

2. PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH

2020 FUNDING PRIORITIES:

OUR FUNDING PRIORITIES CHANGE OVER TIME TO ALIGN WITH THE FINDINGS OF OUR

COMMUNITY HEALTH NEEDS ASSESSMENTS. IN 2020, IN RESPONSE TO COVID-19, OUR

PRIORITY AREAS SHIFTED TO ALSO ADDRESS THE PANDEMIC.

IN THE SPRING, IN LIEU OF OUR REGULAR SPRING GRANT AND SPONSORSHIP

APPLICATION CYCLE, WE RELEASED A COVID-19 EMERGENCY RESPONSE APPLICATION.

ORGANIZATIONS WERE ELIGIBLE TO APPLY FOR UP TO \$20,000 IN FUNDING THROUGH A

SIMPLIFIED APPLICATION FORM WITH AN EXPEDITED REVIEW PROCESS. THESE GRANTS

WERE INTENDED TO SUPPORT ORGANIZATIONS IN MEETING EMERGENT COMMUNITY NEEDS

AND ALLEVIATE OPERATIONAL HARDSHIPS AS ORGANIZATIONS WORKED TO PIVOT THEIR

SERVICE OFFERINGS AND MEET THE INCREASING DEMAND.

FOR GRANTEES IN THE MIDDLE OF A FUNDING CYCLE, REPORTING DEADLINES WERE

EXTENDED. THE OPTION TO REDIRECT FUNDS TOWARD COVID-19 EFFORTS WAS ALSO

PROVIDED.

FOR THE FALL 2020 GRANT AND SPONSORSHIP CYCLE, NEW FUNDING PRIORITIES WERE

ESTABLISHED. WE CONTINUED TO FOCUS ON PRIORITIZED NEEDS IDENTIFIED THROUGH

OUR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AS WELL AS NEEDS EXACERBATED

BY COVID-19.

OUR FUNDING PRIORITIES INCLUDED:

1. ACCESS TO CARE

2. MENTAL HEALTH FOR ADULTS AND YOUTH

3. WORKFORCE DEVELOPMENT

**Part IV Supplemental Information**

4. SOCIAL SERVICES

5. EDUCATIONAL EQUITY FOR YOUTH

6. RACIAL EQUITY AND JUSTICE

7. REHABILITATION AND DISABILITY SERVICES

8. HIV & HEPATITIS C

ADDITIONALLY, FUNDING REQUESTS HAD TO:

- 1. BE DESIGNED TO ADDRESS DOCUMENTED HEALTH DISPARITIES OR INEQUITIES
- 2. HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED
- 3. ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION
- 4. INCLUDE MEANINGFUL PARTNERSHIPS (PREFERRED BUT NOT REQUIRED)

APPLICATION AND REVIEW PROCESS:

ALL PROSPECTIVE APPLICANTS ARE ASKED TO COMPLETE A GRANT APPLICATION OR EVENT SPONSORSHIP APPLICATION (E.G., FUNDRAISING GALAS AND SPORTING EVENTS). APPLICATIONS ARE REVIEWED BY THE COMMUNITY PARTNERSHIP FUND BOARD WHICH IS MADE UP OF REPRESENTATIVES FROM ACROSS THE AHC SYSTEM.

GRANT MONITORING:

ALL GRANT RECIPIENTS (GRANTS TYPICALLY RANGE FROM \$10,000-\$100,000) ARE ASKED TO COMPLETE BOTH A MID-YEAR PROGRESS REPORT AS WELL AS A FINAL END-OF-YEAR REPORT.

FOR THE MID-YEAR REPORT, GRANTEES ARE ASKED TO DESCRIBE THE FOLLOWING:

- NUMBER OF INDIVIDUALS WHO HAVE BEEN SERVED THUS FAR;
- OUTCOMES, TO DATE, OF THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL APPLICATION;
- DESCRIPTION OF THE WORK THAT HAS BEEN COMPLETED TO DATE;
- CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED;

**Part IV Supplemental Information**

- CHALLENGES OR DELAYS THAT HAVE BEEN ENCOUNTERED;

- EXPENDITURE OF FUNDS THUS FAR;

- ESTIMATED EXPENDITURES FOR THE DURATION OF THE GRANT PERIOD.

FOR THE FINAL REPORT, GRANTEES ARE ASKED TO DESCRIBE THE FOLLOWING:

- TOTAL NUMBER OF INDIVIDUALS SERVED WITH THE FUNDING THAT WAS PROVIDED;

- OUTCOMES FOR THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL

APPLICATION AS WELL AS ANY OTHER OUTCOMES;

- DESCRIPTION OF THE WORK THAT WAS ACCOMPLISHED;

- CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED;

- CHALLENGES OR DELAYS THAT WERE ENCOUNTERED;

- EXPENDITURE OF GRANT FUNDS.

SPONSORSHIP MONITORING:

ALL SPONSORSHIP RECIPIENTS (SPONSORSHIPS ARE UP TO \$5,000) ARE ASKED TO

COMPLETE A FINAL REPORT AFTER THEIR EVENT TAKES PLACE. IN THE FINAL REPORT,

SPONSORSHIP RECIPIENTS ARE ASKED TO DESCRIBE THE FOLLOWING:

- NUMBER OF PARTICIPANTS

- EVENT/PROGRAM OUTCOMES

THE INFORMATION PROVIDED IN THESE REPORTS IS UTILIZED TO EVALUATE THE

OVERALL IMPACT OF THE GRANTEE AND THE FUNDING PROVIDED. IT IS ALSO USED TO

INFORM DECISION MAKING REGARDING FUTURE FUNDING AND PARTNERSHIP ENDEAVORS

WITH EACH GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADVENTIST HEALTH INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO

INCREASE CAPACITY FOR THEIR MULTILINGUAL HEALTH AND SOCIAL SERVICES

HOTLINE.



**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF MARYLAND INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INCREASED CAPACITY FOR THE MULTILINGUAL HEALTH AND SOCIAL SERVICES HOTLINE. THE HOTLINE PROVIDES: HEALTH EDUCATION NAVIGATIONAL ASSISTANCE TO HEALTH SERVICES, FOOD BANKS, SHELTER, UNEMPLOYMENT, PUBLIC BENEFITS AND OTHER VITAL SOCIAL SERVICES ASSISTANCE ACCESSING COVID TESTING AND TREATMENT AS WELL AS QUARANTINE SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH AND EMPOWERMENT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO SUPPORT COVID-19 POSITIVE FAMILIES TO STAY HOME SAFELY; TO PURCHASE AND DELIVER FOOD, TOILETRIES AND SUPPLIES; AND PROVIDE CASE MANAGEMENT AND NAVIGATION SERVICES FOR IMPACTED FAMILIES. ALSO, TO HELP WITH THE LONG BRANCH HEALTHY FOOD ACCESS PROGRAM, WHICH PROVIDES SUPPORT AND FRESH PRODUCE FOR INDIVIDUALS WITH DIABETES EXPERIENCING FOOD INSECURITY.

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS COMMUNITY FOOD NETWORK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO PROVIDE WEEKLY FRESH PRODUCE DELIVERIES FOR 230+ LOW INCOME SENIORS.

NAME OF ORGANIZATION OR GOVERNMENT: US DREAM ACADEMY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION TO THE DREAM ACADEMY TO HELP OUR NATION'S CHILDREN REACH FOR THEIR DREAMS. THROUGH ACADEMIC, SOCIAL, AND VALUES ENRICHMENT, THE DREAM ACADEMY EMPOWERS THOSE CHILDREN MOST AT RISK OF INCARCERATION TO BELIEVE IN THEMSELVES AND TO SUCCEED.

NAME OF ORGANIZATION OR GOVERNMENT: EVERYMIND

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF THE EVERYMIND 5K

RUN/3K WALK RAISING FUNDS FOR EVERYMIND AND RAISING AWARENESS OF THE

IMPORTANCE OF MENTAL HEALTH AND WELLNESS.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD & FRIENDS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO

PURCHASE LARGER FOOD AND INGREDIENT QUANTITIES TO FULFILL PREPARED MEAL

DELIVERIES FOR SENIORS AND CHRONICALLY ILL INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: GENERATION HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERATION HOPE SURROUNDS MOTIVATED

TEEN PARENTS (OUR SCHOLARS) AND THEIR CHILDREN WITH THE MENTORS,

EMOTIONAL SUPPORT, AND FINANCIAL RESOURCES THAT THEY NEED TO THRIVE IN

COLLEGE AND KINDERGARTEN, THEREBY DRIVING A TWO-GENERATION SOLUTION TO

POVERTY.

NAME OF ORGANIZATION OR GOVERNMENT:

GEORGE MASON UNIVERSITY FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS PROVIDED TO "THE STEPHEN S.

FULLER INSTITUTE FOR RESEARCH ON THE WASHINGTON REGION'S ECONOMIC

FUTURE", IN ORDER TO HELP PRODUCE HIGH-QUALITY AND POLICY-RELEVANT

RESEARCH, SUCH AS HOUSING RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: HEARTS & HOMES FOR YOUTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HEARTS & HOMES FOR YOUTH IS A

NONPROFIT ORGANIZATION DEDICATED TO EMPOWERING YOUTH WHO HAVE EXPERIENCED

ABUSE, NEGLECT, MENTAL HEALTH ISSUES, HOMELESSNESS, AND OTHER TRAUMA, TO

MAKE POSITIVE LIFE CHOICES AND BUILD BRIGHTER FUTURES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

HOPE CONNECTIONS FOR CANCER SUPPORT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WERE PROVIDED FOR A 7-DAY

CHALLENGE TO SPONSOR THE CELEBRATION OF HOPE, TO BENEFIT IN THEIR MISSION

OF "TO HELP PEOPLE WITH CANCER AND THEIR LOVED ONES DEAL WITH THE

EMOTIONAL AND PHYSICAL IMPACT OF CANCER THROUGH PARTICIPATION IN

PROFESSIONALLY FACILITATED PROGRAMS OF EMOTIONAL SUPPORT, EDUCATION,

WELLNESS, AND HOPE."

NAME OF ORGANIZATION OR GOVERNMENT: IDENTITY

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO

PROVIDE 200-250 HOURS OF VIRTUAL CLINICAL THERAPY, TRAUMA INFORMED

SUPPORT SERVICES, AND EDUCATION WEBINARS FOR YOUTH AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: IMPACT SILVER SPRING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPOT TO BRING TOGETHER A

DIVERSE CROSS-SECTION OF THE COMMUNITY TO INCREASE OUR COLLECTIVE

AWARENESS AND UNDERSTANDING AROUND CRITICAL ISSUES AND THEMES AFFECTING

COMMUNITY WELL-BEING.

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE FOR PUBLIC HEALTH INNOVATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERSHIPS WITH INSTITUTE FOR

PUBLIC HEALTH INNOVATION TO COMPLETE IMPLEMENTATION STRATEGY DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP MONTGOMERY

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO DESIGN

**Part IV Supplemental Information**

AND IMPLEMENT RACIAL EQUITY PROGRAMS AND TOOLS AND TO WORK WITH AREA  
NON-PROFITS TO COORDINATE VIRTUAL VOLUNTEER OPPORTUNITIES. SUPPORT FOR  
LEADERSHIP MONTGOMERY'S CORPORATE VOLUNTEER COUNCIL PROGRAM. PARTNERSHIP  
WITH THEM TO HELP ADVENTIST HEALTHCARE TO DEVELOP AN INTERNAL CORPORATE  
VOLUNTEER PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: MANNA FOOD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO  
PURCHASE 44,000 LBS. OF SHELF STABLE FOOD FOR 1,450 FAMILIES. PROMOTING  
FOOD SECURITY AND ENHANCING COMMUNITY HEALTH IN EASTERN MONTGOMERY  
COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: MANSFIELD KASEMAN HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO EXPAND  
TELEHEALTH CAPABILITIES AND PURCHASE PERSONAL PROTECTIVE EQUIPMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

MARY'S CENTER FOR MATERNAL & CHILD CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO EXPAND  
TELEHEALTH SERVICES AND PROVIDE FREE COVID-19 TESTING FOR UNINSURED  
IMMIGRANT POPULATIONS. TO SUPPORT THE 2020 GALA SPONSORSHIP AND TO  
SUPPORT THE DEVELOPMENT OF NEW AND EXPANDED CLINIC SPACE FOR MARY'S  
CENTER IN MONTGOMERY COUNTY, AND TO ALLOW THE ORGANIZATION TO EXPAND  
HEALTH CARE SERVICES FOR ALL RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEDICAL CARE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO EXPAND  
TELEHEALTH SERVICES, PATIENT OUTREACH AND ENGAGEMENT, AND LIMITED HOME

**Part IV Supplemental Information**

VISITS FOR HIGH RISK PATIENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

MONTGOMERY COUNTY BUSINESS HALL OF FAME

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP STUDENTS REALIZE THEIR DREAMS

OF OBTAINING A COLLEGE EDUCATION BY SUPPORTING THE UNIVERSITIES AT SHADY

GROVE SCHOLARSHIP FUND.

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY COUNTY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO

SUPPORT THEIR STAFF AS THEY DOUBLE CAPACITY IN THEIR MENS SHELTER AND

INCREASE SERVICES AND SUPPORTS FOR CLIENTS CURRENTLY IN PERMANENT

SUPPORTIVE HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY HOSPICE

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY FUNDING: TO

PREVENT SPREAD OF COVID-19 AMONG STAFF AND PATIENTS THROUGH N-95 FIT

TESTING AND PURCHASE OF PERSONAL PROTECTIVE EQUIPMENT AND CLEANING

SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT: NAAHHR

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 NATIONAL ASSOCIATION OF

ADVENTIST HEALTHCARE HUMAN RESOURCES ANNUAL CONFERENCE SPONSORSHIP, TO

HELP ENHANCE ADVENTIST HEALTHCARE EMPLOYEE ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTIST

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP FOR THE 2020 CONSCIENCE

**Part IV Supplemental Information**

AND JUSTICE COUNCIL CONFERENCE. THE LUCILLE BYARD SYMPOSIUM -

INTERSECTIONS OF MENTAL HEALTH AND SOCIAL JUSTICE.

NAME OF ORGANIZATION OR GOVERNMENT: PINE FORGE ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR THE CHEMISTRY LAB, IN

SUPPORT OF PINE FORGE'S MISSION TO PREPARE STUDENTS SPIRITUALLY,

INTELLECTUALLY, PHYSICALLY, AND SOCIALLY FOR SERVICE TO GOD AND MAN.

NAME OF ORGANIZATION OR GOVERNMENT: REBUILDING TOGETHER MONTGOMERY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESSING SOCIAL DETERMINANTS OF

HEALTH - SAFE AND HEALTHY HOMES GRANT - BUILD CAPACITY AND

SUSTAINABILITY OF THE HEALTHCARE NETWORK SERVING VULNERABLE MONTGOMERY

COUNTY RESIDENTS BY PROVIDING A CONTINUATION OF SERVICES FOR LOW-INCOME

PATIENTS WHOSE HOME ENVIRONMENTS ARE NEGATIVELY AFFECTING THEIR HEALTH

OUTCOMES (I.E. REPAIRS OR INSTALLATION OF SAFE SHOWERS/RAILINGS, ETC.).

NAME OF ORGANIZATION OR GOVERNMENT: THE SHEPHERD'S TABLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SERVICE PROGRAM GRANT - PROVIDE

3 MEALS A DAY FOR PEOPLE WHO ARE FOOD INSECURE, EXPERIENCING HOMELESSNESS

OR ARE LIVING IN POVERTY.

NAME OF ORGANIZATION OR GOVERNMENT: SPENCERVILLE ADVENTIST ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF SPENCERVILLE

ADVENTIST ACADEMY'S 5TH ANNUAL 5K RUN, TO SUPPORT ITS MISSION OF

PROVIDING "A DISTINCTIVE SEVENTH-DAY ADVENTIST CHRISTIAN EDUCATION

PREPARING THE WHOLE PERSON FOR SERVICE TO GOD AND MAN AND FOR ETERNAL

LIFE."

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: STARTING WITH TODAY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: STARTING WITH TODAY SEEKS TO

CONTINUE TO ADDRESS THE SOCIOECONOMIC, CULTURAL, AND TRANSPORTATION GAPS

IN BLACK PEOPLE ACCESSING MENTAL HEALTH PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: STRATHMORE HALL FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SHOW SPONSORSHIP OF ACADEMY OF ST

MARTIN IN THE FIELDS WITH JOSHUA BELL. THIS SUPPORT HELPS THE STRATHMORE

HALL FOUNDATION TO FURTHER ITS MISSION TO PRESENT AND PRODUCE EXEMPLARY

VISUAL AND PERFORMING ARTS PROGRAMS FOR DIVERSE AUDIENCES; CREATES

DYNAMIC ARTS EDUCATION EXPERIENCES; AND NURTURES CREATIVE IDEAS AND

CONVERSATIONS THAT ADVANCE THE FUTURE OF THE ARTS.

NAME OF ORGANIZATION OR GOVERNMENT: STROKE COMEBACK CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TOPROVIDE ONGOING AND PERSONALLY

MEANINGFUL PROGRAMS WITHIN A SUPPORTIVE AND PEER-DRIVEN ENVIRONMENT THAT

IS AFFORDABLE FOR ALL STROKE AND BRAIN TRAUMA SURVIVORS, ENABLING THEM TO

ACHIEVE THEIR MAXIMUM POTENTIAL.

NAME OF ORGANIZATION OR GOVERNMENT: THE LEUKEMIA & LYMPHOMA SOCIETY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP FOR THE 2020 LEUKEMIA

BALL BRONZE SPONSORSHIP, TO HELP IN THEIR MISSION TO CURE LEUKEMIA,

LYMPHOMA, HODGKIN'S LYMPHOMA AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE

OF PATIENTS AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY SYSTEM OF MARYLAND FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP FUNDING IN SUPPORT OF

**Part IV Supplemental Information**

STUDENTS WHO ARE STUDYING IN PROGRAMS RELATED TO THE ALLIED HEALTH  
PROFESSIONS.

NAME OF ORGANIZATION OR GOVERNMENT: VIETNAMESE AMERICAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH CARE PROGRAM FOR VIETNAMESE

COMMUNITY - PROVIDE PATIENT NAVIGATION, HEALTH INSURANCE ENROLLMENT

ASSISTANCE, HEALTH EDUCATION, AND ACCESS TO HEALTH SERVICES TO VIETNAMESE

COMMUNITY MEMBERS.

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON ADVENTIST UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION TO FURTHER WASHINGTON

ADVENTIST UNIVERSITY'S VISION "TO PRODUCE GRADUATES WHO BRING COMPETENCE

AND MORAL LEADERSHIP TO THEIR COMMUNITIES."



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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 on 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 checked="" 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 (such as 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 on line 1a? .....
- 3** Indicate which, if any, of the following the 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 checked="" 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TERRY FORDE PRESIDENT & CEO,AHC; BOARD MEMBER	(i)	910,479.	363,083.	301,512.	272,570.	35,484.	1,883,128.	189,349.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN SACKETT EVP & COO, AHC	(i)	646,430.	194,690.	284,720.	26,000.	41,261.	1,193,101.	100,516.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAUL MASSIMIANO PHYSICIAN	(i)	1,056,529.	0.	4,276.	25,755.	19,388.	1,105,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANTHONY RONGIONE PHYSICIAN	(i)	1,058,129.	0.	2,826.	25,755.	4,174.	1,090,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NIV AD PHYSICIAN	(i)	1,061,419.	0.	3,803.	5,700.	617.	1,071,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES LEE EVP & CFO, AHC	(i)	579,230.	165,825.	110,978.	147,781.	22,089.	1,025,903.	71,660.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIEL COCHRAN PRESIDENT, SGM C	(i)	457,069.	116,669.	108,974.	157,560.	16,847.	857,119.	63,802.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KENNETH DESTEFANO SVP, GENERAL COUNSEL, AHC	(i)	415,102.	129,009.	121,942.	109,384.	13,971.	789,408.	60,095.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANITA JENKINS PRESIDENT, HOWARD UNIVERSITY HOSPITAL	(i)	437,907.	0.	309,892.	26,000.	15,214.	789,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SVCS	(i)	429,700.	133,233.	112,816.	26,000.	15,973.	717,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANTHONY STAHL PRESIDENT, WOMC	(i)	330,524.	0.	200,896.	105,224.	17,366.	654,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRENDAN JOHNSON SVP OF HUMAN RESOURCES, AHC	(i)	311,887.	99,000.	97,756.	85,835.	21,933.	616,411.	48,832.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BRENT REITZ PRESIDENT, POST-ACUTE CARE SVCS, AHC	(i)	312,524.	84,544.	97,933.	97,388.	21,962.	614,351.	53,449.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KRISTEN PULIO SVP, CHIEF REV OFFR/CFO, NON-HOSP SVS	(i)	308,910.	72,627.	88,112.	98,069.	8,192.	575,910.	58,329.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARISSA LESLIE, MD BOARD, SYSTEM CHIEF OF PSYCHIATRY, AHC	(i)	312,363.	43,858.	1,654.	17,955.	10,021.	385,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KEITH BALLENGER FORMER PRESIDENT, HOME HEALTH	(i)	0.	51,384.	239,042.	0.	11,411.	301,837.	26,011.
	(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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ROSEMARIE MELENDEZ, RN, BSN, CEN BOARD, DIR ED&NURSING; TERM END 5/20	(i)	45,897.	0.	98,310.	3,107.	22,493.	169,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(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:

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

AS PART OF A RELOCATION PLAN TO THE WASHINGTON, DC AREA, ADVENTIST HEALTHCARE, INC. AND ANITA JENKINS, THE PRESIDENT OF HOWARD UNIVERSITY HOSPITAL, ENTERED INTO A JOINT OWNERSHIP ARRANGEMENT OF A RESIDENTIAL PROPERTY IN THE DISTRICT OF COLUMBIA TO BE USED AS MS. JENKINS'S RESIDENCE.

