

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the **2018** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ADVENTIST HEALTHCARE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 820 WEST DIAMOND AVE. 500 City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878-1419 F Name and address of principal officer: TERRY FORDE SAME AS C ABOVE	D Employer identification number 52-1532556 E Telephone number 301 315 3030 G Gross receipts \$ 761,888,291. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 1071
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ADVENTISTHEALTHCARE.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1983		M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HEALTH-CARE NETWORK: SERVICES INCLUDING ACUTE CARE, AMBULATORY AND POPULATION HEALTH MANAGEMENT.		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	6711
	6 Total number of volunteers (estimate if necessary)	6	1531
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,599,449.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,288,283.	3,426,849.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	716,700,609.	722,654,618.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,700,442.	2,715,751.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,513,960.	-1,265,759.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	723,175,374.	727,531,459.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,472,070.	1,862,810.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	353,388,205.	362,474,089.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,953,587.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	336,459,222.	332,842,289.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	691,319,497.	697,179,188.
	19 Revenue less expenses. Subtract line 18 from line 12	31,855,877.	30,352,271.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,211,155,214.	1,245,225,364.
	22 Net assets or fund balances. Subtract line 21 from line 20	809,152,087.	813,091,705.
		402,003,127.	432,133,659.

Part II Signature Block

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

Sign Here	Signature of officer JAMES G. LEE, EXEC VICE PRESIDENT & CFO Type or print name and title	Date 11/11/2019	
Paid Preparer Use Only	Print/Type preparer's name KERRI N. BOGDA, CPA	Preparer's signature 	Date 11/11/19
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP	Firm's EIN ▶ 38-0859910	Check if self-employed <input type="checkbox"/> PTIN P00760402
	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

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

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 \$ 531,486,552. including grants of \$ 1,862,810.) (Revenue \$ 650,925,702.) 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 \$ 41,274,275. including grants of \$) (Revenue \$ 45,549,246.) SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES: SHADY GROVE MEDICAL CENTER'S (SGMC) BEHAVIORAL HEALTH SERVICES, FORMERLY KNOWN AS ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, PROVIDES CARE TO INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE CHALLENGES. THE SGMC CAMPUS IS A NOT-FOR-PROFIT, JOINT COMMISSION-ACCREDITED, 117-BED PSYCHIATRIC TREATMENT FACILITY LOCATED IN MONTGOMERY COUNTY. CONTINUES ON SCHEDULE O

4c (Code:) (Expenses \$ 20,469,003. including grants of \$) (Revenue \$ 24,563,859.) ADVENTIST HEALTHCARE, INC. HAS CONTRACTED WITH MEDICAL FACULTY ASSOCIATES, INC. (MFA) TO EMPLOY CERTAIN PHYSICIANS WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE. THE MFA IS THE LARGEST MULTI-SPECIALTY PHYSICIAN PRACTICE IN THE WASHINGTON, D.C. AREA. THE MFA IS A NON-PROFIT ORGANIZATION INDEPENDENT OF THE GEORGE WASHINGTON UNIVERSITY AND GW HOSPITAL. IT HAS MORE THAN 800 DOCTORS IN 51 MEDICAL SPECIALTIES. THROUGH THIS CONTRACTUAL RELATIONSHIP, MFA EMPLOYS ABOUT 50 COMMUNITY PHYSICIANS IN A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES TO SERVE ADVENTIST HEALTHCARE'S COMMUNITIES IN.....CONTINUES ON SCHEDULE O,

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

4e Total program service expenses 593,229,830.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

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 include questions 1a, 1b, and 1c regarding 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 reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b 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 in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMES G. LEE, EXEC. VP & CFO - 301 315 3030
820 WEST DIAMOND AVE., SUITE 600, GAITHERSBURG, MD 20878-1419