THIS ARRANGEMENT WAS ENTERED ON JUNE 1, 2020. ADVENTIST HEALTHCARE CONTRIBUTED HALF THE PROPERTY'S PURCHASE PRICE THROUGH A SINGLE MEMBER LIMITED LIABILITY COMPANY, AND MS. JENKINS PURCHASED THE OTHER HALF PERSONALLY.

FOR THE DURATION OF OCCUPANCY, ADVENTIST HEALTHCARE WILL, BASED UPON THE TERMS OF THE ARRANGEMENT, INCLUDE ON MS. JENKINS'S FORM W2, AS IMPUTED INCOME, ONE-HALF OF THE FAIR MARKET RENTAL VALUE OF THE PROPERTY. THE IMPUTED INCOME FOR MS. JENKIN'S USE OF THE RESIDENCE THROUGH DECEMBER 31, 2021 IS INTENDED TO BE REPORTED ON MS. JENKINS'S 2021 FORM W2.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

**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.

ADVENTIST HEALTHCARE OWNS A CORPORATE MEMBERSHIP AT A LOCAL GOLF CLUB, IN WHICH THREE ADVENTIST HEALTHCARE EMPLOYEES CAN BE DESIGNATED TO USE THE FACILITIES. CLUB EXPENSES ARE PAID BY ADVENTIST HEALTHCARE, BUT ARE TREATED AS TAXABLE INCOME TO THE RESPECTIVE ADVENTIST HEALTHCARE EMPLOYEES, SUBJECT TO FEDERAL AND STATE TAX WITHHOLDINGS. THE CLUB EXPENDITURES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, IN ACCORDANCE WITH IRS INTERMEDIATE SANCTIONS GUIDELINES.

PART I, LINE 3:

PAY PRACTICE: ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE IRS FORM 990 AS IF PAID DIRECTLY BY SUCH AFFILIATE. AS APPLICABLE, THE SAME AND NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC. RELATED ENTITIES RETURNS.

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

PART I, LINES 4A-B:

CERTAIN EMPLOYEES RECEIVED COMPENSATION FROM A DISTRIBUTION UNDER AN  
EXECUTIVE RETENTION 457F PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015.  
PRE-TAX CONTRIBUTIONS ARE ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON  
JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED, OR SOONER BASED ON CERTAIN

**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.

EXCEPTIONS. THERE IS TYPICALLY A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS  
ARE RELEASED. CONTRIBUTIONS ACCUMULATED IN 2018 WERE GENERALLY DISTRIBUTED  
ON JANUARY 1, 2020 AND CONTRIBUTIONS ACCUMULATED IN 2019 WILL GENERALLY BE  
DISTRIBUTED ON JANUARY 1, 2021. AMOUNTS LISTED UNDER PART II, COLUMN F  
INCLUDE PAYOUT AMOUNTS WHICH WERE CONSIDERED DEFERRED COMPENSATION FROM THE  
457F PLAN IN OUR PRIOR YEAR RETURNS AND THESE AMOUNTS ARE NOW BEING SHOWN  
UNDER THE OTHER REPORTABLE INCOME, COLUMN B (III).

THE 457(F) PLAN DISCUSSED IMMEDIATELY ABOVE PAYS CERTAIN PARTICIPANTS  
SUPPLEMENTAL RETIREMENT PAYMENTS IN DIRECT CASH, RATHER THAN RETENTION  
BENEFITS OF DEFERRED CASH, AFTER ATTAINING THE PLAN'S RETIREMENT AGE. THE  
FOLLOWING THREE EXECUTIVES RECEIVED SUPPLEMENTAL RETIREMENT PAYMENTS UNDER  
THIS PLAN FEATURE:

JOHN SACKETT: \$130,857 EARLY LUMP-SUM;

MARTA BRITO PEREZ: \$88,930 EARLY LUMP-SUM;

ANITA JENKINS: \$112,182 EARLY LUMP-SUM.

ALSO, IN 2020, A SEVERANCE PAYMENT WAS MADE TO:

**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.

ROSEMARIE MELENDEZ: \$98,198;

KEITH BALLENGER: \$208,904.

PART I, LINE 7:

THE ANNUAL INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION OF PRE-DETERMINED PERFORMANCE TARGETS SUCH AS QUALITY/PATIENT SAFETY GOALS, EMPLOYEE AND PATIENT ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL PERFORMANCE, AMONG OTHER THINGS. THE ANNUAL INCENTIVE COMPENSATION APPLIES TO DIRECTORS AND ABOVE.

SUPPLEMENTAL INFORMATION:

OTHER REPORTABLE COMPENSATION INCLUDES DISTRIBUTIONS UNDER AN EXECUTIVE RETENTION 457F PLAN, RETENTION PAYMENTS, AND LUMP-SUM ADJUSTMENTS IN LIEU OF THE ACROSS-THE-BOARD INCREASE (FOR EMPLOYEES WHO ARE AT OR REACH THE RANGE MAXIMUM FOR THEIR POSITION). OTHER REPORTABLE COMPENSATION ALSO INCLUDES LONG-TERM DISABILITY COVERAGE, CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED PAID TIME OFF (PTO) HOURS (ONLY FOR EMPLOYEES WHO LEAVE OUR ORGANIZATION), IMPUTED VALUE OF LIFE INSURANCE BENEFITS, AND SEVERANCE, AS APPLICABLE. CERTAIN EXECUTIVES CAN ALSO



**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.

RECEIVE REPORTABLE COMPENSATION THROUGH A SUPPLEMENTAL EXECUTIVE

RETIREMENT PLAN (SERP), ONCE THEY HAVE VESTED IN THE PLAN.

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

FLEXIBLE MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT

PREMIUMS), AND THE EMPLOYER PORTION OF CERTAIN EMPLOYEE BENEFITS SUCH

AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE, AND LIFE

INSURANCE, ETC.

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 1

OMB No. 1545-0047

▶ **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.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2020**  
**Open to Public Inspection**

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA (2011A)	52-0936091	574218CH4	09/01/11	57,508,761.	SEE PART VI		X		X		X
<b>B</b> MHHEFA (2013)	52-0936091	NONEAVAIL	06/12/13	15,623,500.	SEE PART VI		X		X		X
<b>C</b> MHHEFA (2014A)	52-0936091	NONEAVAIL	02/26/14	25,000,000.	SEE PART VI		X		X		X
<b>D</b> MHHEFA (2016A)	52-0936091	574218T37	12/14/16	280,619,392.	SEE PART VI		X		X		X

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired			9,586,837.		4,599,478.		2,435,000.			
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	57,508,761.		15,623,500.		25,000,000.		280,619,392.			
<b>4</b> Gross proceeds in reserve funds	5,968,288.						22,835,810.			
<b>5</b> Capitalized interest from proceeds							33,127,437.			
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	909,734.				168,000.		3,004,524.			
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds					24,832,000.		225,516,993.			
<b>11</b> Other spent proceeds	53,581,715.		15,623,500.							
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2005		1982		2014		2019			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X			
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X		
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2020

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 2

OMB No. 1545-0047

▶ **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.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2020**  
**Open to Public Inspection**

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA (2016B) REISSUED IN 2018	52-0936091	NONEAVAIL	07/03/18	126,395,000.	SEE PART VI		X		X		X
<b>B</b> MHHEFA (2017) REISSUED IN 2018	52-0936091	NONEAVAIL	09/25/18	40,000,000.	SEE PART VI		X		X		X
<b>C</b> MHHEFA (2020/2021)	52-0936091	57421CBT0	12/30/20	75,956,550.	SEE PART VI		X		X		X
<b>D</b>											

<b>Part II Proceeds</b>										
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>			
<b>1</b> Amount of bonds retired	4,005,000.		2,400,000.							
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	126,395,000.		43,100,935.		20,910,762.					
<b>4</b> Gross proceeds in reserve funds			1,016,162.							
<b>5</b> Capitalized interest from proceeds					20,656,289.					
<b>6</b> Proceeds in refunding escrows					254,472.					
<b>7</b> Issuance costs from proceeds										
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds			42,084,773.							
<b>11</b> Other spent proceeds	126,395,000.									
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2019		2019		2015					
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X					
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X				
<b>16</b> Has the final allocation of proceeds been made?	X		X			X				
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

Schedule K (Form 990) 2020

**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	
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....	X			X	X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
c Are there any research agreements that may result in private business use of bond-financed property? .....	X			X	X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...	X				X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	1.25 %		.00 %		.03 %		.00 %	
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 .....	1.25 %		.00 %		.03 %		.00 %	
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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....		X		X		X		X

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X		X			
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X		X			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...	X		X		X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %		.03 %			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.00 %		.00 %		.00 %			
<b>6</b> Total of lines 4 and 5 .....	.00 %		.00 %		.03 %			
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> 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		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X		X		X			
<b>b</b> Exception to rebate? .....		X		X		X		
<b>c</b> No rebate due? .....		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X		X		



**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	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 isn't available under applicable regulations? .....	X		X		X			

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

PART I, II, & IV:

BONDS A-D (ENTITY 1):

PART I BOND ISSUES:

BOND A (ENTITY 1):

COLUMN (A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA)

2011A

COLUMN (F) DESCRIPTION OF PURPOSE:

REFUNDING SERIES 2003 B, 2004 AND 2005 ISSUED 2/27/2003, 9/14/04 AND 12/20/05. THE SERIES 2003B, 2004 AND 2005 WERE USED FOR CONSTRUCTION AND RENOVATIONS AT WASHINGTON ADVENTIST HOSPITAL (WAH), SG, ADVENTIST BEHAVIORAL HEALTH (ABH), AND SG NURSING AND REHABILITATION CENTER, EQUIPMENT AT WAH, SG, ABH, AND SG NURSING AND REHABILITATION CENTER, REFINANCE A LINE OF CREDIT; FINANCED AND REFINANCED, A PORTION OF THE EXISTING FACILITIES OF ADVENTIST REHABILITATION HOSPITAL OF MARYLAND (ARHM), ACQUISITION OF LIFE SCIENCES LAND, CONSTRUCTION, RENOVATIONS, PARKING LOTS, FENCES, WALKWAYS, AND LANDSCAPING FOR THE INSTITUTION, ARHM, AND SG NURSING, EQUIPMENT FOR ARHM AND SG NURSING, PLANNING AND

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

DESIGN COSTS RELATED TO SG TOWER, COST OF ACQUISITION OF AN INTEREST IN  
ARHM;

## BOND B (ENTITY 1):

## COLUMN (A) ISSUER NAME:

MHHEFA 2013

## COLUMN (F) DESCRIPTION OF PURPOSE:

REFUND OF 2003 A BONDS

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

## BOND C (ENTITY 1):

## COLUMN (A) ISSUE NAME:

MHHEFA 2014A

## COLUMN (F) DESCRIPTION OF PURPOSE:

ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) F/K/A SHADY  
GROVE ADVENTIST HOSPITAL - CAF AND KITCHEN SANITARY PIPING CHANGES,  
PIXUS EXPANSION, INTERIOR WAY/EXTERIOR WAY FINDING, SGMC BASED IT  
PROJECTS (GE VIEWPOINT, I-HEAL, AEROSCOUT), BUILD OUT OF EXISTING  
SHELL; RENOVATION IN PLACE OF EXISTING PHARMACY AND IV PREP ROOMS;  
ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (AHC-WAH) F/K/A  
WASHINGTON ADVENTIST HOSPITAL - ULTRASOUND EQUIPMENT, AHC-WAH  
CERTIFICATE OF NEED EXPENSES;

THESE BONDS WERE REFUNDED BY THE ISSUANCE OF THE SERIES 2020 BONDS.  
THE 2020 BONDS WERE DELIVERED IN EXCHANGE FOR THE PAYMENT OF MONEY ON  
12/30/20. THE 2014A BONDS WERE CALLED ON 1/4/21.

## BOND D (ENTITY 1):

## COLUMN (A) ISSUE NAME:

MHHEFA 2016A

## COLUMN (F) DESCRIPTION OF PURPOSE:

THE 2016A BONDS FINANCED THE CONSTRUCTION OF THE WAH-WHITE OAK  
REPLACEMENT HOSPITAL. THE HOSPITAL WAS COMPLETED IN 2019 AND OPENED ON  
8/25/2019. THE HOSPITAL IS APPROXIMATELY 440,000 SQUARE FEET AND 8  
LEVELS. NOTE THAT THE PRIVATE USE PERCENTAGE REPORTED IN THE 2019  
SCHEDULE K SHOULD HAVE BEEN 0%.



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

BONDS A-C (ENTITY 2):

BOND A (ENTITY 2):

COLUMN (A) ISSUER NAME:

MHHEFA 2016B (REISSUED IN 2018)

ON JULY 3, 2018, THE 2016B BOND WAS REISSUED AS THE 2018 BOND. THE 2016A BONDS WERE NOT AMENDED OR REISSUED ON THIS DATE. THE 2016 ISSUE HAS BEEN PREVIOUSLY REPORTED IN ONE COLUMN AND IS NOW SPLIT BETWEEN TWO COLUMNS, ONE FOR THE 2016A) AND ONE FOR THE 2016B (WHICH WAS DISCLOSED IN THE 2016 COLUMN IN PRIOR YEAR RETURNS).

THE 2016B BOND REFUNDED THE 2005 A AND 2011 B BONDS AND FUNDED THE TERMINATION FEE ASSOCIATED WITH THE 2005 A SWAP.

2005 A - SHADY GROVE ADVENTIST HOSPITAL (SGAH) EXPANSION PROJECT SHADY GROVE (SG) TOWER; RENOVATION TO SURGERY DEPARTMENT, MEDICAL/ONCOLOGY NURSING, MEDICAL NURSING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEONATAL INTENSIVE CARE UNIT; POWER PLANT, ROAD AND ENTRANCEWAY; SIGNAGE AND PARKING; OTHER ROUTINE CAPITAL PROJECTS;  
 2011 B - REFUNDING OF 2004 A AND 2005 B. FINANCED AND REFINANCED EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCED OR REFINANCED CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCED OR REFINANCED CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM; ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF ARHM AND WAH, RENOVATION TO WAH AND SG.

BOND B (ENTITY 2):

COLUMN (A) ISSUER NAME:

MHHEFA 2017 (REISSUED IN 2018)

COLUMN (F) DESCRIPTION OF PURPOSE:

THE 2017 BOND FINANCED THE CONSTRUCTION OF A CENTRAL UTILITY PLANT ON THE SITE OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL. THE CENTRAL UTILITY PLANT WILL PROVIDE CHILLED WATER, HEAT HOT WATER, PROVIDE DOMESTIC HOT WATER, EMERGENCY POWER AND A 1-MEGAWATT COGENERATION UNIT FOR WAH WHITE OAK DURING AND AFTER THE CONSTRUCTION OF THE NEW HOSPITAL.

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

ON SEPTEMBER 25, 2018, THE 2017 BOND WAS REISSUED.

NOTE THAT THE PRIVATE USE PERCENTAGE REPORTED IN THE 2019 SCHEDULE K SHOULD HAVE BEEN 0%.

**PART II, PROCEEDS, COLUMN A:**

2011 A HAS A RESERVE FUND VALUED AT \$5,968,288 AS OF 12/31/20. THIS RESERVE FUND WAS RESIZED WITH RESPECT TO THE REFUNDING OF THE 2003A BONDS AND COMBINED WITH THE 2011 A RESERVE FUND. ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-12 FOR THIS BOND ISSUE.

**PART IV, ARBITRAGE, COLUMN A:**

THE ARBITRAGE CALCULATION DATE FOR THE 2011 A BONDS WAS SEPTEMBER 1, 2016.

**PART IV, ARBITRAGE, COLUMN B:**

THE ARBITRAGE CALCULATION DATE FOR THE 2013 BONDS WAS JUNE 12, 2018.

**PART IV, ARBITRAGE, COLUMN C:**

THE ARBITRAGE CALCULATION DATE FOR THE 2014A BONDS WAS JULY 1, 2018.

**BOND C (ENTITY 2):****MHHEFA 2020/2021**

THE 2020/2021 ARE PART OF A SINGLE ISSUE SINCE THEY WERE SOLD AT THE SAME TIME BUT THE 2021 BONDS WERE NOT DELIVERED AS OF THE END OF 2020 AND THEREFORE ARE NOT INCLUDED ON THIS SCHEDULE. THE PROCEEDS OF THE 2020 BONDS REFUNDED THE 2014A BONDS.

THE 2014A PROJECT CONSISTED OF THE CONSTRUCTION, RENOVATION AND EQUIPPING OF FACILITIES AT THE WASHINGTON ADVENTIST HOSPITAL ("WAH") AND SHADY GROVE ADVENTIST HOSPITAL, INCLUDING THE ADDITION OF 25 BEDS AND THE ACQUISITION AND EQUIPPING OF CERTAIN RADIOLOGY EQUIPMENT AT WAH.

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

THE 2020 BONDS WERE DELIVERED IN EXCHANGE FOR THE PAYMENT OF MONEY ON  
12/30/20. THE 2014A BONDS WERE CALLED ON 1/4/21.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
TERRY FORDE	OFFICER	SEE PT.V		X	1,530,411.	1,547,552.		X	X		X	
<b>Total</b> .....						▶ \$	1,547,552.					

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARIJANE FORDE	SEE PART V.	64,244.	SEE PART V.		X
DWAYNE LESLIE	SEE PART V.	311,428.	SEE PART V.		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: MARIJANE FORDE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. WIFE OF TERRY FORDE.

(D) DESCRIPTION OF TRANSACTION: SEE PART V. MARIJANE FORDE WAS

EMPLOYED WITH ADVENTIST HEALTHCARE, INC. AS A NURSE RESIDENCY RECRUITER

DURING 2020 AND RECEIVED A SALARY OF \$64,244. MARIJANE'S HUSBAND IS TERRY

FORDE, WHO IS THE PRESIDENT & CEO OF ADVENTIST HEALTHCARE, INC. AND

SECRETARY OF ADVENTIST HEALTHCARE, INC.'S BOARD. TERRY DOES NOT SUPERVISE

MARIJANE AND TERRY HAS NO CONTROL OVER MARIJANE'S SALARY.

(A) NAME OF PERSON: DWAYNE LESLIE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. HUSBAND OF MARISSA LESLIE, MD.

(D) DESCRIPTION OF TRANSACTION: SEE PART V. DWAYNE LESLIE WAS EMPLOYED

WITH ADVENTIST HEALTHCARE, INC. AS VP, CHIEF COMPLIANCE OFFICER AND

DEPUTY GENERAL COUNSEL DURING 2020 AND RECEIVED A SALARY OF \$311,428.

DWAYNE'S WIFE IS MARISSA LESLIE, MD, WHO IS ADVENTIST HEALTHCARE, INC.'S

SYSTEM CHIEF OF PSYCHIATRY AND A BOARD TRUSTEE OF ADVENTIST HEALTHCARE

INC.'S BOARD. MARISSA DOES NOT SUPERVISE DWAYNE AND MARISSA HAS NO

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

CONTROL OVER DWAYNE'S SALARY.

PART II LOANS

PART II, SUPPLEMENTAL RETIREMENT BENEFIT-COLLATERAL ASSIGNMENT SPLIT

DOLLAR (CASD)- TERRY FORDE, THE ORGANIZATION'S CEO, AGREED TO

RELINQUISH BENEFITS TO WHICH HE WAS OTHERWISE ENTITLED IN EXCHANGE FOR

A SPLIT DOLLAR LIFE INSURANCE RETENTION AND LOAN PLAN (THE PLAN). THIS

EXCHANGE WAS DONE AT NO ADDED COST TO THE ORGANIZATION. THE PLAN

RECEIVED IN EXCHANGE ENABLES THE ORGANIZATION TO ACHIEVE SUBSTANTIAL

EXCISE TAX SAVINGS OTHERWISE APPLICABLE TO COMPENSATION, BECAUSE THE

PLAN SATISFIES REGULATIONS FOR TREATING THE ORGANIZATION'S PLAN

CONTRIBUTIONS AS LOANS RATHER THAN AS COMPENSATION. THE ORGANIZATION

WILL BE FULLY REPAID ITS LOAN, PLUS INTEREST, BY THE CEO OR HIS ESTATE.

TO ENSURE REPAYMENT, THE LOAN IS SECURED BY A COLLATERAL ASSIGNMENT ON

THE LIFE INSURANCE POLICY'S CASH VALUE AND DEATH PROCEEDS. IN ADDITION

TO EXCISE SAVINGS AND A RECOVERY OF THE ORGANIZATION'S CONTRIBUTIONS

WITH INTEREST, THE PLAN IS STRUCTURED TO PROVIDE THE ORGANIZATION WITH

A SIGNIFICANT RETENTION INCENTIVE. THE ORGANIZATION'S ADVISORS HAVE

OPINED THAT THIS NEW PROGRAM SATISFIES ALL APPLICABLE LAWS,

COMPENSATION REASONABLENESS AND BEST PRACTICE STANDARDS.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

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

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

EXCELLENT PROGRAMS AND WIDE-RANGING SERVICES TO MEET DIVERSE

POPULATIONS AS WE STRIVE TO:

1. MAINTAIN AND GROW QUALITY HEALTH SERVICES

2. INCREASE ACCESS TO CARE

3. PROMOTE HEALTH EQUITY AND WELLNESS

1. MAINTAIN AND GROW QUALITY HEALTH SERVICES:

ADVENTIST HEALTHCARE IS GROWING PROGRAMS AND SERVICES IN THE AREAS OF

ONCOLOGY, CARDIAC CARE, NEUROSCIENCES, REHABILITATION, BEHAVIORAL

HEALTH, HOME CARE AND THROUGH PARTNERSHIPS WITH COMMUNITY-BASED

ORGANIZATIONS ALIGNED WITH OUR MISSION. IN ADDITION, OUR HEALTH SYSTEM

EXPANDED ITS CAPACITY THROUGHOUT 2020 IN RESPONSE TO THE COVID-19

PANDEMIC. THE COMMUNITY BENEFITS FROM THESE QUALITY PROGRAMS AND

SERVICES, WHICH PROMOTE HEALTH AND WELLNESS FOR CHILDREN, SENIORS,

FAMILIES, AND IN A HOLISTIC WAY, BUILD HEALTHIER COMMUNITIES.

ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER OPENED A MEDICAL PAVILION

IN 2020 THAT EXPANDED ACCESS TO ADVANCED RADIATION ONCOLOGY AND OTHER

CANCER SERVICES FOR RESIDENTS OF SILVER SPRING, MARYLAND. MEANWHILE,

ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER BEGAN CUTTING-EDGE

CLINIC TRIALS AT ITS AQUILINO CANCER CENTER THAT AIM TO TREAT THE

PSYCHOLOGICAL TOLL THAT CANCER HAS ON PATIENTS. EFFORTS LIKE THESE ARE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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PART OF OUR COMMITMENT TO PROVIDE THE LATEST DIAGNOSTIC AND TREATMENT SERVICES WITH COMPASSION, TO GAIN A DEEP UNDERSTANDING OF THE UNIQUE DEMANDS OF CANCER PATIENTS, AND TO ACCOMMODATE PATIENT NEEDS AND PREFERENCES. OUR WHOLE-PERSON CANCER CARE SERVICES ALSO INCLUDE NUTRITION COUNSELING, STRESS MANAGEMENT, FITNESS PROGRAMS AND SUPPORT GROUPS.

ADVENTIST HEALTHCARE CONTINUES TO EXPAND ITS GEOGRAPHY AND BRING ITS TRADITION OF HOLISTIC CARE TO A WIDER RANGE OF CITIZENS. IN 2020, THE SYSTEM PARTNERED WITH THE STATE OF MARYLAND AT FORT WASHINGTON MEDICAL CENTER TO ADD BEDS AND SERVE RESIDENTS OF PRINCE GEORGE'S COUNTY, MARYLAND, WHO WERE HIT HARD BY COVID-19. THE HEALTH SYSTEM ALSO OPENED A PRIMARY CARE CENTER IN FORT WASHINGTON AND BROKE GROUND ON A MEDICAL PAVILION AT NATIONAL HARBOR IN OXON HILL, NEAR WASHINGTON, D.C. THE NEW FACILITY WILL BECOME HOME TO A FULL RANGE OF SPECIALTY AND PREVENTATIVE CARE SERVICES INCLUDING A CANCER AND SURGERY CENTER, WOUND CARE, INTERVENTIONAL RADIOLOGY, A CARDIAC CATHETERIZATION LAB, REHABILITATION, IMAGING, AND VARIOUS OTHER AMBULATORY SERVICES. IT WILL PROVIDE EASY ACCESS FROM WASHINGTON, D.C., MARYLAND AND VIRGINIA WITH A DEDICATED EXIT OFF THE CAPITAL BELTWAY.

ADDITIONALLY, ADVENTIST HEALTHCARE ENGAGED WITH RESIDENTS IN WASHINGTON, D.C. THROUGH ITS MANAGEMENT SERVICES AGREEMENT WITH HOWARD UNIVERSITY HOSPITAL. THROUGH THIS AGREEMENT, ADVENTIST HEALTHCARE BROUGHT IN A SENIOR LEADERSHIP TEAM TO HELP STRENGTHEN HOWARD UNIVERSITY HOSPITAL'S PRESENCE IN D.C. THE PARTNERSHIP BETWEEN THESE TWO INSTITUTIONS WILL PROVIDE ACCESS FOR THE TALENTED HOWARD MEDICAL TRAINEES, RESIDENTS, MEDICAL STUDENTS AND GRADUATES TO TRAIN AND WORK



Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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WITHIN ADVENTIST HEALTHCARE'S NETWORK OF HOSPITALS. HOWARD UNIVERSITY HOSPITAL IS A PRIVATE, NONPROFIT INSTITUTION THAT HAS SERVED THE COMMUNITY FOR MORE THAN 150 YEARS. IT IS ONE OF THE MOST COMPREHENSIVE HEALTH SYSTEMS IN D.C., WITH A LEVEL 1 TRAUMA CENTER AND AN EMERGENCY DEPARTMENT THAT SEES APPROXIMATELY 50,000 PATIENTS ANNUALLY. IT IS RECOGNIZED AS A NATIONAL LEADER IN TRAINING FUTURE DOCTORS, NURSES AND OTHER HEALTHCARE PROFESSIONALS.

BOTH ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER AND ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER RECEIVED 2020 RECOGNITION FROM THE AMERICAN STROKE ASSOCIATION FOR LIFESAVING, HIGH-QUALITY STROKE CARE. BOTH HOSPITALS EARNED THE GOLD PLUS ACHIEVEMENT AWARD IN THE ASSOCIATION'S "GET WITH THE GUIDELINES-STROKE" PROGRAM, WHICH FOCUSES ON IMPROVING STROKE CARE BY PROMOTING CONSISTENT USE OF THE LATEST SCIENTIFIC TREATMENT GUIDELINES. TO RECEIVE THIS AWARD, EACH HOSPITAL ACHIEVED 85 PERCENT OR HIGHER COMPLIANCE WITH THE PROGRAM'S STANDARDS FOR TWO OR MORE CONSECUTIVE 12-MONTH PERIODS. IN ADDITION, BOTH HOSPITALS ACHIEVED 75 PERCENT OR HIGHER COMPLIANCE WITH FIVE OF EIGHT QUALITY MEASURES.

ADDITIONALLY, BOTH HOSPITALS RECEIVED THE AMERICAN HEART ASSOCIATION'S "TARGET: STROKE HONOR ROLL ELITE PLUS" STATUS FOR MAINTAINING A SHORT TIME PERIOD BETWEEN A PATIENT'S ARRIVAL AND TREATMENT WITH A CLOT-DISSOLVING MEDICATION. PROVIDING MEDICATION WITHIN THE FIRST THREE HOURS AFTER SYMPTOMS HAS BEEN SHOWN TO SIGNIFICANTLY REDUCE THE EFFECTS OF STROKE AND LESSEN THE CHANCE OF PERMANENT DISABILITY.

SHADY GROVE MEDICAL CENTER FURTHER AFFIRMED ITS COMMITMENT TO THE CARE

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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OF STROKE PATIENTS BY EXPANDING ITS CAPABILITIES TO INCLUDE MECHANICAL THROMBECTOMY, A PROCEDURE THAT HAS BEEN SHOWN IN RECENT STUDIES TO IMPROVE OUTCOMES FOR STROKE PATIENTS. THESE KIND OF GROWTH INITIATIVES ARE PARTNERED WITH A COMMITMENT TO QUALITY CARE. SHADY GROVE IN EARLY 2020 EARNED A FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES. THE RATING IS BASED ON SEVEN QUALITY AND PERFORMANCE MEASURES AS COMPARED TO OVER 4,000 HOSPITALS ACROSS THE COUNTRY. LESS THAN 9% OF HOSPITALS RECEIVED FIVE STARS.

WHITE OAK MEDICAL CENTER CONTINUES THE LEGACY OF OUTSTANDING CARDIAC SERVICES THAT IT ESTABLISHED WHEN IT WAS THE FORMER WASHINGTON ADVENTIST HOSPITAL (WAH). WAH WAS THE HOME OF MANY CARDIAC FIRSTS IN THE GREATER D.C. AREA AFTER LAUNCHING ITS HEART PROGRAM IN 1962. THOSE PROCEDURES INCLUDE MITRAL VALVULOPLASTY AND SEVERAL SOPHISTICATED TYPES OF ECHOCARDIOGRAPHY. AFTER RELOCATING IN 2019 AND NOW KNOWN AS WHITE OAK MEDICAL CENTER, THE HOSPITAL PERFORMS SUBSTANTIAL CARDIAC SURGERY AND PCI PROCEDURES, AND BACKS UP MULTIPLE HOSPITALS THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM FOR THEIR PRIMARY AND NONPRIMARY ELECTIVE PCI PROGRAMS.

IN 2020, THE SOCIETY OF THORACIC SURGEONS AWARDED WHITE OAK MEDICAL CENTER ITS THREE-STAR RATING - THE HIGHEST POSSIBLE QUALITY RATING - FOR CORONARY ARTERY BYPASS GRAFT SURGERY, AORTIC VALVE REPLACEMENT SURGERY AND MITRAL VALVE REPAIR AND REPLACEMENT - THE THREE MAIN TYPES OF HEART SURGERY. THE RATING PLACES WHITE OAK MEDICAL CENTER AMONG THE ELITE IN HEART SURGERY IN NORTH AMERICA. HISTORICALLY, APPROXIMATELY ONLY 4-8% OF HOSPITALS RECEIVE THE THREE-STAR RATING FOR AORTIC VALVE SURGERY; 6-10% OF HOSPITALS RECEIVE THE DISTINCTION FOR BYPASS SURGERY.

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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THE STS STAR-RATING SYSTEM IS ONE OF THE MOST SOPHISTICATED AND HIGHLY REGARDED OVERALL MEASURES OF QUALITY IN HEALTHCARE.

THE HOSPITAL IS ALSO AMONG A SELECT FEW HOSPITALS IN THE COUNTRY TO BE RECOGNIZED WITH THE AMERICAN COLLEGE OF CARDIOLOGY'S NCDR ACTION REGISTRY'S PLATINUM PERFORMANCE ACHIEVEMENT AWARD FOR PROVIDING THE HIGHEST QUALITY CARE TO HEART ATTACK PATIENTS.

THE FORMER WASHINGTON ADVENTIST HOSPITAL FACILITY IN TAKOMA PARK HAS PLAYED A CRITICAL ROLE IN MARYLAND'S COVID-19 RESPONSE. THE STATE OF MARYLAND HAS PARTNERED WITH ADVENTIST HEALTHCARE TO USE THE FACILITY AS AN ALTERNATE CARE SITE (ACS) FOR THE TREATMENT OF COVID-19 PATIENTS.

THE ACS HAS MADE IT POSSIBLE FOR COMMUNITY HOSPITALS IN ITS REGION OF THE STATE TO TRANSFER COVID-19 PATIENTS FOR SPECIALIZED CARE AND FREE ACUTE-CARE BEDS FOR RESIDENTS. THE FACILITY ALSO HAS HOUSED A REHABILITATION UNIT SPECIALIZING IN COVID RECOVERY AND AN INFUSION SITE FOR THE ADMINISTRATION OF MONOCLONAL ANTIBODY TREATMENTS FOR COVID-19. THE CAMPUS ALSO OFFERS NEARBY RESIDENTS AN URGENT CARE CENTER.

IN ADDITION TO PROVIDING THE ACS, ADVENTIST HEALTHCARE HAS PLAYED AN INTEGRAL ROLE IN CARING FOR MARYLANDERS DURING THE COVID-19 PANDEMIC IN OTHER WAYS. FORT WASHINGTON MEDICAL CENTER HAS HOSTED COVID-19 FIELD HOSPITAL UNITS FOR THE STATE AND EXPANDED ITS CRITICAL CARE CAPACITY IN RESPONSE TO THE PANDEMIC. OUR SYSTEM'S ACUTE-CARE FACILITIES EACH HAVE CARED FOR CRITICALLY ILL AND RECOVERING INPATIENTS WITH THE DISEASE, WHILE OUR URGENT CARE SITES HAVE PROVIDED ACCESS TO TESTING. WITH THE APPROVAL OF COVID-19 VACCINES, ADVENTIST HEALTHCARE STOOD UP THREE COMMUNITY VACCINATION SITES IN MARYLAND TO ASSIST IN PROVIDING SHOTS TO

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

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

ADVENTIST HEALTHCARE REMAINS ONE OF THE LEADING PROVIDERS OF MENTAL HEALTHCARE IN THE WASHINGTON, D.C., METROPOLITAN AREA. IT ESTABLISHED THE FIRST BEHAVIORAL HEALTH UNIT IN MONTGOMERY COUNTY IN 1949. IT PROVIDES A SPECTRUM OF SERVICES AND TREATMENT OPTIONS FOR CHILDREN, ADOLESCENTS, ADULTS AND SENIORS: HOSPITAL-BASED PROGRAMS, SCHOOL PROGRAMS, OUTPATIENT SERVICES AND COMMUNITY-BASED SERVICES. ITS FACILITIES EMPLOY HIGHLY SKILLED, MULTIDISCIPLINARY TEAMS OF PSYCHIATRISTS, SOCIAL WORKERS, CASE MANAGERS, PSYCHIATRIC NURSES, EXPRESSIVE THERAPISTS AND CHAPLAINS WHO PROVIDE COMPASSIONATE BEHAVIORAL HEALTHCARE. ADVENTIST HEALTHCARE EXPANDED ACCESS TO THESE CRUCIAL MENTAL HEALTH SERVICES IN 2020 IN RESPONSE TO THE COVID-19 PANDEMIC.

ADVENTIST HEALTHCARE ALSO OFFERS QUALITY POST-ACUTE CARE. ADVENTIST HEALTHCARE REHABILITATION IS THE FIRST AND ONLY HOSPITAL IN A FIVE-STATE AREA TO OBTAIN ACCREDITATIONS FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES INTERNATIONAL FOR CARE OF HOSPITALIZED PATIENTS IN FOUR SPECIALTY AREAS - BRAIN INJURY, SPINAL CORD INJURY, STROKE AND AMPUTATION. ADVENTIST HEALTHCARE'S HOME HEALTH DIVISION WAS NAMED A TOP AGENCY BY HOMECARE ELITE FOR THE NINTH YEAR IN A ROW IN 2019, THE LAST YEAR THE RECOGNITION WAS AWARDED.

HERE IS A SNAPSHOT OF ADVENTIST HEALTHCARE IN 2020:

4 HOSPITALS (THREE ACUTE CARE AND ONE SPECIALTY);

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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1,948 PHYSICIANS AND MEDICAL STAFF MEMBERS;

5,934 EMPLOYEES;

6,036 NEWBORNS DELIVERED;

99,754 HEALTH & WELLNESS ENCOUNTERS.

IN RESPONSE TO COVID-19, ADVENTIST HEALTHCARE IN 2020 PROVIDED:

62,801 COVID-19 TESTS;

31,148 TELEHEALTH VISITS;

\$617,000 IN EMERGENCY FUNDING TO NONPROFITS.

2. INCREASE ACCESS TO CARE:

ADVENTIST HEALTHCARE JOINS WITH SEVERAL ORGANIZATIONS TO BRING FREE SERVICES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN, LOW-INCOME, UNINSURED, AND MINORITY POPULATIONS. ADVENTIST HEALTHCARE IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES.

ADVENTIST HEALTHCARE PARTNERS WITH LOCAL SAFETY NET CLINICS THAT OFFER PRIMARY CARE, OR A MEDICAL HOME, TO UNINSURED RESIDENTS OF MONTGOMERY COUNTY. THROUGH THESE PARTNERSHIPS, ADVENTIST HEALTHCARE HELPS ENSURE THAT UNINSURED PATIENTS HAVE COORDINATED CARE BETWEEN THE CLINIC THAT SERVES AS THEIR MEDICAL HOME AND THE HOSPITAL WHERE THEY RECEIVE CARE AND EDUCATIONAL PROGRAMS. THE PARTNERSHIPS WE HAVE DEVELOPED WITH LOCAL SAFETY NET CLINICS, SUCH AS MERCY HEALTH CLINIC, COMMUNITY CLINIC, INC., MOBILE MEDICAL CARE, INC., AND MARY'S CENTER, IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDER-INSURED RESIDENTS.

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

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

IN ADDITION TO PARTNERING WITH CLINICS, ADVENTIST HEALTHCARE ALSO  
 ADDRESSES COMMUNITY NEEDS THROUGH SPECIALIZED SERVICES IN ITS  
 FACILITIES, SUCH AS THE SHADY GROVE MEDICAL CENTER FORENSIC MEDICAL  
 UNIT. THE ONLY UNIT OF ITS KIND IN MONTGOMERY COUNTY, MARYLAND, ITS  
 NURSES PROVIDE FORENSIC EVIDENCE COLLECTION AND SPECIALIZED MEDICAL  
 CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT,  
 ABUSE, NEGLECT AND HUMAN TRAFFICKING.

SHADY GROVE MEDICAL CENTER AND WHITE OAK MEDICAL CENTER ARE ALSO ACTIVE  
 PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM,  
 WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME,  
 UNINSURED PREGNANT WOMEN.

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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FOR THE PAST 13 YEARS, THE ADVENTIST HEALTHCARE GERMANTOWN EMERGENCY CENTER IN GERMANTOWN, MARYLAND, HAS BROUGHT VITAL EMERGENCY SERVICES TO A DIVERSE COMMUNITY. THE EMERGENCY CENTER'S MEDICAL CAMPUS ALSO HAS A PRIMARY CARE CLINIC FOR UNINSURED RESIDENTS, A PRENATAL CLINIC FOR LOW-INCOME WOMEN, OUTPATIENT RADIOLOGY SERVICES AND PHYSICIAN OFFICES.

GERMANTOWN IS ALSO HOME TO THE SHADY GROVE ADVENTIST RADIATION ONCOLOGY CENTER (LEGALLY KNOWN AS ADVENTIST CANCER CARE, LLC), WHICH DELIVERS CONVENIENT AND INTEGRAL CARE TO CANCER PATIENTS IN UPPER MONTGOMERY COUNTY. RADIATION ONCOLOGY IS PART OF THE TREATMENT FOR 60-65% OF PATIENTS WITH CANCER.

3. PROMOTE HEALTH EQUITY AND WELLNESS:

ADVENTIST HEALTHCARE IS THE LARGEST PROVIDER OF COMMUNITY BENEFIT IN MONTGOMERY COUNTY, MARYLAND, AND CONTRIBUTES TO SOCIETAL WELL-BEING THROUGH COMMUNITY HEALTH IMPROVEMENT PROGRAMS AND COLLABORATIVE PARTNERSHIPS. OUR ORGANIZATION WORKS WITH MANNA FOOD CENTER, IDENTITY, AND MONTGOMERY COUNTY COALITION FOR THE HOMELESS TO ADDRESS SOCIAL NEEDS SUCH AS HUNGER, HOMELESSNESS, LITERACY, AND ACCESS TO CARE. IN ADDITION, ADVENTIST HEALTHCARE PARTNERS WITH SAFETY-NET CLINICS LIKE CCI HEALTH AND WELLNESS SERVICES, MOBILE MED, MERCY HEALTH CLINIC AND MANSFIELD KASEMAN CLINIC, PROVIDING MATERIAL SUPPORT AND EXPERTISE IN HEALTH EDUCATION, IT AND HEALTH AWARENESS CAMPAIGNS.