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID E. WEIGLEY BOARD CHAIR	1.00	X					0.	0.	0.	
(2) ROBERT T. VANDEMAN BOARD VICE CHAIR	1.00	X					0.	0.	0.	
(3) EMMANUEL ASIEDU BOARD MEMBER	1.00	X					0.	0.	0.	
(4) PAUL ALPUCHE BOARD MEMBER	1.00	X					0.	0.	0.	
(5) JAMES BOYLE BOARD MEMBER	1.00	X					0.	0.	0.	
(6) WALTER FENNELLS BOARD MEMBER	1.00	X					0.	0.	0.	
(7) NICHOLAS CACCIABEVE, M.D. BOARD MEMBER	1.00	X					3,000.	0.	0.	
(8) FRANKLIN DAVID BOARD MEMBER	1.00	X					0.	0.	0.	
(9) NANCY E. HARDWICK BOARD MEMBER (TERM END 9/18)	1.00	X					0.	0.	0.	
(10) BRETT GAMMA, M.D. BOARD MEMBER	1.00	X					13,000.	0.	0.	
(11) CHERYL KISUNZU BOARD MEMBER	1.00	X					0.	0.	0.	
(12) DONALD MELNICK, M.D. BOARD MEMBER	1.00	X					0.	0.	0.	
(13) RICK REMMERS BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MARISSA LESLIE, MD BOARD MEMBER; MEDICAL DIRECTOR, BH&WS	1.00	X					320,317.	0.	22,623.	
(15) ROSEMARIE MELENDEZ, RN, BSN, CEN BOARD; DIR ED & NURSING ADMIN, WAH	1.00	X					170,711.	0.	31,696.	
(16) TERRY FORDE PRESIDENT & CEO, AHC; BOARD, SECRETARY	45.00 20.00	X		X			1,456,416.	0.	242,843.	
(17) JAMES G. LEE EVP & CFO, AHC	44.00 20.00			X			749,703.	0.	122,578.	

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) JOHN SACKETT EVP/COO, AHC; PRESIDENT, SGMC & BH&WS	43.00 12.00			X				851,182.	0.	170,861.
(19) ERIK WANGSNES PRESIDENT, WAH	44.00 6.00				X			663,401.	0.	129,091.
(20) KEITH BALLENGER PRESIDENT, HOME HEALTH	10.00 40.00				X			289,839.	0.	69,909.
(21) BRENT REITZ PRESIDENT, ARHM	10.00 45.00				X			462,300.	0.	93,863.
(22) KENNETH B. DESTEFANO SVP, GENERAL COUNSEL, AHC	50.00				X			602,859.	0.	101,919.
(23) EUNMEE SHIM SVP, AMB NETWORKS & CSO, AHC	15.00 40.00				X			624,724.	0.	104,689.
(24) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SER.	48.00 7.00					X		750,808.	0.	39,976.
(25) DANIEL L. COCHRAN VP & CFO, SGMC	51.00 4.00					X		493,839.	0.	102,255.
(26) SUSAN L. GLOVER SVP, SYSTEM QUALITY, AHC	50.00 10.00					X		468,432.	0.	110,971.
1b Sub-total								7,920,531.	0.	1,343,274.
c Total from continuation sheets to Part VII, Section A								1,100,384.	0.	220,202.
d Total (add lines 1b and 1c)								9,020,915.	0.	1,563,476.

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 **480**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION COMPANY 11413 ISAAC NEWTON SQ, RESTON, VA 20190	CONSTRUCTION SERVICES	83,661,842.
QUEST DIAGNOSTICS 14225 NEWBROOK DR, CHANTILLY, VA 19176-1303	CLINICAL LAB SERVICES	15,821,469.
ENERACTIVE SOLUTIONS LLC 613 BANGS AVE, ASBURG PARK, NJ 07712	CONSTRUCTION SERVICES	14,934,672.
CARETECH SOLUTIONS INC. P.O. BOX 674271, DETROIT, MI 48267-4271	IT SERVICES	12,405,339.
SODEXO, INC P.O. BOX 360170, PITTSBURGH, PA 15251-6170	DIETARY AND PLANT OPS	5,301,946.