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDES FINANCIAL SUPPORT TO THESE AND OTHER ORGANIZATIONS ALIGNED WITH OUR

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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COMMUNITY-BASED MISSION TO IMPROVE HEALTH OUTCOMES. ADVENTIST HEALTHCARE FOCUSES SPECIFICALLY ON COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITY AREAS, OR POPULATIONS IN OUR SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED.

SEVERAL TEAMS ACROSS OUR SYSTEM CARRY OUT OUR GOAL OF IMPROVING THE HEALTH AND WELL-BEING OF PEOPLE AND COMMUNITIES. THE LIFEWORX STRATEGIES (LWS) TEAM PROVIDES EMPLOYEE HEALTH AND WELLNESS PROGRAMS, EMPLOYEE ASSISTANCE PROGRAMS, OCCUPATIONAL SCREENINGS, AND ONGOING HEALTH ASSESSMENT AND WELLNESS-TRACKING SERVICES. MOST RECENTLY, LWS HAS LED OPERATIONS OF ADVENTIST HEALTHCARE'S COVID-19 COMMUNITY VACCINATION CLINICS.

ADVENTIST HEALTHCARE'S HEALTH AND WELLNESS TEAM PROVIDES HEALTH EDUCATION, SCREENINGS, SUPPORT GROUPS AND OTHER PROGRAMMING AT NO COST TO PATIENTS AND COMMUNITY MEMBERS. PROGRAMMING IS DEVELOPED IN RESPONSE TO COMMUNITY NEEDS AND PRIORITIES AS DETERMINED BY THE CHNA PROCESS AND ACCOUNTS FOR ACCESS BARRIERS THAT PARTICIPANTS MAY ENCOUNTER.

NURSES AND EMPLOYEES ON ADVENTIST HEALTHCARE'S POPULATION HEALTH MANAGEMENT TEAM WORK WITH PATIENTS TO ADDRESS ONGOING NEEDS FOR HEALTH RESOURCES. THE POPULATION HEALTH TEAM WORKS IN THE COMMUNITY AND IN PATIENT HOMES. FOR INSTANCE, THEY CONNECT PATIENTS WITH PRIMARY CARE PHYSICIANS AND OTHER CAREGIVERS TO ENSURE NUTRITIONAL NEEDS ARE MET, AND THAT PATIENTS HAVE ACCESS TO AND ARE TAKING MEDICATIONS APPROPRIATELY. DURING THE COVID-19 PANDEMIC, THE CARE TRANSITIONS TEAM HAS CONNECTED PATIENTS WITH COVID-19 TESTING, EDUCATION AND DISEASE MANAGEMENT.



Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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ADVENTIST HEALTHCARE SPONSORS A CLINICALLY INTEGRATED NETWORK, A GROUP

OF PHYSICIANS FOCUSED ON IMPROVING QUALITY OF CARE. ADDITIONALLY,

ADVENTIST HEALTHCARE IS A MEMBER OF NEXUS MONTGOMERY, A COLLABORATIVE

EFFORT AMONG THE SIX MONTGOMERY COUNTY HOSPITALS AND A NETWORK OF

COMMUNITY-BASED ORGANIZATIONS WHOSE INITIATIVES IMPROVE THE HEALTH OF

THOSE AT RISK OF AVOIDABLE HOSPITALIZATION. THE TARGET POPULATION

INCLUDES MEDICARE SENIORS, THE MEDICALLY FRAIL, THOSE WITH SEVERE

BEHAVIORAL HEALTH CONDITIONS AND THOSE WHO ARE NOT ELIGIBLE FOR HEALTH

INSURANCE.

FINALLY, ADVENTIST HEALTHCARE HAS PLAYED A VITAL ROLE IN CARING FOR OUR

COMMUNITIES DURING THE COVID-19 PANDEMIC. IN 2020, ITS THREE ACUTE-CARE

HOSPITALS AND ITS ACS TREATED 6,754 CASES OF THE DISEASE. THE CARE

TRANSITIONS TEAM WORKED WITH MORE THAN 16,428 PATIENTS WHO NEEDED

PHYSICAL OR MENTAL HEALTH SERVICES RELATED TO COVID-19. AT THE SAME

TIME, ADVENTIST HEALTHCARE FACILITIES HAVE CONTINUED TO DELIVER OTHER

VITAL EMERGENCY AND MEDICAL SERVICES SAFELY AND SEAMLESSLY FOR THOSE

WHO NEEDED THEM. THE HEALTH SYSTEM ALSO HAS USED DIGITAL AND PRINT

COMMUNICATIONS TO INFORM AND EDUCATE COMMUNITY MEMBERS ABOUT COVID-19

CARE, PUBLIC HEALTH MEASURES AND, MOST RECENTLY, THE IMPORTANCE OF

VACCINATION. AS PROGRESS IS MADE TOWARD ENDING THE PANDEMIC, THE HEALTH

SYSTEM REMAINS PREPARED TO SERVE ALL THOSE WHO NEED CARE.

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

SHADY GROVE MEDICAL CENTER PROVIDES A BROAD RANGE OF BEHAVIORAL HEALTH

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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SERVICES SUCH AS ACUTE CARE, SPECIAL AND GENERAL EDUCATION PROGRAMS,  
 CHEMICAL DEPENDENCY PROGRAMS, OUTPATIENT PROGRAMS, PARTIAL  
 HOSPITALIZATION PROGRAMS, INTENSIVE OUTPATIENT SERVICES AND AN  
 OUTPATIENT WELLNESS CLINIC.

SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH FACILITIES INCLUDE 117  
 ACUTE-CARE INPATIENT BEDS. AMONG THEM ARE THE SPECIALIZED MAGNOLIA  
 UNIT, A 10-BED UNIT DEDICATED TO SERVING GERIATRIC ADULTS. THE UNIT  
 PROVIDES CRITICAL STABILIZATION AND SHORT-TERM INPATIENT TREATMENT FOR  
 OLDER ADULTS WHO EXPERIENCE SUDDEN LIFE CHANGES AND STRESSORS THAT  
 TRIGGER DEPRESSION, ANXIETY AND OTHER CHALLENGES THAT IMPACT THEIR  
 DAILY ACTIVITIES. SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH TEAM  
 MEMBERS CARED FOR APPROXIMATELY 3,045 PATIENTS IN 2020.

SERVICES ALSO INCLUDE THE RIDGE SCHOOL, A SPECIAL AND GENERAL EDUCATION  
 DAY SCHOOL FOR STUDENTS IN GRADES 6 THROUGH 12 WITH EMOTIONAL AND  
 LEARNING DISABILITIES OR OTHER BEHAVIORAL HEALTH IMPAIRMENTS THAT IS  
 APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION.

SHADY GROVE MEDICAL CENTER ALSO OFFERS 16 ASSISTED LIVING BEDS AND A  
 FULL CONTINUUM OF OUTPATIENT SERVICES.

THE BEHAVIORAL HEALTH UNIT AT ADVENTIST HEALTHCARE WHITE OAK MEDICAL  
 CENTER:

THE BEHAVIORAL HEALTH UNIT AT WHITE OAK MEDICAL CENTER OFFERS 26 ADULT  
 INPATIENT BEDS IN ADDITION TO PARTIAL HOSPITALIZATION AND INTENSIVE  
 OUTPATIENT PROGRAMS IN SILVER SPRING, MARYLAND. THE NEW BEHAVIORAL  
 HEALTH UNIT AT WHITE OAK OPENED IN MARCH 2020 AND CARED FOR

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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APPROXIMATELY 22 PATIENTS.

COMMUNITY-BASED RESIDENTIAL SERVICES:

THE MANOR IS AN ASSISTED LIVING FACILITY IN TAKOMA PARK, MARYLAND, FOR INDIVIDUALS WITH CHRONIC AND SEVERE MENTAL ILLNESS WHO ARE UNABLE TO LIVE INDEPENDENTLY. THE FACILITY PROVIDES A SAFE AND SUPPORTIVE RESIDENTIAL ENVIRONMENT AS AN ALTERNATIVE TO LONG-TERM PSYCHIATRIC HOSPITALIZATION.

COMMUNITY SERVICE:

SHADY GROVE MEDICAL CENTER IS COMMITTED TO SERVING AS A MENTAL HEALTH RESOURCE TO FAMILIES AND BEHAVIORAL HEALTH SPECIALISTS IN THE COMMUNITIES IT SERVES. THE ORGANIZATION HAS DEDICATED SIGNIFICANT RESOURCES TO PROVIDING CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS AS WELL AS FREE MENTAL HEALTH SUPPORT GROUPS TO THE COMMUNITY.

SHADY GROVE MEDICAL CENTER SPONSORS AND SUPPORTS COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS OF MONTGOMERY COUNTY.

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

MONTGOMERY, FREDERICK, AND PRINCE GEORGE'S COUNTIES IN MARYLAND. MFA PROVIDES ADMINISTRATIVE, FINANCIAL MANAGEMENT, TECHNICAL AND BUSINESS SUPPORT SERVICES THAT ARE ESSENTIAL FOR PHYSICIANS TO PROVIDE QUALITY CARE AND OPERATE SUCCESSFUL PRACTICES.

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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FORM 990, PART VI, SECTION A, LINE 1:

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

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

MID-ATLANTIC ADVENTIST HEALTHCARE, INC. IS THE SOLE MEMBER OF ADVENTIST HEALTHCARE, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

MID-ATLANTIC ADVENTIST HEALTHCARE, INC. CAN ELECT MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL.

SEE BYLAWS, ARTICLE II, SECTION 2: RESERVED AUTHORITY AND RESPONSIBILITY.

THE FOLLOWING ACTIONS SHALL BE RESERVED TO THE MEMBERSHIP:

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

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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INCORPORATION OR THE BYLAWS OF THE CORPORATION;

B. THE LIQUIDATION, DISSOLUTION, WINDING UP, ABANDONMENT OF THE CORPORATION;

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

D. REMOVAL OF MEMBERS OF THE BOARD OF TRUSTEES

E. APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE OFFICER ("CEO") OF THE CORPORATION, IN CONSULTATION WITH THE BOARD OF TRUSTEES.

ALL MEMBERS HAVE RIGHTS TO VOTE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS REVIEWED IN DETAIL PRIOR TO FILING. VARIOUS SECTIONS WERE REVIEWED BY THE EXECUTIVE MANAGEMENT TEAM AND CERTAIN KEY SECTIONS BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. AN OVERALL REVIEW WAS CONDUCTED BY THE ORGANIZATION'S FINANCE DEPARTMENT WITH THE ORGANIZATION'S OUTSIDE TAX ADVISORS.

PRIOR TO FILING, ALL MEMBERS OF THE BOARD ARE PROVIDED A COPY OF THIS FORM 990 THROUGH EMAIL, WITH A LINK TO THE COMPANY'S INTRANET WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE ORGANIZATION.

AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR THE PERCEPTION OR

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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APPEARANCE OF A CONFLICT OF INTEREST, OCCURS WHEN A COVERED PERSON IS IN A POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN FOR THAT EMPLOYEE, A RELATIVE, OR OTHER PERSON LIVING IN THE SAME HOUSEHOLD, AS A RESULT OF ADVENTIST HEALTHCARE'S BUSINESS ACTIVITIES. A RELATIVE IS DEFINED AS ANY PERSON WHO IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE RELATIONSHIP WITH THE COVERED PERSON IS SIMILAR TO THAT OF PERSONS WHO ARE RELATED BY BLOOD OR MARRIAGE.

NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A RELATIONSHIP BETWEEN AN ADVENTIST HEALTHCARE EMPLOYEE AND AN OUTSIDE FIRM OR BUSINESS ENDEAVOR, OR OTHER POTENTIAL CONFLICT OF INTEREST. HOWEVER, IF A COVERED PERSON HAS ANY BUSINESS, FINANCIAL, OR OTHER RELATIONSHIP WITH ANY ORGANIZATION WHEREBY THE EXISTENCE OF THAT RELATIONSHIP EITHER CREATES A CONFLICT OF INTEREST OR IS PERCEIVED TO CREATE A CONFLICT OF INTEREST, THE COVERED PERSON MUST DISCLOSE THIS RELATIONSHIP TO THE DESIGNATED SENIOR MANAGER, OR GOVERNING BOARD, AS THE CASE MAY BE, AT THE LOCATION WHERE THE EMPLOYEE IS ASSIGNED. THE SENIOR MANAGER WILL REVIEW THE RELATIONSHIP, MAKE COMMENTS AND RECOMMENDATIONS, AND FORWARD ALL DOCUMENTATION TO THE ORGANIZATIONAL INTEGRITY COMMITTEE FOR A FINAL DECISION.

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED BY THE HUMAN RESOURCES DEPARTMENT, ORGANIZATIONAL INTEGRITY DEPARTMENT AND THE LEGAL DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15:  
AS A TAX EXEMPT ORGANIZATION, ADVENTIST HEALTHCARE, INC. IS SUBJECT TO IRS RULES AND REGULATIONS THAT ENSURE THAT ANY ORGANIZATION THAT IS EXEMPT FROM TAX IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES, AND THAT

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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NO INDIVIDUAL INAPPROPRIATELY BENEFITS FROM THE NET EARNINGS OF THE ORGANIZATION. THE INTENT OF THIS PROVISION IS GENERALLY CONSTRUED TO GUARD AGAINST INDIVIDUALS BENEFITING AT THE ORGANIZATION'S EXPENSE BY, FOR EXAMPLE, RECEIVING COMPENSATION AND BENEFITS BEYOND AN AMOUNT WHICH IS FAIR AND REASONABLE (AN "EXCESS BENEFIT").

> TO ASSIST TAX-EXEMPT ORGANIZATIONS IN AVOIDING EXCESS BENEFIT TRANSACTIONS, THE IRS HAS ESTABLISHED GUIDELINES WHICH NEED TO BE FOLLOWED WHEN SETTING COMPENSATION FOR ITS OFFICERS AND DIRECTORS.

> IRS GUIDELINES SET FORTH THAT A COMPENSATION ARRANGEMENT BETWEEN AN EXEMPT ORGANIZATION AND ITS OFFICER OR DIRECTOR SHALL BE PRESUMED TO BE REASONABLE IF THE FOLLOWING THREE CONDITIONS ARE SATISFIED:

1. THE COMPENSATION ARRANGEMENT IS APPROVED BY THE ORGANIZATION'S GOVERNING BODY OR A COMMITTEE OF THE GOVERNING BODY COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT;

2. THE GOVERNING BODY, OR COMMITTEE THEREOF, OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION; AND

3. THE GOVERNING BODY OR COMMITTEE THEREOF ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION.

> WHEN SETTING EXECUTIVE COMPENSATION, ADVENTIST HEALTHCARE, INC. FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBODIED IN IRS REGULATIONS.

> EXECUTIVE COMPENSATION FOR ADVENTIST HEALTHCARE, INC. IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE, INC.'S GOVERNING BOARD;

> IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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CONSULTANT; AND

> TO FURTHER ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH

PERCENTILE (OR MEDIAN) OF THE MARKET.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A:

ADVENTIST HEALTHCARE MAINTAINS A BOARD LEADER WELLNESS POLICY.

PURSUANT TO THIS POLICY, ELIGIBLE MEMBERS OF THE ADVENTIST HEALTHCARE

BOARD OF TRUSTEES ARE ENTITLED TO RECEIVE REIMBURSEMENT (UP TO \$12,000)

FOR QUALIFYING HEALTH CARE OR WELLNESS EXPENSES INCURRED BY THEM.

REIMBURSEMENTS ARE TAXABLE TO THE BOARD MEMBER. THE AMOUNT SET FORTH

IN PART VII, SECTION A, COLUMN (D) FOR DR. WEIGLEY REPRESENTS

REIMBURSEMENTS RECEIVED UNDER THIS POLICY DURING 2020.

ADVENTIST HEALTHCARE ALSO PROVIDES ITEMS THAT COULD BE CATEGORIZED AS

DE MINIMIS BENEFITS TO BOARD MEMBERS AND TREATS THIS AS TAXABLE

COMPENSATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES 59,400,568.

MANAGEMENT AND GENERAL EXPENSES 844,523.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 60,245,091.



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

PROGRAM SERVICE EXPENSES	50,450,707.
MANAGEMENT AND GENERAL EXPENSES	5,271,917.
FUNDRAISING EXPENSES	70,141.
TOTAL EXPENSES	55,792,765.

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	1,399,399.
MANAGEMENT AND GENERAL EXPENSES	2,898,241.
FUNDRAISING EXPENSES	77,996.
TOTAL EXPENSES	4,375,636.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 120,413,492.

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

OTHER RESTRICTED NET ASSETS ACTIVITY	9,962,253.
DEFERRED COMPENSATION PLAN LIABILITY ADJUSTMENT	859,714.
NET ORGANIZATION TRANSFER	-12,694,591.
DISCONTINUED OPERATIONS	-7,575,981.
TOTAL TO FORM 990, PART XI, LINE 9	-9,448,605.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <b>ADVENTIST HEALTHCARE, INC.</b>	Employer identification number <b>52-1532556</b>
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**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	1,935,835.	49,736.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY ALLIANCE, LLC - 52-1532556, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	INTEGRATED PHYSICIAN GROUP	MARYLAND	723,648.	0.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY ACO, LLC - 47-4070973 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MEDICARE SHARED SAVINGS PLAN ACCOUNTABLE CARE ORGANIZATION	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY CTO, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MEDICARE CARE MANAGEMENT TEAM	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.

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

(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 10	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 10	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 10	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) 2020

SEE PART VII FOR CONTINUATIONS

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BLACKWELL PHYSICIANS, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
BLACKWELL PARTNER, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
BLACKWELL AMBULATORY SURGERY CENTER, LLC - 52-1532556, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
WHITE OAK TENANT, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MANAGE REAL PROPERTY AT THE MEDICAL PAVILION OF WHITE OAK MEDICAL CENTER	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
AHC WHITE OAK MEMBER, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MANAGE PARTICIPATION OF MEDICAL OFFICE BUILDING PARTNERSHIP	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
AHC HOLDINGS, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	REAL ESTATE HOLDING	DISTRICT OF COLUMBIA	0.	0.	ADVENTIST HEALTHCARE, INC.







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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC.	C	1,670,505.	COST
(2) ADVENTIST HOME HEALTH SERVICES, INC.	L	875,479.	COST
(3) ADVENTIST PHYSICIAN SERVICES, INC.	L	151,067.	COST
(4) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	L	1,417,193.	COST
(5) ADVENTIST HEALTHCARE URGENT CARE CENTERS, INC.	L	150,497.	COST
(6) REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC.	L	338,708.	COST

**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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ADVENTIST HOME HEALTH SERVICES, INC.	Q	760,991.	COST
(8) ADVENTIST PHYSICIAN SERVICES, INC.	Q	119,394.	COST
(9) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Q	2,519,426.	COST
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





**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

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC

EIN: 81-5410250

820 WEST DIAMOND AVE. SUITE 600

GAITHERSBURG, MD 20878

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ADVENTIST HEALTHCARE SURGERY CENTER AT NATIONAL HARBOR LLC

EIN: 85-2814304

251 NATIONAL HARBOR BOULEVARD, SUITE 200

OXEN HILL, MD 20745

# **Adventist HealthCare, Inc. and Controlled Entities**

Consolidated Financial Statements  
and Supplementary Information

December 31, 2020 and 2019

# Adventist HealthCare, Inc. and Controlled Entities

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Table of Contents  
December 31, 2020 and 2019

	<u>Page</u>
<b>Independent Auditors' Report</b>	1
<b>Consolidated Financial Statements</b>	
Consolidated Balance Sheets	3
Consolidated Statements of Operations	5
Consolidated Statements of Changes in Net Assets	6
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	9
<b>Supplementary Information</b>	
Adventist HealthCare, Inc. and Controlled Entities:	
Consolidating Schedule, Balance Sheet	38
Consolidating Schedule, Statement of Operations	40

## Independent Auditors' Report

To the Board of Trustees of  
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, 2020 and 2019, 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 audits 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 consolidated financial position of Adventist HealthCare, Inc. and Controlled Entities as of December 31, 2020 and 2019, and the results of their 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 information 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 audits 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.

*Baker Tilly US, LLP*

Wilkes-Barre, Pennsylvania  
May 17, 2021

## Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2020 and 2019

(In Thousands)

	<u>2020</u>	<u>2019</u>
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 55,444	\$ 25,807
Medicare advance and accelerated payments	140,112	-
Short-term investments	250,502	226,700
Assets whose use is limited	3,795	3,716
Patient accounts receivable	117,816	117,498
Other receivables	41,574	13,764
Inventories	11,567	12,418
Prepaid expenses and other current assets	10,089	8,076
	<u>630,899</u>	<u>407,979</u>
Total current assets	630,899	407,979
<b>Property and Equipment, Net</b>	729,007	724,844
<b>Financing Lease Right-of-Use Asset</b>	10,364	2,966
<b>Operating Lease Right-of-Use Asset</b>	99,334	73,138
<b>Assets Whose Use is Limited</b>		
Under trust indentures and mortgage loan agreement, held by trustees and banks	43,266	40,291
Professional liability trust fund	16,361	13,948
Deferred compensation fund	1,405	1,538
<b>Cash and Cash Equivalents Restricted for Capital Acquisitions</b>	1,075	922
<b>Investments and Investments in Unconsolidated Subsidiaries</b>	29,021	22,555
<b>Land Held for Healthcare Development</b>	49,430	48,091
<b>Intangible Assets, Net</b>	7,717	7,919
<b>Deposits and Other Noncurrent Assets</b>	6,104	3,678
<b>Assets Held for Sale</b>	12,029	15,940
	<u>12,029</u>	<u>15,940</u>
Total assets	<u>\$ 1,636,012</u>	<u>\$ 1,363,809</u>

See notes to consolidated financial statements

## Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2020 and 2019

(In Thousands)

	<u>2020</u>	<u>2019</u>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable and accrued expenses	\$ 124,674	\$ 108,334
Accrued compensation and related items	55,350	45,675
Interest payable	9,312	9,916
Deferred revenues	52,512	2,003
Due to third party payors	20,897	19,589
Medicare advance and accelerated payments	60,771	-
Estimated self-insured professional liability	1,942	1,929
Current maturities of:		
Long-term obligations	13,991	14,071
Financing lease obligations	1,922	1,054
Operating lease obligations	15,042	13,243
	<u>356,413</u>	<u>215,814</u>
Total current liabilities		
	356,413	215,814
<b>Construction Payable</b>	3,878	10,894
<b>Long-Term Obligations, Net</b>		
Bonds payable	526,600	536,332
Notes payable	26,529	30,889
<b>Financing Lease Obligations</b>	8,347	1,748
<b>Operating Lease Obligations</b>	86,228	60,969
<b>Other Liabilities</b>	9,893	13,789
<b>Medicare Advance and Accelerated Payments</b>	79,341	-
<b>Estimated Self-Insured Professional Liability</b>	17,995	16,139
	<u>1,115,224</u>	<u>886,574</u>
Total liabilities		
	1,115,224	886,574
<b>Net Assets</b>		
Net assets without donor restrictions	513,402	471,276
Net assets with donor restrictions	7,386	5,959
	<u>520,788</u>	<u>477,235</u>
Total net assets		
	520,788	477,235
<b>Total liabilities and net assets</b>	<u>\$ 1,636,012</u>	<u>\$ 1,363,809</u>

See notes to consolidated financial statements



## Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Operations  
Years Ended December 31, 2020 and 2019  
(In Thousands)

	<u>2020</u>	<u>2019</u>
<b>Revenues</b>		
Net patient service revenue	\$ 873,273	\$ 821,576
Other revenues	57,416	40,927
COVID-19 grant income	44,222	-
	<u>974,911</u>	<u>862,503</u>
<b>Expenses</b>		
Salaries and wages	414,329	384,439
Employee benefits	78,553	73,676
Contract labor	67,926	38,699
Medical supplies	125,485	107,737
General and administrative	132,269	127,423
Building and maintenance	51,311	44,001
Insurance	10,357	6,951
Interest	25,414	16,586
Depreciation and amortization	45,906	41,582
Loss on disposal of property and equipment	-	3,265
	<u>951,550</u>	<u>844,359</u>
Total expenses	<u>951,550</u>	<u>844,359</u>
Income from operations	<u>23,361</u>	<u>18,144</u>
<b>Other Income (Expense)</b>		
Investment income	14,346	14,156
Other loss	(612)	(1,511)
Loss on extinguishment of debt	(281)	-
Inherent contribution on business combination	-	7,046
	<u>13,453</u>	<u>19,691</u>
Total other income	<u>13,453</u>	<u>19,691</u>
Revenues in excess of expenses from continuing operations	36,814	37,835
Change in net unrealized gains and losses on investments in debt securities	4,271	8,144
Net assets released from restrictions for purchase of property and equipment	5,687	1,778
Deferred compensation plan liability adjustment	860	(789)
Other net asset activity	2,070	675
	<u>49,702</u>	<u>47,643</u>
Increase in net assets without donor restrictions from continuing operations	<u>49,702</u>	<u>47,643</u>
<b>Loss From Discontinued Operations</b>	<u>(7,576)</u>	<u>(14,841)</u>
Increase in net assets without donor restrictions	<u>\$ 42,126</u>	<u>\$ 32,802</u>

See notes to consolidated financial statements

## Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2020 and 2019

(In Thousands)

	<u>2020</u>	<u>2019</u>
<b>Net Assets Without Donor Restrictions</b>		
Revenues in excess of expenses from continuing operations	\$ 36,814	\$ 37,835
Change in net unrealized gains and losses on investments in debt securities	4,271	8,144
Net assets released from restrictions for purchase of property and equipment	5,687	1,778
Deferred compensation plan liability adjustment	860	(789)
Other net asset activity	<u>2,070</u>	<u>675</u>
Increase in net assets without donor restrictions from continuing operations	49,702	47,643
Loss from discontinued operations	<u>(7,576)</u>	<u>(14,841)</u>
Increase in net assets without donor restrictions	<u>42,126</u>	<u>32,802</u>
<b>Net Assets With Donor Restrictions</b>		
Restricted gifts and donations	9,623	6,175
Net assets released from restrictions for purchase of property and equipment	(5,687)	(1,778)
Net assets released from restrictions used for operations	(2,564)	(3,516)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	47	(205)
Change in discount of pledges receivable and provision for doubtful pledges	-	26
Donor restricted investment income	<u>8</u>	<u>9</u>
Increase in net assets with donor restrictions	<u>1,427</u>	<u>711</u>
Increase in net assets	43,553	33,513
<b>Net Assets, Beginning</b>	477,235	444,820
<b>Cumulative Effect of Change in Accounting Principle</b>	<u>-</u>	<u>(1,098)</u>
<b>Net Assets, Ending</b>	<u>\$ 520,788</u>	<u>\$ 477,235</u>

See notes to consolidated financial statements

## Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows  
Years Ended December 31, 2020 and 2019  
(In Thousands)

	<u>2020</u>	<u>2019</u>
<b>Cash Flows From Operating Activities</b>		
Increase in net assets	\$ 43,553	\$ 33,513
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	45,906	41,582
Change in operating lease right-of-use asset and obligations	18,214	12,459
Amortization of deferred financing costs	212	229
Deferred compensation plan liability adjustment	(860)	789
Loss on extinguishment of debt	281	-
Restricted contributions and grants	(7,907)	(4,768)
Earnings recognized from unconsolidated subsidiaries and affiliates	(300)	(2,198)
Inherent contribution on business combination, net of cash received	-	(8,338)
Cumulative effect of change in accounting principle	-	1,098
Loss on disposal of property and equipment	4,763	14,671
Net realized and unrealized gains and losses on investments	(1,682)	(7,382)
Change in net unrealized gains and losses on investments in debt securities	(4,271)	(8,144)
Change in value of beneficial interest in trusts and charitable gift obligation	(47)	205
Change in discount on pledges receivable and provision for doubtful pledges	-	(26)
Changes in assets and liabilities:		
Patient accounts receivable	(318)	(20,226)
Other receivables	(27,810)	(307)
Inventories, prepaid expenses and other current assets	(1,162)	(1,915)
Accounts payable and accrued expenses	16,340	16,706
Accrued compensation and related items	9,675	7,243
Interest payable	(604)	141
Deferred revenues	50,509	1,026
Estimated self-insured professional liability	1,869	1,343
Due to third party payors	1,308	(972)
Medicare advance and accelerated payments	140,112	-
Operating lease obligations	(17,352)	(15,962)
Other noncurrent assets and liabilities	(5,415)	(226)
Net cash provided by operating activities	<u>265,014</u>	<u>60,541</u>

See notes to consolidated financial statements

## Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows  
 Years Ended December 31, 2020 and 2019  
 (In Thousands)

	<u>2020</u>	<u>2019</u>
<b>Cash Flows From Investing Activities</b>		
Purchase of property and equipment	\$ (56,946)	\$ (157,328)
Increase in investments and investments in unconsolidated subsidiaries	(157,148)	(15,129)
Additions to land held for healthcare development	(1,339)	(2,686)
Distributions from investments in unconsolidated subsidiaries	583	9,608
Purchase of investment in unconsolidated subsidiary	(7,562)	(3,781)
Cash received in the acquisition of Fort Washington	-	1,293
Decrease in trustee held funds and restricted cash	5,199	57,058
	<u>(217,213)</u>	<u>(110,965)</u>
Net cash used in investing activities		
<b>Cash Flows From Financing Activities</b>		
Payment of financing costs	(206)	(590)
Proceeds from issuance of long-term obligations, net	314	-
Repayments on long-term obligations, net	(14,435)	(9,236)
Repayment of financing lease obligations	(1,058)	(1,089)
Proceeds from restricted contributions and grants	7,907	4,768
	<u>(7,478)</u>	<u>(6,147)</u>
Net cash used in financing activities		
Net increase (decrease) in cash, cash equivalents and restricted cash and cash equivalents	40,323	(56,571)
<b>Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Beginning</b>	<u>43,503</u>	<u>100,074</u>
<b>Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Ending</b>	<u>\$ 83,826</u>	<u>\$ 43,503</u>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Interest paid	<u>\$ 25,476</u>	<u>\$ 18,919</u>
<b>Supplemental Disclosure of Noncash Investing and Financing Activities</b>		
Financing lease obligation incurred for equipment	<u>\$ 8,525</u>	<u>\$ -</u>
Operating lease obligations incurred for right-of-use asset	<u>\$ 40,961</u>	<u>\$ -</u>
Land contributed to investment in unconsolidated subsidiary	<u>\$ -</u>	<u>\$ 8,627</u>
Construction payable for property and equipment	<u>\$ 3,878</u>	<u>\$ 10,894</u>
Long-term debt refinanced	<u>\$ 20,500</u>	<u>\$ -</u>
<b>Reconciliation of Cash, Cash Equivalents and Restricted Cash and Cash Equivalents</b>		
Cash and cash equivalents	\$ 55,444	\$ 25,807
Cash and cash equivalents restricted for capital acquisitions	1,075	922
Cash and cash equivalents included in the current portion of assets whose use is limited	3,795	3,716
Cash and cash equivalents included in the noncurrent portion of assets whose use is limited	<u>23,512</u>	<u>13,058</u>
Total cash, cash equivalents and restricted cash and cash equivalents	<u>\$ 83,826</u>	<u>\$ 43,503</u>

See notes to consolidated financial statements

# Adventist HealthCare, Inc. and Controlled Entities

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Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

## 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. The mission of AHC is to extend God's care through the ministry of physical, mental and spiritual healing. AHC is tax-exempt under Section 501(c)(3) of the Internal Revenue Code (IRC). 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 and controlled entities, as follows:

Shady Grove Medical Center (SGMC) is a 329-bed acute care hospital located in Rockville, Maryland. Behavioral Health & Wellness Services (BH&WS) is a department of SGMC and as a result is reimbursed under SGMC's global budget revenue agreement. BH&WS is comprised of BH&WS - Rockville, a 117-bed psychiatric hospital.

White Oak Medical Center (WOMC) is a 178-bed acute care hospital located in Silver Spring, Maryland. On August 25, 2019, the newly constructed WOMC opened.

Rehabilitation (Rehab) operates one inpatient hospital with two sites in Maryland, as well as two outpatient locations. Rehab - Rockville is a 55-bed rehabilitation facility and Rehab - Takoma Park is a 42-bed rehabilitation facility. The Rehab - Takoma Park facility plans to relocate to WOMC in 2021.

Adventist HealthCare Imaging (Imaging) operates seven clinical sites and provides inpatient and outpatient imaging services at SGMC and WOMC.

Clinical Integration Services (CIS) is comprised of Adventist Medical Group (AMG). AMG is a not-for-profit entity that provides primary care and specialty care physician professional health services to the communities it serves. AHC 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 physician practices. In December 2017, however, AHC terminated its contract with MFA as it relates to the primary care, physiatry and endocrinology practices. The termination was effective July 2018, at which time AHC began operating the primary care, physiatry and endocrinology practices. The remaining specialty care practices will continue to be operated by MFA, with the respective operating results recorded in SGMC and WOMC. CIS also includes the administration needed to facilitate the coordination of patient care across conditions, providers and settings.

The Other Health Services (OHS) operating division is comprised of two entities. Lifework Strategies (LWS) provides employee assistance and employee wellness programs to client employees. LWS's mission is to help individuals live healthier, happier and more productive lives. Capital Choice Pathology Lab (CCPL) provides full pathology production services to client hospitals.

In May 2020, an alternate care site (ACS) opened to increase the number of beds available in the State of Maryland to care for COVID-19 patients as a result of the following sequence of events. In March 2020, the Secretary of Health within the State of Maryland identified the Takoma Park campus as a potential location for the treatment, isolation and quarantining of COVID-19 patients. On April 4, 2020, the Maryland Health Care Commission approved an Emergency Certificate of Need to establish a 200 bed ACS. In accordance with the terms of the agreement with the State of Maryland, all costs to open, operate and close and decommission the campus will be reimbursed.

## Adventist HealthCare, Inc. and Controlled Entities

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Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

The Corporation has amount due from the State of Maryland of \$12,297 as of December 31, 2020 which is included in other receivables in the accompanying consolidated balance sheets. Any reimbursement received by the Corporation for services provided to patients is required to be remitted to the State of Maryland. The Corporation has amounts due to the State of Maryland of \$6,054 as of December 31, 2020 which is included in accounts payable and accrued expenses in the accompanying consolidated balance sheets. The agreement will remain in effect until the earlier of the determination by the State of Maryland and the Corporation that the ACS is no longer needed or the termination of the State of Emergency and a Catastrophic Health Emergency proclamation by the Governor of Maryland. The financial results of the ACS are included in OHS.

The Support Center is comprised of the Corporate Office (CO) and the AHC benefit business unit. The CO provides corporate and centralized shared service functions that benefit the entire AHC system. The AHC benefit business unit administers the self-insurance health benefit program, including health insurance, dental and vision coverage for AHC and controlled entities.

In October 2019, Adventist HealthCare Fort Washington Medical Center, Inc., a subsidiary of AHC, acquired Fort Washington Medical Center (FWMC) (Note 3). FWMC is a 28-bed acute care hospital located in Fort Washington, Maryland.

The 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.

Adventist Home Care Services, Inc. (AHCS) is a nonstock membership corporation organized to provide home health services in Maryland and includes Adventist Home Assistance (AHA). AHA provides nonclinical assistance to homebound patients who cannot perform certain daily activities on their own.

Adventist HealthCare Urgent Care Center, Inc. (Urgent Care) is comprised of three urgent care centers located in Germantown, Laurel and Rockville, Maryland. These centers provide ambulatory services to patients without life threatening conditions, as well as occupational health screenings to the community.

One Health Quality Alliance (OHQA) is a physician-led clinically integrated network designed to deliver value to payors, employers and consumers through the highest quality care at a lower cost. Through this alliance, participating physicians gain access to resources to support the transition to value-based care, while maintaining their independence. Through this collaboration, OHQA aims to improve the health of patient populations and communities, while enhancing the patient experience and reducing the costs of health care. The OHQA currently has over 1,180 physician members, most of whom are on the medical staff of AHC, including primary care, orthopedics and other community and hospital based specialists.

The Foundations operating division is comprised of Washington Adventist Hospital Foundation, Inc., d/b/a White Oak Medical Center Foundation Inc. and Shady Grove Medical Center Foundation, Inc. (collectively, the Foundations). Each 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.

All of the operating divisions and controlled entities mentioned above are tax-exempt under Section 501(c)(3) of the IRC.

## **Adventist HealthCare, Inc. and Controlled Entities**

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Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

### **Principles of Consolidation**

The consolidated financial statements include the accounts of AHC, the controlling parent, SGMC, WOMC, Rehab, Imaging, CIS, LWS, CCPL, the Support Center, FWMC, the Lourie Center, AHCS, Urgent Care, OHQA, and the Foundations, which include 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.

### **Reclassification**

Certain 2019 amounts have been reclassified to conform to the 2020 consolidated financial statements presentation.

### **Subsequent Events**

The Corporation evaluated subsequent events for recognition or disclosure through May 17, 2021, the date the consolidated financial statements were issued.

### **Use of Estimates**

The preparation of consolidated 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.

### **Maryland Health Services Cost Review Commission**

Certain hospital charges are subject to review and approval by the Maryland Health Services Cost Review Commission (HSCRC). The HSCRC has jurisdiction over hospital reimbursement in Maryland by agreement with the Centers for Medicare and Medicaid Services (CMS). This agreement is based on a waiver from the Medicare Prospective Payment System reimbursement principles granted under Section 1814(b) of the Social Security Act. Management has filed the required forms with the HSCRC and believes all entities that fall under the HSCRC's jurisdiction are in compliance with applicable requirements.

In January 2014, the Centers for Medicare and Medicaid Services approved a modernized waiver that grants Maryland (via the HSCRC) the authority to regulate hospital revenue within a rigorous per capita expenditure limit. Maryland's All Payer Model Agreement builds on decades of innovation and equity in healthcare payment and delivery - with an aim to enhance patient care, improve health outcomes and lower costs.

As a result of the waiver, the HSCRC introduced revenue arrangements, including the Global Budget Revenue (GBR) model. The GBR methodology encourages hospitals to focus on population health strategies by establishing a fixed annual revenue cap for each GBR hospital. The agreement establishes a fixed amount of charging authority (i.e. revenue) at the beginning of the rate year. It is evergreen in nature and covers both regulated inpatient and outpatient revenues. Annual revenue is calculated from a base year and is adjusted annually for inflation, infrastructure requirements, population changes, performance in quality-based programs and changes in the levels of uncompensated care. Revenue may also be adjusted annually for market levels and shifts of services from one health system to another and from a regulated setting to an unregulated setting (or vice versa).

In 2014, AHC entered into GBR Agreements with the HSCRC for SGMC, WOMC and Shady Grove Germantown Emergency Center. FWMC entered into a GBR agreement with the HSCRC in 2014. The agreements set an initial fixed amount of revenue for each entity for the period July 1, 2013 through June 30, 2014 and is subsequently updated on an annual basis every July 1.

## **Adventist HealthCare, Inc. and Controlled Entities**

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Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

HSCRC requires rate-regulated hospitals under its jurisdiction 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. The Corporation reported net undercharge of \$801 and a net overcharge of \$1,022 as of December 31, 2020 and 2019, respectively. These price variances reflect the variance between actual patient charges and the pro-rata share of approved rate orders. The net amounts are reported as a component of net patient service revenue and patient accounts receivable in the accompanying 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 charging authority. At the conclusion of the rate year ended June 30, 2019, any over/under charges are amortized on the straight-line basis over the following rate year when the price variance adjustments are actually built into each entity's rate order. Due to unique funding made available by the Coronavirus Aid, Relief and Economic Security (CARES) Act during 2020, net patient service revenue for hospital under the HSCRC jurisdiction were recognized as actual charges and no accrual for net overcharges or undercharges were made for the period July 1, 2019 through December 31, 2020. The variance between the HSCRC approved Global Budget and the amount charged for services during this period was calculated as lost revenues covered by the CARES Act Provider Relief Fund and reported as other revenues in the accompanying consolidated statements of operations.

Under Maryland law, charges of specialty hospitals such as Rehab 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 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 even if an exemption regarding charging for services is received. The Corporation's management believes Rehab met the conditions for exemption during 2020 and 2019.

### **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. For purposes of the consolidated statements of cash flows, cash, cash equivalents and restricted cash and cash equivalents include investments purchased with an initial maturity of three months or less.

### **Patient Accounts Receivable**

The Corporation assesses collectability on patient contracts prior to the recognition of net patient service revenue. Patient accounts receivable are reported at their net realizable value. Accounts are written off through bad debt expense when the Corporation has exhausted all collection efforts and determines accounts are impaired based on changes in patient credit worthiness. Patient accounts receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed earlier.

### **Other Receivables**

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients and pledges from donors and are reported at their net realizable value. 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.



## **Adventist HealthCare, Inc. and Controlled Entities**

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Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

### **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, assets set aside for deferred compensation agreements and those set aside in accordance with the United States Department of Housing and Urban Development (HUD) mortgage loan payable. 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 accompanying 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 and unrealized gains and losses on investments, write-downs of the cost basis of investments in debt securities 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 in debt securities are excluded from the determination of revenues in excess of expenses from continuing operations. Donor restricted investment income is reported as an increase in net assets with donor restrictions. Investments available for current operations have been classified as short-term investments in the accompanying consolidated balance sheets.

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.

### **Inventories**

Inventories of drugs, medical supplies and surgical supplies are valued at the lower of cost or net realizable value. 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.

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. 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 2020 or 2019.

## **Adventist HealthCare, Inc. and Controlled Entities**

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Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

### **Leases and Right-of-Use Assets**

Under Topic 842, the Corporation evaluates at contract inception whether a lease exists and recognizes a lease obligation and right-of-use (ROU) asset for all leases with a term greater than 12 months. Leases are classified as either financing or operating. All lease liabilities are measured as the present value of the future lease payments using a discount rate. The future lease payments used to measure the lease liability include fixed payments, as well as the exercise price of any options to purchase the underlying asset that have been deemed reasonably certain of being exercised, if applicable. Future lease payments for optional renewal periods that are not reasonably certain of being exercised are excluded from the measurement of the lease liability. For all leases, the ROU asset is initially derived from the measurement of the lease liability and adjusted for certain items, such as initial direct costs and lease incentives received. ROU assets are subject to long-lived impairment testing.

Amortization of financing lease ROU assets, which is recognized on a straight-line basis over the lesser of the lease term or the estimated useful life of the asset, is included within depreciation and amortization expense in the consolidated statements of operations. Interest expense associated with financing lease obligations is included within interest expense in the consolidated statements of operations. Operating lease expense is recognized on a straight-line basis over the lease term and is included within building and maintenance in the consolidated statements of operations. The lease term is determined based on the date the Corporation acquires control of the leased premises through the end of the lease term.

### **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 \$202 in 2020 and \$231 in 2019. Accumulated amortization of intangible assets was \$4,259 and \$4,057 as of December 31, 2020 and 2019, respectively.

Goodwill, which is included in intangible assets in the accompanying consolidated balance sheets, is reviewed annually for impairment or more frequently if events or circumstances indicate the carrying amount of the goodwill will not be recoverable.

### **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. Deferred financing costs remaining as of December 31, 2020 and 2019 totaled \$5,024 and \$5,213, respectively, and are included in the consolidated balance sheets as a reduction of bonds payable. Amortization expense was \$212 and \$229 in 2020 and 2019, respectively, and is included as a component of interest expense in the consolidated statements of operations.

### **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.

## Adventist HealthCare, Inc. and Controlled Entities

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Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

Settlements with third party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on reimbursable costs, the terms of the payment agreement with the payor, correspondence with the payor and the Corporation's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information become available), or as years are settled or no longer subject to such audits, reviews and investigations. Adjustments arising from a change in the transaction price, were not significant in 2020 or 2019.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result, health care entities, may from time to time and in the ordinary course of business, receive requests for information and notices from government agencies regarding alleged noncompliance with those laws and regulations, some of which may result in settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. Management is not aware of any material incidents of noncompliance, however, there can be no assurance that regulatory authorities will not challenge the Corporation's compliance in the future.

### Medicare Advance and Accelerated Payments

The CARES Act included provisions to expand the Centers for Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program in order to improve cash flows for providers impacted by the COVID-19 pandemic. In April 2020, the Corporation received \$140,112 in advance payments under this program, of which \$60,771 is classified as a current liability and \$79,341 is classified as a long-term liability in the accompanying consolidated balance sheets. The proceeds received were invested in short-term investments and are separately classified on the accompanying consolidated balance sheets.

Repayment of the advances is scheduled to begin one year after receipt of the advances and end 17 months later (29 months from initial payment), at which time the advances are required to be repaid in full. The Corporation began repaying the Medicare advance during April 2021 and has recorded an estimated current portion based on historical Medicare payment trends. The repayments are expected to occur automatically through a partial offset in Medicare payments due to the Corporation for services rendered to Medicare program beneficiaries.

### 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.

### Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

**Net Assets Without Donor Restrictions** - Net assets with donor restrictions include amounts available for use in general operations and not subject to donor restrictions. All revenue not restricted by donors and donor restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

## Adventist HealthCare, Inc. and Controlled Entities

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Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

**Net Assets With Donor Restrictions** - Net assets with donor restrictions include amounts subjected to donor imposed restrictions which are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing or purpose of the related expenditures or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions. Net assets were released from donor restriction by satisfying their restricted purposes in the amount of \$8,251 in 2020 and \$5,294 in 2019.

Net assets with donor restrictions includes those whose use by the Corporation has been limited by donors to specific purposes in the amount of \$7,386 and \$5,618 as of December 31, 2020 and 2019, respectively.

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 net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. 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 net assets without donor restrictions.

### Measure of Operations

The consolidated statements of operations reflect all changes in net assets without donor restrictions, including changes from both operating and nonoperating activities. Operating revenues and expenses consist of those items that are an integral part of the Corporation's provision of healthcare and related supporting activities. Nonoperating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature.

### 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 net assets without donor restriction which are excluded from the determination of revenues in excess of expenses from continuing operations, consistent with industry practice, include the change in net unrealized gains and losses on investments in debt securities, the effective portion of the net unrealized gain on derivative financial instruments, the deferred compensation plan liability adjustment, contributions of long-lived assets (including contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets), other net asset without donor restriction activity and the loss from discontinued operations.

### Net Patient Service Revenue

Net patient service revenue is recognized at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care. These amounts are due from patients, third party payors (including commercial and governmental programs) and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Corporation bills the patients and third party payors after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

## **Adventist HealthCare, Inc. and Controlled Entities**

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Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

Performance obligations are determined based on the nature of the services provided by the Corporation. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected (or actual) charges, ultimately adjusted in accordance with the charging authority awarding at the beginning of every year by the HSCRC. The Corporation believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in our hospitals receiving services over multiple days. The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point-in-time are generally recognized when goods or services are provided and the Corporation does not believe it is required to provide additional services to the patient. Generally, performance obligations satisfied at a point-in-time relate to patients receiving outpatient services in a single day. The Corporation measures the performance obligation from the commencement of the outpatient service, to the point when it is no longer required to provide services to that patient, which is generally the completion of the outpatient service.

All of the Corporation's performance obligations generally relate to contracts with a duration of less than one year, therefore, the Corporation has elected to apply the optional exemptions provided in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 606-10-50-14(a) and as a result is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Corporation determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third party payors, financial assistance provided to uninsured or underinsured patients in accordance with the Corporation's policies, and/or implicit price concessions provided to uninsured or underinsured patients. The Corporation determines its estimates of contractual adjustments based on contractual agreements, its financial assistance policies and historical experience. The Corporation determines its estimates of implicit price concessions based on its historical collection experience with a respective class of patient. Certain amounts categorized as implicit price concessions under ASC 606 were previously categorized as provision for doubtful accounts. The Corporation pursues collection of amounts defined as implicit price concessions.

The Corporation has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third party payors for the effects of a significant financing component due to the Corporation's expectation that the period between the time the service is provided to a patient and the time that the patient or a third party payor pays for that service will be one year or less.

### **COVID-19 Grant Income and Deferred Revenues**

COVID-19 grant income includes amounts received from federal, state and local funding sources related to the COVID-19 pandemic. The Corporation accounts for this funding in accordance with the FASB ASC 958-605 guidance for conditional contributions and, accordingly, revenues are measured and recognized when barriers are substantially met which occurs when the Corporation complies with the terms and conditions related to the purpose of the grant rather than those that are administrative in nature.

## **Adventist HealthCare, Inc. and Controlled Entities**

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Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

In March 2020, the CARES Act was signed into law to combat the financial effects of COVID-19. The CARES Act created a Provider Relief Fund to provide financial support for hospitals and other healthcare providers. The Company received \$96,102 in the year ended December 31, 2020 related to this funding. In accordance with the terms and conditions in place at December 31, 2020, the Corporation could apply the funding against eligible expenses, and then lost revenues. The Corporation's methodology for calculating lost revenues was based on the difference between charges and the prospective Global Budget allowed by the HSCRC for hospitals falling under jurisdiction of HSCRC rate setting and the difference between 2020 budgeted and actual 2020 net patient service revenues for revenues not subject to HSCRC rate setting. The Corporation also received COVID-19 related assistance of \$4,756 from various other sources in the year ended December 31, 2020.

Noncompliance with the terms and conditions could result in repayment of some or all of the support, which can be subject to government review and interpretation. The Department of Health and Human Services (HHS) has indicated Provider Relief Fund payments are subject to future reporting and audit requirements. These matters could cause reversal or claw-back of amounts previously recognized, however, an estimate of the possible effects cannot be made as of the date these financial statements were issued. In addition, it's unknown whether there will be further developments in the regulatory guidance.

The Corporation has incurred lost revenues and eligible expenses in accordance with the terms and conditions of the Provider Relief Fund and other funding sources that were applicable as of December 31, 2020 of \$44,222, which were recognized and included in COVID-19 grant income in the accompanying consolidated statements of operations for the year ended December 31, 2020. A portion of the funding was also applied to eligible capital expenditures of \$5,839 and is included in net assets released from restriction for purchase of property and equipment in the accompanying consolidated statements of operations for the year ended December 31, 2020.

Deferred revenues are primarily comprised of funding received related to the above funding sources which the Company has not overcome the barriers for recognition and, therefore, are reflected as a refundable advance in the accompanying consolidated balance sheets as of December 31, 2020. In 2021, the Corporation also received additional funding of \$2,322 to combat the ongoing financial effects of COVID-19.

### **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 2020 or 2019.

The Corporation's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.

### **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.

## Adventist HealthCare, Inc. and Controlled Entities

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Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

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 \$15,302 in 2020 and \$13,819 in 2019.

### Advertising Costs

The Corporation expenses advertising costs as they are incurred.

## 2. Accounting Standards

### Disclosure Requirements for Fair Value Measurement

During 2020, the Corporation adopted the FASB's Accounting Standards Update (ASU) No. 2018-13, *Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. ASU No. 2018-13 modifies the disclosure requirements for fair value measurements in Topic 820, *Fair Value Measurement*. The amendments are based on concepts in the FASB's Concepts Statement, *Conceptual Framework for Financial Reporting—Chapter 8: Notes to Financial Statements*, which the Board finalized on August 28, 2018. The adoption of ASU No. 2018-13 did not result in a change in the Corporation's net assets, however, certain disclosures related to fair value measurements have been revised accordingly.

### Goodwill

During January 2017, the FASB issued ASU No. 2017-04, *Simplifying the Test for Goodwill Impairment*. ASU No. 2017-04 simplifies how an entity is required to test goodwill for impairment by eliminating Step 2 from the goodwill impairment test. ASU No. 2017-04 is effective for annual or any interim goodwill impairment tests in fiscal years beginning after December 15, 2021. Early adoption is permitted for interim or annual goodwill impairment tests performed on testing dates after January 1, 2017. The Corporation does not believe that the adoption of ASU No. 2017-04 will have a material effect on its consolidated financial statements.

### Contributed Nonfinancial Assets

During September 2020, the FASB issued ASU No. 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. ASU No. 2020-07 improves financial reporting by providing new presentation and disclosure requirements about contributed nonfinancial assets, including additional disclosure requirements for recognized contributed services. The standard will be required to be applied retrospectively for annual periods beginning after June 15, 2021. The Corporation has not yet determined the impact adoption of ASU No. 2020-07 will have on its consolidated financial statements.

## 3. Business Combination

On October 27, 2019, AHC and Adventist Healthcare Fort Washington Medical Center, Inc. entered into an asset purchase agreement (the Purchase Agreement) with Fort Washington Medical Center, Inc., Fort Washington Ambulatory Services, LLC, Nexus Health, Inc. (owner of Fort Washington Medical Center, Inc. and Fort Washington Ambulatory Services, LLC) and Carolyn Boone Lewis Health Care Center (former subsidiary of Nexus Health, Inc.) (collectively, Fort Washington). In accordance with the terms of the Purchase Agreement, substantially all assets and liabilities of Fort Washington were acquired in exchange for no consideration. The contractual amounts of accounts receivable approximate fair value due to their short-term nature.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

In accordance with the authoritative guidance, the assets and liabilities of Fort Washington were recorded at fair market value as of the date of acquisition as follows:

<b>Assets Acquired</b>	
Cash and cash equivalents	\$ 1,293
Accounts receivable	2,516
Trustee held funds	1,659
Property and equipment	17,273
Other assets	2,202
Inventories	1,299
	<hr/>
Total assets acquired	26,242
<b>Liabilities Assumed</b>	
Accounts payable and accrued expenses	7,160
Other liabilities	5,072
Long-term obligations	6,857
	<hr/>
Total liabilities assumed	19,089
	<hr/>
<b>Net Assets Assumed</b>	\$ 7,153
	<hr/>
<b>Inherent Contribution Without Donor Restrictions</b>	\$ 7,046
	<hr/>
<b>Inherent Contribution With Donor Restrictions</b>	\$ 107
	<hr/>

#### 4. Discontinued Operations and Assets Held for Sale

In July 2019, AHC entered into an agreement to sell the Takoma Park campus to an unrelated third party for \$12,000. The opportunities for growth and expansion at the Takoma Park campus were limited, and the Corporation wanted to expand access to care throughout the Washington DC region, leading to the decision to sell the campus. The closing is expected to take place in 2021 upon the closure of the ACS (Note 1) and the relocation of Rehab to WOMC.

The current operations on the Takoma Park Campus consist of a walk-in clinic, which began in August 2019, which is included in the loss from discontinued operations in the accompanying consolidated statements of operations.

As a result of entering into the sale agreement, a significant amount of property and equipment (other than real estate) was disposed of and a loss of \$11,576 was recognized in 2019 and included in the loss from discontinued operations in the accompanying consolidated statements of operations. During 2020, an additional loss on disposal of \$4,822 was recognized and included in the loss from discontinued operations in the accompanying consolidated statements of operations.

Assets held for sale in the accompanying consolidated balance sheets is comprised of land and improvements of \$264 and \$330 and building and improvements of \$11,765 and \$15,610 at December 31, 2020 and 2019, respectively, that will be sold as part of the agreement. No gain or loss on sale has been recognized in 2020 or 2019.



## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

The following amounts related to discontinued operations are included in the loss from discontinued operations in the accompanying consolidated statements of operations:

	<u>2020</u>	<u>2019</u>
Total revenues	\$ -	\$ 308
Total expenses, including loss on disposal of \$4,822 in 2020 and \$11,576 in 2019	<u>(7,576)</u>	<u>(15,149)</u>
Loss on discontinued operations	<u>\$ (7,576)</u>	<u>\$ (14,841)</u>

### 5. Net Patient Service Revenue

The Corporation routinely obtains assignments of (or is otherwise entitled to receive) patient benefits receivable under their health insurance programs, plans or policies (i.e. third party payors). Third party payors include both government payors, which include Medicare, Medicaid and Management Care Organizations and commercial insurance carriers. Agreements with third party payors typically provide for payments at amounts less than established charges. A summary of payment arrangements with third party payors, by service type, is as follows:

- Global budget revenue - SGMC, WOMC and FWMC have entered into agreements by which the third party payors pay a percentage of approved HSCRC charges. A reduced percentage can be obtained if the payor advances a certain amount of working capital.
- Rehabilitation services - Rehab has entered into agreements by which the third party payors pay at a contract rate per day or visit.
- Physician practice services - AMG has entered into agreements by which the third party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.
- Imaging services - Imaging has entered into agreements by which the third party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.
- Home health services - AHCS has entered into agreements by which the third party payors pay negotiated rates on a per visit basis.

Generally, patients who are covered by third party payors are responsible for related deductibles and coinsurance, which vary in amount. The Corporation also provides services to uninsured patients, and offers those uninsured or underinsured patients financial assistance, by either policy or law, from standard charges. The Corporation estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charges by any contractual adjustment, financial assistance and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenues in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Consistent with the Corporation's mission, care is provided to patients regardless of their ability to pay. Therefore, the Corporation has determined it has provided implicit price concessions to uninsured patients and other patient balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Corporation expects to collect based on its collection history with those patients.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

The Corporation disaggregates revenue from contracts with customers by type of service and payor source as this depicts the nature, amount, timing and uncertainty of its revenue and cash flows as affected by economic factors. Tables providing details of these factors are presented below.

Net patient service revenues disaggregated by service type for the years ended December 31, 2020 and 2019 are as follows:

	<u>2020</u>	<u>2019</u>
Global budget revenue	\$ 737,799	\$ 673,535
Rehabilitation services	47,781	51,093
Physician practice services	24,775	29,281
Imaging services	25,605	29,654
Home health services	27,917	29,742
Other health services	9,396	8,271
	<u>          </u>	<u>          </u>
Total	<u>\$ 873,273</u>	<u>\$ 821,576</u>

Net patient service revenues disaggregated by payor for the years ended December 31, 2020 and 2019 are as follows:

	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Third Party Payors</u>	<u>Self-Pay and Other</u>	<u>Total</u>
December 31, 2020	<u>\$ 323,111</u>	<u>\$ 87,327</u>	<u>\$ 419,171</u>	<u>\$ 43,664</u>	<u>\$ 873,273</u>
December 31, 2019	<u>\$ 312,084</u>	<u>\$ 85,808</u>	<u>\$ 391,027</u>	<u>\$ 32,657</u>	<u>\$ 821,576</u>

## 6. Investments

### Short-Term Investments

The Corporation's short-term investments at December 31, 2020 and 2019 are comprised of the following:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 25,011	\$ 17,761
Corporate bonds	107,316	66,539
Asset backed securities	80,143	49,013
Marketable equity securities	22,564	-
U.S. government securities:		
U.S. treasury notes	93,033	61,879
Mutual funds:		
Fixed income	50,195	-
Equity, balanced	6,457	19,697
Equity, growth	5,895	11,811
	<u>          </u>	<u>          </u>
Total	390,614	226,700
Less Medicare advance and accelerated payments	<u>(140,112)</u>	<u>-</u>
Total short-term investments	<u>\$ 250,502</u>	<u>\$ 226,700</u>

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

### Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2020 and 2019 is set forth in the following tables:

	<u>2020</u>	<u>2019</u>
Under trust indentures and mortgage loan agreement, held by trustees and banks:		
Cash and cash equivalents	\$ 24,781	\$ 14,586
U.S. government securities:		
U.S. treasury notes	20,338	26,294
U.S. government agency notes	-	1,198
Total	45,119	42,078
Less funds held for current liabilities	<u>1,853</u>	<u>1,787</u>
Noncurrent portion of assets held under trust indentures and mortgage loan agreement	<u>\$ 43,266</u>	<u>\$ 40,291</u>
Professional liability trust fund:		
Cash and cash equivalents	\$ 2,526	\$ 2,188
Mutual funds:		
Equity, large value	2,962	4,189
Equity, growth	3,275	1,745
Fixed income, intermediate	3,026	3,821
Fixed income, multi-sector	2,504	1,958
Fixed income, short-term	4,010	1,976
Total	18,303	15,877
Less funds held for current liabilities	<u>1,942</u>	<u>1,929</u>
Noncurrent portion of professional liability trust fund	<u>\$ 16,361</u>	<u>\$ 13,948</u>
Deferred compensation fund:		
Mutual funds:		
Equity, growth	\$ 292	\$ 300
Equity, large value	237	277
Equity, midcap value	110	112
Equity, other	298	423
Fixed income, intermediate	468	426
Total	<u>\$ 1,405</u>	<u>\$ 1,538</u>

The indenture requirements of certain tax-exempt financings provide for the establishment and maintenance of various accounts with a trustee (Note 12). These arrangements require the trustee to control the payment of interest and the ultimate repayment of respective debt to bondholders.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

The composition of trustee held and escrow funds at December 31, 2020 and 2019 is as follows:

	<u>2020</u>	<u>2019</u>
Debt service reserve funds	\$ 28,804	\$ 28,804
Principal and interest funds	9,185	9,179
Project fund	5,471	2,436
Mortgage reserve funds	<u>1,659</u>	<u>1,659</u>
Total	<u>\$ 45,119</u>	<u>\$ 42,078</u>

Investment income and gains and losses for investments, assets whose use is limited and cash and cash equivalents without donor restrictions are comprised of the following in 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Investment income:		
Interest and dividends, net	\$ 12,126	\$ 5,820
Interest on trustee held funds	538	954
Net realized and unrealized gains and losses on investments	<u>1,682</u>	<u>7,382</u>
Total	<u>\$ 14,346</u>	<u>\$ 14,156</u>

Other changes in net assets without donor restriction:

Change in net unrealized gains and losses on investments in debt securities	<u>\$ 4,271</u>	<u>\$ 8,144</u>
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### 7. Fair Value Measurements and Financial Instruments

The Corporation measures its short-term investments, assets whose use is limited, investments, beneficial interest in trusts and derivative financial instrument 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.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

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.

The fair value of the Corporation's financial instruments was measured using the following inputs at December 31:

	2020			
Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	
<b>Reported at Fair Value</b>				
Assets:				
Mutual funds:				
Fixed income, intermediate	\$ 3,494	\$ 3,494	\$ -	\$ -
Fixed income, multi-sector	2,504	2,504	-	-
Fixed income, short-term	54,205	54,205	-	-
Equity, growth	9,463	9,463	-	-
Equity, large value	3,199	3,199	-	--
Equity, balanced	6,457	6,457	-	-
Equity, midcap value	110	110	-	-
Equity, other	298	298	-	-
Marketable equity securities	22,564	22,564		
U.S. government securities:				
U.S. treasury notes	113,372	-	113,372	-
Asset backed securities	80,143	-	80,143	-
Corporate bonds	107,316	-	107,316	-
Beneficial interest in trusts	554	-	-	554
Total assets measured at fair value	403,679	<u>\$ 102,294</u>	<u>\$ 300,831</u>	<u>\$ 554</u>
Cash and cash equivalents	53,242			
Total	<u>\$ 456,921</u>			

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

	2019			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<b>Reported at Fair Value</b>				
Assets:				
Mutual funds:				
Fixed income, intermediate	\$ 4,247	\$ 4,247	\$ -	\$ -
Fixed income, multi-sector	1,958	1,958	-	-
Fixed income, short-term	1,976	1,976	-	-
Equity, growth	13,857	13,857	-	-
Equity, large value	4,466	4,466	-	-
Equity, balanced	19,697	19,697	-	-
Equity, midcap value	112	112	-	-
Equity, other	423	423	-	-
U.S. government securities:				
U.S. treasury notes	88,173	-	88,173	-
U.S. government agency notes	1,198	-	1,198	-
Asset backed securities	49,013	-	49,013	-
Corporate bonds	66,539	-	66,539	-
Beneficial interest in trusts	566	-	-	566
Total assets measured at fair value	252,225	<u>\$ 46,736</u>	<u>\$ 204,923</u>	<u>\$ 566</u>
Cash and cash equivalents	35,449			
Total	<u>\$ 287,674</u>			
Liabilities:				
Derivative financial instrument	<u>\$ 236</u>	<u>\$ -</u>	<u>\$ 236</u>	<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:

	2020	2019
Short-term investments (Note 6)	\$ 250,502	\$ 226,700
Medicare advance and accelerated payments (Note 6)	140,112	-
Assets whose use is limited (Note 6):		
Current portion	3,795	3,716
Under trust indentures and mortgage loan agreement, held by trustees and banks	43,266	40,291
Professional liability trust fund	16,361	13,948
Deferred compensation fund	1,405	1,538
Investments held by foundations (Note 9)	926	915
Beneficial interest in trusts, included in deposits and other noncurrent assets	554	566
	<u>\$ 456,921</u>	<u>\$ 287,674</u>

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in methodologies used at December 31, 2020 and 2019.

Mutual funds and marketable equity securities are valued based on quoted market prices.

U.S. government securities, asset backed securities and corporate bonds are valued based on estimated quoted market prices of similar securities.

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 sheets.

The Corporation measures its derivative financial instrument 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.

### 8. Property and Equipment, Net

Property and equipment, net at December 31, 2020 and 2019 consist of the following:

	<u>2020</u>	<u>2019</u>
Land and improvements	\$ 38,263	\$ 35,833
Buildings and improvements	742,391	704,920
Office furniture and equipment	204,016	205,545
Computer software and hardware	136,769	131,687
Total	1,121,439	1,077,985
Less accumulated depreciation and amortization	(409,895)	(367,927)
Total	711,544	710,058
Construction in progress	17,463	14,786
	<u>\$ 729,007</u>	<u>\$ 724,844</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 2020 and 2019, the Corporation capitalized \$365 and \$763, respectively.

Construction in progress as of December 31, 2020 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were \$17,794 at December 31, 2020. The cost of these projects is expected to be funded through operations, as well as transfers from the Corporation's related foundations.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

### 9. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries include the following at December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Investment in healthcare entities	\$ 28,171	\$ 21,721
Investments held by foundations	850	834
Total	<u>\$ 29,021</u>	<u>\$ 22,555</u>

#### Investment in Healthcare Entities

The Corporation recognized earnings of \$313 and \$431 during 2020 and 2019, respectively, related to its ownership interest in the healthcare entities accounted for under the equity method. 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 percent ownership interest in CPRCC.

Doctors Regional Cancer Center (DRCC) - DRCC provides outpatient radiation oncology services to patients in Bowie and Lanham, Maryland. The Corporation has a 20 percent ownership interest in DRCC.

Shady Grove Medical Building, LLC (SGMB) - SGMB was organized for the purpose of developing and constructing a cancer care center on the campus of SGMC. The Corporation has a 50 percent ownership interest in SGMB.

White-Oak AHF-1 Manager, LLC (White-Oak) - White-Oak was organized for the purpose of developing and constructing a medical office building on the White Oak campus of WOMC. The Corporation has a 50 percent ownership in White-Oak.

The Corporation has invested \$259 in Advanced Health Collaborative, LLC for a 25 percent ownership interest. This organization was formed to share ideas and explore opportunities to enhance quality of healthcare in the state of Maryland.

The Corporation has invested \$3,885 in Advanced Health Collaborative II, LLC (AHC II) for a 25 percent interest. AHC II was formed to hold a 24 percent interest in Maryland Health Advantage, LLC which is a Medicare preferred provider network providing health services to its members.

The Corporation has invested \$450 in CoreLife Adventist, LLC (CoreLife) for a 50 percent interest. CoreLife was formed to provide weight loss services.

The Corporation has invested \$6,000 in CoreLife Management Services, Inc. (CoreLife Management) for a 15 percent interest. CoreLife Management was formed to develop, manage and coordinate the provision of a comprehensive scope of integrated medical, nutrition, behavioral and exercise services to treat obesity and its related chronic illnesses.



## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

Summarized financial information related to these entities is presented below:

	<u>2020</u>	<u>2019</u>
Net revenue	\$ 25,109	\$ 20,940
Revenues (less than) in excess of expenses	(429)	1,845
Total assets	99,632	84,300
Total liabilities	59,153	44,572

### Investments Held by Foundations

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.

### 10. Land Held for Healthcare Development

From 2002 through 2011, the Corporation acquired various parcels of land in Clarksburg, Maryland totaling approximately 200 acres. Several parcels of the land are fully owned by the Corporation, and the remainder is owned by Cabin Branch Commons, LLC (Cabin Branch), of which the Corporation owns 45 percent.

In May 2013, the Corporation and Cabin Branch entered into a purchase and sale agreement with an unrelated third party to sell 48.8 acres of the land located in Clarksburg. In June 2015, the Corporation and Cabin Branch closed on the sale of the land at a purchase price of \$28,250. The Corporation's portion of the proceeds was \$25,102.

In April 2017, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 1.6 acres of the land located in Clarksburg. The Corporation closed on the sale of the land in April 2017 at a purchase price of \$1,330 and the proceeds were received in April 2017.

In April 2017, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 9.95 acres of the land located in Clarksburg at a purchase price of \$7,251. The Corporation's share of \$4,565 was received in November and December 2018.

The total proceeds received related to the parcels of land sold by the Corporation through December 31, 2020 was \$30,997. No gain or loss was recognized on the sale of the parcels of land as of December 31, 2020 and 2019. Total remaining land held for healthcare development in Clarksburg as of December 31, 2020 and 2019, was \$49,340 and \$48,091, respectively.

### 11. Short-Term Financing

The Corporation has a \$10,000 unsecured line of credit with a commercial bank, with interest at LIBOR plus 1.50 percent (1.65 percent at December 31, 2020). There were no borrowings outstanding under this line of credit as of December 31, 2020 or 2019.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

### 12. Long-Term Obligations

Long-term obligations as of December 31, 2020 and 2019 are comprised of the following:

	<u>2020</u>	<u>2019</u>
Fixed Rate Revenue Bonds	\$ 509,232	\$ 520,240
Variable Rate Revenue Bonds	20,300	21,165
Note payable	20,481	21,296
Mortgage loan payable	6,247	7,105
Other long-term liabilities	<u>4,521</u>	<u>7,184</u>
Total obligations	560,781	576,990
Plus bond premium	11,363	9,515
Less:		
Current maturities	(13,991)	(14,071)
Deferred financing costs	<u>(5,024)</u>	<u>(5,213)</u>
Noncurrent portion of long-term obligations, net	<u>\$ 553,129</u>	<u>\$ 567,221</u>

#### Fixed Rate Revenue Bonds

Fixed Rate Revenue Bonds consist of the Maryland Health and Higher Educational Facilities Authority Refunding Revenue Bonds. Fixed Rate Revenue Bonds consist of the following at December 31:

	<u>Par Amounts</u>	<u>Interest Rates</u>	<u>2020</u>	<u>2019</u>
Adventist Healthcare, Inc.:				
Series 2011A	\$ 57,205	5-6.25%	\$ 57,205	\$ 57,205
Series 2013	15,623	3.21%	6,037	6,750
Series 2014A	24,280	3.56%	-	21,315
Series 2016A	269,750	5.00%	267,315	269,750
Series 2016B	126,395	3.72%	122,350	126,395
Series 2017	40,000	2.77%	37,600	38,825
Series 2020	18,725	4.00%	<u>18,725</u>	<u>-</u>
Total			<u>\$ 509,232</u>	<u>\$ 520,240</u>

In December 2020, the Maryland Health and Higher Educational Facilities Authority issued \$18,725 of Hospital Revenue Bonds on behalf of the Corporation. The proceeds of the Series 2020 Bonds were used for the purpose of refunding the Series 2014A Bonds and expenses incurred in connection with the issuance. The Bonds are due in varying annual installments of principal and interest through January 2038. In conjunction with the refunding, a loss on refinancing was recognized in the accompanying consolidated statements of operations, which is comprised of the following:

Write-off of unamortized deferred financing costs	\$ 183
Redemption premium	<u>98</u>
Loss on refinancing	<u>\$ 281</u>

The Corporation also entered into a forward bond delivery purchase agreement with the Maryland Health and Higher Educational Facilities Authority related to the expected issuance of the Series 2021 Revenue Bonds of \$48,120 in October 2021 for the purpose of refunding the Series 2011A and expenses incurred in connection with the issuance.

## **Adventist HealthCare, Inc. and Controlled Entities**

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Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

The above bond issues are subject to trust indentures which impose various covenants on SGMC, WOMC, Rehab, Imaging, CIS, Other Health Services and the Support Center (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 these required financial covenants for the years ended December 31, 2020 and 2019. Debt service reserve funds are required on the Series 2011A, Series 2016A and Series 2017 Bonds.

### **Variable Rate Revenue Bonds**

The Variable Rate Revenue Bonds consist of the Maryland Health and Higher Educational Facilities Authority Revenue Refunding Bonds, Series 2014B, Adventist HealthCare, Inc. which had an outstanding balance of \$20,300 and \$21,165 as of December 31, 2020 and 2019, respectively. The Series 2014B Bonds bear interest at a variable rate of one month LIBOR plus 2.3 percent (2.45 percent at December 31, 2020). The Series 2014B 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 these required financial covenants for the years ended December 31, 2020 and 2019.

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 SGMC, WOMC and Rehab.

### **Note Payable**

In December 2014, the corporation entered into a taxable term note for \$25,000 with a commercial bank, which is secured by a Master Note issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003. The note bears interest at one month LIBOR plus 2.45 percent (2.6 percent as of December 31, 2020). The amortization on the note extends to December 18, 2034, however, the note matures on December 18, 2024. As of December 31, 2020 and 2019, the outstanding balance was \$20,481 and \$21,296, respectively.

### **Mortgage Loan Payable**

On December 23, 2004, FWMC entered into an \$11,055 taxable mortgage loan insured by HUD through the Federal Housing Administration. The loan provided for the satisfaction of FWMC's previous bond obligation and for construction, new equipment and financing costs.

During the year ended December 31, 2013, the loan was refinanced through the same lender to lower the interest from 6.125 percent to 3.95 percent per annum payable in monthly installments. The term of the loan was not changed and the last payment is due in 2030.

As of December 31, 2020 and 2019, the outstanding balance on the loan was \$6,247 and \$7,105, respectively, and payable in monthly installments, including interest at 3.95 percent. The loan is subject to restrictive covenants, including restrictions on additional long-term borrowings and prepayment of the outstanding obligation. In accordance with the terms of the Regulatory Agreement with HUD, FWMC is required to meet certain financial covenants in order to distribute assets to affiliates or incur additional indebtedness. Under the terms of the HUD-insured mortgage loan, FWMC is required to maintain certain deposits with a trustee. Such deposits are included in assets whose use is limited. The loan is secured by FWMC's premises and all the assets and cash flows contained therein.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

### Other Long-Term Liabilities

This category consists of other long-term obligations. Interest rates on these other long-term liabilities range from 2.70 percent - 3.40 percent.

Scheduled principal repayments of long-term obligations, excluding financing and operating lease obligations at December 31, 2020 are as follows:

Years ending December 31:	
2021	\$ 13,991
2022	14,195
2023	13,545
2024	13,361
2025	13,167
Thereafter	<u>492,522</u>
Total	<u>\$ 560,781</u>

### 13. Leases

The Corporation leases office space and equipment used in operations. For many of these leases, the Corporation is responsible for paying property taxes, insurance, as well as maintenance and repair costs. The Corporation's real estate leases generally have initial lease terms of 3 to 20 years or more and typically include one or more options to renew, with renewal terms that generally extend the lease term for an additional five to ten years or more. The Corporation assesses renewal options using a "reasonably certain" threshold, which is understood to be a high threshold and, therefore, the majority of its leases' terms do not include renewal periods for accounting purposes. For leases where the Corporation is reasonably certain to exercise its renewal option, the option periods are included within the lease term and, therefore, the measurement of the right-of-use asset and lease liability. The payment structure of the Corporation's leases generally include annual escalation clauses that are either fixed or variable in nature, some of which are dependent upon published indices. Leases with an initial term of 12 months or less are not recorded on the consolidated balance sheets and expenses for these leases are recognized on a straight-line basis over the lease term as an operating expense.

Certain leases include an option to purchase the leased assets. The Corporation assesses the likelihood of exercising the purchase option using a "reasonably certain" threshold, which is understood to be a high threshold and, therefore, purchase options are generally accounted for when a compelling economic reason to exercise the option exists. Certain leases include an option to terminate the lease, the terms and condition of which vary by contract. These options allow the parties to the contract to terminate their obligations typically in return for an agreed upon financial consideration amount. The Corporation's lease agreements do not contain material residual value guarantees.

The Corporation makes certain assumptions and judgements in determining the discount rate, as most leases do not provide an implicit rate. The Corporation uses a risk-free discount rate based on information available at the commencement date in determining the present value of lease payments. In order to apply discount rate, a portfolio approach was utilized to group assets based on similar lease terms in a manner whereby the Corporation reasonably expects that the application does not differ materially from application to individual leases.

Subsequent to the lease commencement date, the Corporation reassesses lease classification when there is a contract modification that is accounted for as a separate contract, a change in the lease term or a change in the assessment of whether the lessee is reasonably certain to exercise an option to purchase the underlying asset or terminate the lease.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

Future minimum payments under operating lease obligations as of December 31, 2020 were as follows:

Years ending December 31:		
2021	\$	18,538
2022		18,452
2023		17,224
2024		11,653
2025		9,255
Thereafter		<u>41,783</u>
Total		116,905
Lease amount representing interest		<u>15,635</u>
Total operating lease obligations		101,270
Less current portion		<u>15,042</u>
Long-term obligation	\$	<u><u>86,228</u></u>

Future minimum payments under financing lease obligations as of December 31, 2020 were as follows:

Years ending December 31:		
2021	\$	2,199
2022		2,093
2023		1,579
2024		1,379
2025		1,348
Thereafter		<u>2,694</u>
Total		11,292
Less amount representing interest		<u>1,023</u>
Total financing lease obligations		10,269
Less current portion		<u>1,922</u>
Total	\$	<u><u>8,347</u></u>

Total lease costs are comprised of the following for the years ended December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Financing lease cost:		
Amortization of right-of-use asset	\$ 1,127	\$ 1,126
Interest on lease obligations	72	104
Operating lease cost	<u>18,214</u>	<u>17,035</u>
Total lease cost	<u><u>\$ 19,413</u></u>	<u><u>\$ 18,265</u></u>

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

Other supplemental information as of and for the years ended December 31, 2020 and 2019 is as follows:

	<u>2020</u>	<u>2019</u>
Weighted-average remaining lease term:		
Financing lease obligations	6.20 years	3.03 years
Operating lease obligations	8.50 years	6.12 years
Weighted-average discount rate:		
Financing lease obligations	3.03 %	3.19 %
Operating lease obligations	3.81 %	4.44 %

Certain lease agreements contain a number of restrictive covenants that, among other things, and subject to certain exemptions, impose operating and financial restrictions on the Corporation.

### 14. Retirement, Health Plan 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 12 months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2 percent of eligible employees' compensation, plus a matching employer contribution equal to 50 percent of employee contributions (to the 403(b) plan) up to 6 percent of base salary. The Corporation also has a 403(b) retirement savings plan for employees. Employee contributions are made to the 403(b) retirement savings plan. Retirement plan expense was \$12,023 in 2020 and \$11,087 in 2019.

#### Supplemental Executive Retirement Plan

The Corporation also has a Supplemental Executive Retirement Plan (SERP) that became effective in 2015 and covers a group of key executives. SERP expense was \$161 in 2020 and \$201 in 2019. In addition, a SERP liability adjustment was recorded for (\$860) in 2020 and \$789 in 2019, which was recognized in net assets without donor restriction in the consolidated statements of changes in net assets. At December 31, 2020 and 2019, the Corporation's liability for the SERP was \$2,312 and \$3,010, respectively, which is included in other liabilities in the consolidated balance sheets.

#### Executive Retention 457(F) Plan

Effective January 1, 2015, the Corporation established the Executive Retention 457(F) Plan (the 457(F) Plan). The 457(F) Plan is a tax-deferred plan offered to key executives, whereby annual employer contributions are made to the Plan. Plan participants become vested in the contributions and receive plan payments in the second calendar year after the contribution is made, if the participant is still employed. The final contribution will be made to the Plan for the year in which the plan participant becomes 62. The 457(F) plan expense was \$2,142 in 2020 and \$2,198 in 2019. The Corporation's liability for the 457(F) plan at December 31, 2020 and 2019 was \$3,480 and \$2,993, respectively, which is included in other liabilities in the consolidated balance sheets.

#### 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.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

### Health Plan

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.

### Life Insurance

Full-time and part-time employees are insured, through a third party carrier, 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.

## 15. 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 \$4,000,000 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, 2020, management determined that the fully-funded professional liability reserve reported at December 31, 2020 and 2019 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 \$19,937 and \$18,068 at December 31, 2020 and 2019, respectively. The discount rate used in determining these liabilities was 2.5 percent at both December 31, 2020 and 2019.

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.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2020 and 2019  
(In Thousands)

### COVID-19

The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses and communities. The Corporation's evaluation of the effects of these events is ongoing as of the date the accompanying consolidated financial statements were issued. COVID-19 may impact various parts of the Corporation's 2021 operations and financial performance. The extent of the impact will depend on future developments, including the duration and spread of the outbreak and related governmental or other regulatory actions.

### 16. 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, 2020 and 2019, concentrations of gross receivables from third party payors and others are as follows:

	<u>2020</u>	<u>2019</u>
Medicare	19 %	21 %
Medicaid	16	13
Other third party payors	30	46
Self-pay and others	<u>35</u>	<u>20</u>
	<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.

### 17. Liquidity and Availability

The Corporation's financial assets available for general expenditure within one year of the consolidated balance sheets date, consist of the following at December 31:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 55,444	\$ 25,807
Medicare advance and accelerated payments (Note 1)	140,112	-
Short-term investments	250,502	226,700
Patient accounts receivable	117,816	117,498
Other receivables	41,574	13,764
Assets whose use is limited:		
Professional liability trust fund	<u>16,361</u>	<u>13,948</u>
Total	<u>\$ 621,809</u>	<u>\$ 397,717</u>

The Corporation has designated certain assets as available for settling professional liability claims, however, these assets could be used for general expenditure if necessary and, therefore, have been included in the information above.

As part of the Corporation's liquidity management plan, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. In addition, the Corporation invests excess cash in short-term investments.



## Adventist HealthCare, Inc. and Controlled Entities

### Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(In Thousands)

#### 18. Functional Expenses

A summary of the Corporation's operating expenses by function for the year ended December 31, 2020 is as follows:

	Hospital Acute and Ambulatory Services	Home Care Services	Other Health Care Services	Other, Including General and Administrative	Fundraising	Total
Salaries and wages	\$ 263,923	\$ 18,146	\$ 88,188	\$ 44,072	\$ -	\$ 414,329
Employee benefits	51,944	3,198	15,270	8,141	-	78,553
Contract labor	55,010	106	12,507	303	-	67,926
Medical supplies	116,966	529	7,614	376	-	125,485
General and administrative	60,105	969	21,907	47,550	1,738	132,269
Building and maintenance	34,321	814	13,782	2,394	-	51,311
Insurance	5,350	117	1,775	3,115	-	10,357
Interest	22,675	-	480	2,259	-	25,414
Depreciation and amortization	32,351	267	4,031	9,257	-	45,906
Total	<u>\$ 642,645</u>	<u>\$ 24,146</u>	<u>\$ 165,554</u>	<u>\$ 117,467</u>	<u>\$ 1,738</u>	<u>\$ 951,550</u>

In 2020, the Corporation also incurred other health care services expenses of \$7,576 related to the Takoma Park campus that were included in the loss from discontinued operations in the consolidated statements of operations. These expenses were comprised of the loss on disposal of \$4,822 and miscellaneous other operating expenses related to the operations of the walk-in clinic.

A summary of the Corporation's operating expenses by function for the year ended December 31, 2019 is as follows:

	Hospital Acute and Ambulatory Services	Home Care Services	Other Health Care Services	Other, Including General and Administrative	Fundraising	Total
Salaries and wages	\$ 237,700	\$ 19,812	\$ 88,847	\$ 38,080	\$ -	\$ 384,439
Employee benefits	46,479	3,414	15,608	8,175	-	73,676
Contract labor	35,781	479	2,167	272	-	38,699
Medical supplies	101,993	407	5,369	(32)	-	107,737
General and administrative	56,215	1,137	21,347	46,742	1,982	127,423
Building and maintenance	29,983	688	11,154	2,176	-	44,001
Insurance	4,778	118	2,007	48	-	6,951
Interest	13,355	-	536	2,695	-	16,586
Depreciation and amortization	26,247	322	4,108	10,905	-	41,582
Loss on disposal of property and equipment	-	-	-	3,265	-	3,265
Total	<u>\$ 552,531</u>	<u>\$ 26,377</u>	<u>\$ 151,143</u>	<u>\$ 112,326</u>	<u>\$ 1,982</u>	<u>\$ 844,359</u>

In 2019, the Corporation also incurred other health care services expenses of \$15,150 related to the Takoma Park campus that were included in the loss from discontinued operations in the consolidated statements of operations. These expenses were comprised of the loss on disposal of \$11,576, building and maintenance of \$1,174, interest of \$1,860 and miscellaneous other operating expenses related to the operations of the walk-in clinic.

**Adventist HealthCare, Inc. and Controlled Entities**

Consolidating Schedule, Balance Sheet

December 31, 2020

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Urgent Care	One Health Quality Alliance	Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
<b>Assets</b>																	
<b>Current Assets</b>																	
Cash and cash equivalents	\$ 315,949	\$ (90,072)	\$ 34,108	\$ (28,371)	\$ (41,454)	\$ (8,001)	\$ (141,539)	\$ -	\$ 40,620	\$ 9,612	\$ 643	\$ 18,381	\$ (14,680)	\$ (3,546)	\$ 4,414	\$ -	\$ 55,444
Medicare advance and accelerated payments	-	-	-	-	-	-	140,112	-	140,112	-	-	-	-	-	-	-	140,112
Short-term investments	-	-	-	-	-	-	250,502	-	250,502	-	-	-	-	-	-	-	250,502
Assets whose use is limited	-	-	-	-	-	-	3,795	-	3,795	-	-	-	-	-	-	-	3,795
Patient accounts receivable	61,401	38,254	4,912	2,250	192	-	432	-	107,441	6,150	-	3,050	1,175	-	-	-	117,816
Other receivables	3,074	5,313	127	2,603	1,165	19,170	8,752	(2,388)	37,816	1,100	1,623	29	(20)	-	1,026	-	41,574
Inventories	5,001	5,164	96	-	-	133	-	-	10,394	1,173	-	-	-	-	-	-	11,567
Prepaid expenses and other current assets	1,084	639	143	69	127	155	7,617	-	9,834	214	-	38	77	(74)	-	-	10,089
<b>Total current assets</b>	<b>386,509</b>	<b>(40,702)</b>	<b>39,386</b>	<b>(23,449)</b>	<b>(39,970)</b>	<b>11,457</b>	<b>269,671</b>	<b>(2,388)</b>	<b>600,514</b>	<b>18,249</b>	<b>2,266</b>	<b>21,498</b>	<b>(13,448)</b>	<b>(3,620)</b>	<b>5,440</b>	<b>-</b>	<b>630,899</b>
<b>Property and Equipment, Net</b>	<b>170,831</b>	<b>446,674</b>	<b>10,349</b>	<b>6,847</b>	<b>2,980</b>	<b>121</b>	<b>64,296</b>	<b>-</b>	<b>702,098</b>	<b>19,090</b>	<b>1,235</b>	<b>850</b>	<b>5,734</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>729,007</b>
<b>Financing Lease Right-of-Use Asset</b>	<b>5,251</b>	<b>601</b>	<b>736</b>	<b>2,783</b>	<b>-</b>	<b>-</b>	<b>493</b>	<b>-</b>	<b>9,864</b>	<b>500</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,364</b>
<b>Operating Lease Right-of-Use Asset</b>	<b>32,685</b>	<b>39,255</b>	<b>640</b>	<b>4,381</b>	<b>2,053</b>	<b>501</b>	<b>7,538</b>	<b>-</b>	<b>87,053</b>	<b>1,665</b>	<b>1,638</b>	<b>1,761</b>	<b>7,217</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>99,334</b>
<b>Assets Whose Use is Limited</b>																	
Under trust indentures and mortgage loan agreement, held by trustees and banks	1,361	36,402	454	-	-	-	3,390	-	41,607	1,659	-	-	-	-	-	-	43,266
Professional liability trust fund	-	-	-	-	-	-	16,361	-	16,361	-	-	-	-	-	-	-	16,361
Deferred compensation fund	-	-	-	-	-	-	1,405	-	1,405	-	-	-	-	-	-	-	1,405
<b>Cash and Cash Equivalents Restricted for Capital Acquisitions</b>	<b>-</b>	<b>-</b>	<b>138</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>138</b>	<b>-</b>	<b>361</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>576</b>	<b>-</b>	<b>1,075</b>
<b>Investments and Investments in Unconsolidated Subsidiaries</b>	<b>(1,690)</b>	<b>13,967</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>25,692</b>	<b>-</b>	<b>37,969</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>850</b>	<b>(9,798)</b>	<b>29,021</b>
<b>Land Held for Healthcare Development</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>49,430</b>	<b>-</b>	<b>49,430</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>49,430</b>
<b>Intangible Assets, Net</b>	<b>1,391</b>	<b>1</b>	<b>749</b>	<b>5,435</b>	<b>-</b>	<b>6</b>	<b>-</b>	<b>-</b>	<b>7,582</b>	<b>-</b>	<b>-</b>	<b>135</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,717</b>
<b>Deposits and Other Noncurrent Assets</b>	<b>741</b>	<b>31</b>	<b>43</b>	<b>233</b>	<b>21</b>	<b>33</b>	<b>2,875</b>	<b>-</b>	<b>3,977</b>	<b>445</b>	<b>5</b>	<b>31</b>	<b>201</b>	<b>-</b>	<b>1,445</b>	<b>-</b>	<b>6,104</b>
<b>Assets Held for Sale</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12,029</b>	<b>-</b>	<b>-</b>	<b>12,029</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12,029</b>
<b>Total assets</b>	<b>\$ 597,079</b>	<b>\$ 496,229</b>	<b>\$ 52,495</b>	<b>\$ (3,770)</b>	<b>\$ (34,916)</b>	<b>\$ 24,147</b>	<b>\$ 441,151</b>	<b>\$ (2,388)</b>	<b>\$ 1,570,027</b>	<b>\$ 41,608</b>	<b>\$ 5,505</b>	<b>\$ 24,275</b>	<b>\$ (296)</b>	<b>\$ (3,620)</b>	<b>\$ 8,311</b>	<b>\$ (9,798)</b>	<b>\$ 1,636,012</b>

**Adventist HealthCare, Inc. and Controlled Entities**

Consolidating Schedule, Balance Sheet

December 31, 2020

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Urgent Care	One Health Quality Alliance	Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
<b>Liabilities and Net Assets (Deficit)</b>																	
<b>Current Liabilities</b>																	
Accounts payable and accrued expenses	\$ 42,798	\$ 24,403	\$ 2,665	\$ 1,019	\$ 1,440	\$ 13,485	\$ 30,841	\$ -	\$ 116,651	\$ 6,313	\$ 247	\$ 522	\$ 511	\$ 412	\$ 18	\$ -	\$ 124,674
Accrued compensation and related items	18,156	11,764	3,559	370	1,006	391	16,090	(2,388)	48,948	3,036	1,068	1,787	509	2	-	-	55,350
Interest payable	-	-	-	-	-	-	9,312	-	9,312	-	-	-	-	-	-	-	9,312
Deferred revenues	-	-	-	-	164	-	50,071	-	50,235	2,061	216	-	-	-	-	-	52,512
Due to third party payors	11,929	8,303	(44)	-	-	-	68	-	20,256	641	-	-	-	-	-	-	20,897
Medicare advance and accelerated payments	-	-	-	-	-	-	57,675	-	57,675	3,096	-	-	-	-	-	-	60,771
Estimated self-insured professional liability	-	-	-	-	-	-	1,942	-	1,942	-	-	-	-	-	-	-	1,942
Current maturities of:																	
Long-term obligations	2,972	8,637	-	-	-	-	1,673	-	13,282	520	-	-	189	-	-	-	13,991
Financing lease obligations	684	78	96	900	-	-	64	-	1,822	100	-	-	-	-	-	-	1,922
Operating lease obligations	7,326	2,348	271	970	450	213	1,533	-	13,111	318	614	415	584	-	-	-	15,042
Total current liabilities	83,865	55,533	6,547	3,259	3,060	14,089	169,269	(2,388)	333,234	16,085	2,145	2,724	1,793	414	18	-	356,413
<b>Construction Payable</b>	974	2,397	163	29	-	10	16	-	3,589	289	-	-	-	-	-	-	3,878
<b>Long-Term Obligations, Net</b>																	
Bonds payable	122,684	362,059	4,302	-	-	-	37,555	-	526,600	-	-	-	-	-	-	-	526,600
Notes payable	-	-	-	-	-	-	17,096	-	17,096	5,484	-	-	3,949	-	-	-	26,529
<b>Financing Lease Obligations</b>	4,565	522	640	1,778	-	-	428	-	7,933	414	-	-	-	-	-	-	8,347
<b>Operating Lease Obligations</b>	26,319	37,156	376	3,520	1,667	304	6,276	-	75,618	1,368	1,056	1,402	6,784	-	-	-	86,228
<b>Other Liabilities</b>	1,477	27	-	-	422	-	7,508	-	9,434	411	-	-	-	-	48	-	9,893
<b>Medicare Advance And Accelerated Payments</b>	-	-	-	-	-	-	71,093	-	71,093	8,248	-	-	-	-	-	-	79,341
<b>Estimated Self-Insured Professional Liability</b>	-	-	-	-	-	-	17,995	-	17,995	-	-	-	-	-	-	-	17,995
Total liabilities	239,884	457,694	12,028	8,586	5,149	14,403	327,236	(2,388)	1,062,592	32,299	3,201	4,126	12,526	414	66	-	1,115,224
<b>Net Assets (Deficit)</b>																	
Net assets (deficit) without donor restrictions	356,849	37,776	40,143	(12,356)	(40,065)	9,744	113,257	-	505,348	9,202	2,081	20,149	(12,822)	(4,034)	3,169	(9,691)	513,402
Net assets with donor restrictions	346	759	324	-	-	-	658	-	2,087	107	223	-	-	-	5,076	(107)	7,386
Total net assets (deficit)	357,195	38,535	40,467	(12,356)	(40,065)	9,744	113,915	-	507,435	9,309	2,304	20,149	(12,822)	(4,034)	8,245	(9,798)	520,788
Total liabilities and net assets (deficit)	\$ 597,079	\$ 496,229	\$ 52,495	\$ (3,770)	\$ (34,916)	\$ 24,147	\$ 441,151	\$ (2,388)	\$ 1,570,027	\$ 41,608	\$ 5,505	\$ 24,275	\$ (296)	\$ (3,620)	\$ 8,311	\$ (9,798)	\$ 1,636,012

**Adventist Healthcare, Inc. and Controlled Entities**

Consolidating Schedule, Statement of Operations

Year Ended December 31, 2020

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Urgent Care	One Health Quality Alliance	Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
<b>Revenues</b>																	
Net patient service revenue	\$ 419,808	\$ 287,096	\$ 50,771	\$ 25,605	\$ 7,486	\$ 22	\$ -	\$ (353)	\$ 790,435	\$ 47,127	\$ 1,053	\$ 27,917	\$ 6,792	\$ -	\$ -	\$ (51)	\$ 873,273
Other revenues	9,870	2,927	317	1,919	1,047	26,367	9,520	(10,157)	41,810	389	15,566	290	1,082	724	2,201	(4,646)	57,416
COVID-19 grant income	19,401	10,369	3,726	189	279	487	5,747	-	40,198	3,817	16	108	83	-	-	-	44,222
<b>Total revenues</b>	<b>449,079</b>	<b>300,392</b>	<b>54,814</b>	<b>27,713</b>	<b>8,812</b>	<b>26,876</b>	<b>15,267</b>	<b>(10,510)</b>	<b>872,443</b>	<b>51,333</b>	<b>16,635</b>	<b>28,315</b>	<b>7,957</b>	<b>724</b>	<b>2,201</b>	<b>(4,697)</b>	<b>974,911</b>
<b>Expenses</b>																	
Salaries and wages	155,095	102,933	30,155	14,628	7,155	4,379	44,072	-	358,417	25,117	9,069	18,146	3,507	73	-	-	414,329
Employee benefits	30,850	19,121	5,805	2,551	1,107	757	8,141	-	68,332	4,497	1,878	3,198	634	14	-	-	78,553
Contract labor	28,823	22,866	467	(1,654)	77	10,878	303	-	61,760	5,569	171	106	160	656	-	(496)	67,926
Medical supplies	59,742	52,120	2,397	1,277	436	2,786	376	-	119,134	5,366	111	529	345	-	-	-	125,485
General and administrative	37,339	25,919	4,272	3,718	1,788	4,992	49,639	(7,282)	120,385	6,440	2,885	1,009	1,096	523	1,738	(1,807)	132,269
Building and maintenance	27,005	8,572	1,990	4,179	1,598	2,360	2,394	(3,228)	44,870	2,364	2,028	814	1,279	1	-	(45)	51,311
Insurance	3,280	2,074	294	453	229	5	3,115	-	9,450	706	11	117	73	-	-	-	10,357
Interest	5,915	16,430	181	145	-	-	2,259	-	24,930	330	-	-	154	-	-	-	25,414
Depreciation and amortization	15,756	15,927	1,089	2,085	174	53	9,257	-	44,341	771	160	267	367	-	-	-	45,906
IT depreciation	5,630	2,648	412	76	-	24	(8,857)	-	(67)	-	-	67	-	-	-	-	-
IT services	21,458	11,653	2,108	1,177	119	131	(37,340)	-	(694)	-	-	694	-	-	-	-	-
Shared services	19,812	11,914	1,686	508	781	76	(35,575)	-	(798)	-	320	423	55	-	-	-	-
Management fees	9,941	5,716	1,417	494	493	146	(19,571)	-	(1,364)	-	339	875	150	-	-	-	-
<b>Total expenses</b>	<b>420,646</b>	<b>297,893</b>	<b>52,273</b>	<b>29,637</b>	<b>13,957</b>	<b>26,587</b>	<b>18,213</b>	<b>(10,510)</b>	<b>848,696</b>	<b>51,160</b>	<b>16,972</b>	<b>26,245</b>	<b>7,820</b>	<b>1,267</b>	<b>1,738</b>	<b>(2,348)</b>	<b>951,550</b>
<b>Income (loss) from operations</b>	<b>28,433</b>	<b>2,499</b>	<b>2,541</b>	<b>(1,924)</b>	<b>(5,145)</b>	<b>289</b>	<b>(2,946)</b>	<b>-</b>	<b>23,747</b>	<b>173</b>	<b>(337)</b>	<b>2,070</b>	<b>137</b>	<b>(543)</b>	<b>463</b>	<b>(2,349)</b>	<b>23,361</b>
<b>Other Income (Expense)</b>																	
Investment income	5,365	443	598	-	-	31	7,561	-	13,998	-	22	326	-	-	-	-	14,346
Other (loss) income	(221)	(93)	(5)	-	-	-	257	-	(62)	-	-	-	(550)	-	-	-	(612)
Loss on extinguishment of debt	-	-	-	-	-	-	(281)	-	(281)	-	-	-	-	-	-	-	(281)
<b>Total other income (expense)</b>	<b>5,144</b>	<b>350</b>	<b>593</b>	<b>-</b>	<b>-</b>	<b>31</b>	<b>7,537</b>	<b>-</b>	<b>13,655</b>	<b>-</b>	<b>22</b>	<b>326</b>	<b>(550)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,453</b>
<b>Revenues in excess of (less than) expenses from continuing operations</b>	<b>33,577</b>	<b>2,849</b>	<b>3,134</b>	<b>(1,924)</b>	<b>(5,145)</b>	<b>320</b>	<b>4,591</b>	<b>-</b>	<b>37,402</b>	<b>173</b>	<b>(315)</b>	<b>2,396</b>	<b>(413)</b>	<b>(543)</b>	<b>463</b>	<b>(2,349)</b>	<b>36,814</b>
<b>Change in net unrealized gains and losses on investments in debt securities</b>	<b>2,201</b>	<b>66</b>	<b>250</b>	<b>-</b>	<b>-</b>	<b>14</b>	<b>1,613</b>	<b>-</b>	<b>4,144</b>	<b>-</b>	<b>3</b>	<b>124</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,271</b>
<b>Transfers from (to) subsidiaries</b>	<b>57,522</b>	<b>78,473</b>	<b>5,373</b>	<b>(1,158)</b>	<b>802</b>	<b>(23,369)</b>	<b>(122,854)</b>	<b>-</b>	<b>(5,211)</b>	<b>-</b>	<b>(273)</b>	<b>5,461</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>23</b>	<b>-</b>
<b>Net assets released from restrictions for purchase of property and equipment</b>	<b>1,762</b>	<b>3,515</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>123</b>	<b>-</b>	<b>5,400</b>	<b>287</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,687</b>
<b>Deferred compensation plan liability adjustment</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>860</b>	<b>-</b>	<b>860</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>860</b>
<b>Other net asset activity</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>701</b>	<b>-</b>	<b>701</b>	<b>1,390</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>(23)</b>	<b>2,070</b>
<b>Increase (decrease) in net assets (deficit) without donor restrictions from continuing operations</b>	<b>95,062</b>	<b>84,903</b>	<b>8,757</b>	<b>(3,082)</b>	<b>(4,343)</b>	<b>(23,035)</b>	<b>(114,966)</b>	<b>-</b>	<b>43,296</b>	<b>1,850</b>	<b>(585)</b>	<b>7,981</b>	<b>(413)</b>	<b>(543)</b>	<b>465</b>	<b>(2,349)</b>	<b>49,702</b>
<b>Loss from discontinued operations</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(7,576)</b>	<b>-</b>	<b>-</b>	<b>(7,576)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(7,576)</b>
<b>Increase (decrease) in net assets (deficit) without donor restrictions</b>	<b>\$ 95,062</b>	<b>\$ 84,903</b>	<b>\$ 8,757</b>	<b>\$ (3,082)</b>	<b>\$ (4,343)</b>	<b>\$ (30,611)</b>	<b>\$ (114,966)</b>	<b>\$ -</b>	<b>\$ 35,720</b>	<b>\$ 1,850</b>	<b>\$ (585)</b>	<b>\$ 7,981</b>	<b>\$ (413)</b>	<b>\$ (543)</b>	<b>\$ 465</b>	<b>\$ (2,349)</b>	<b>\$ 42,126</b>