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 **165**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAMES ROST CMO, WAH	50.00					X		467,190.	0.	125,269.
(28) CHRISTOPHER GHION VP, CHIEF INFORMATION OFFICER, AHC	40.00					X		443,895.	0.	78,286.
(29) KEVIN YOUNG FORMER PRESIDENT, BH&WS	38.00 12.00						X	189,299.	0.	16,647.
Total to Part VII, Section A, line 1c								1,100,384.		220,202.

832201 04-01-18

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	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	2,934,104.					
	e Government grants (contributions)	1e	330,707.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	162,038.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			3,426,849.				
	Program Service Revenue	2 a ACUTE CARE	Business Code	900099	641,679,914.	641,679,914.		
b BEHAVIORAL HEALTH			900099	45,549,246.	45,549,246.			
c PHYSICIAN PRACTICE			900099	24,563,859.	24,563,859.			
d								
e								
f All other program service revenue			900099	10,861,599.	9,245,788.	1,615,811.		
g Total. Add lines 2a-2f				722,654,618.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			5,314,727.			5,314,727.
	4 Income from investment of tax-exempt bond proceeds			112,582.			112,582.	
	5 Royalties							
	6 a Gross rents	(i) Real		5,231,761.				
		(ii) Personal						
		b Less: rental expenses		7,312,471.				
		c Rental income or (loss)		-2,080,710.				
	d Net rental income or (loss)			-2,080,710.		-16,362.	-2,064,348.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		23,924,856.				
		(ii) Other		215,720.				
		b Less: cost or other basis and sales expenses		26,852,134.	0.			
		c Gain or (loss)		-2,927,278.	215,720.			
	d Net gain or (loss)			-2,711,558.			-2,711,558.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a	515,053.						
	b Less: cost of goods sold	b	192,227.					
	c Net income or (loss) from sales of inventory			322,826.			322,826.	
Miscellaneous Revenue			Business Code					
11 a PARKING REVENUE			621990	465,969.			465,969.	
	b VENDING REVENUE		621990	26,156.			26,156.	
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				492,125.			
12 Total revenue. See instructions				727,531,459.	721,038,807.	1,599,449.	1,466,354.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,862,810.	1,862,810.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,068,673.		9,068,673.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	294,531,100.	259,661,907.	33,590,317.	1,278,876.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,383,156.	6,841,195.	1,500,603.	41,358.
9 Other employee benefits	30,623,554.	25,143,054.	5,346,817.	133,683.
10 Payroll taxes	19,867,606.	16,451,506.	3,333,792.	82,308.
11 Fees for services (non-employees):				
a Management	10,345,654.	8,900,557.	1,445,097.	
b Legal	1,260,325.		1,260,325.	
c Accounting	453,036.		453,036.	
d Lobbying	110,000.		110,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	581,603.		581,603.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	83,572,740.	78,668,786.	4,744,608.	159,346.
12 Advertising and promotion	1,455,480.	277,227.	1,178,253.	
13 Office expenses	6,884,733.	5,071,952.	1,747,318.	65,463.
14 Information technology	29,862,553.	22,396,915.	7,465,638.	
15 Royalties				
16 Occupancy	44,552,260.	34,705,547.	9,704,498.	142,215.
17 Travel	2,018,397.	1,330,599.	677,620.	10,178.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,084,814.	770,345.	308,117.	6,352.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,589,240.	24,112,957.	11,471,010.	5,273.
23 Insurance	8,604,909.	1,461,901.	7,143,008.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	102,407,851.	102,407,851.		
b COLLECTION FEES/LICENSE	3,193,256.	3,164,721.		28,535.
c RECRUITING	865,438.		865,438.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	697,179,188.	593,229,830.	101,995,771.	1,953,587.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	629,008.	1	663,711.
	2 Savings and temporary cash investments	85,990,472.	2	87,363,386.
	3 Pledges and grants receivable, net	1,652,537.	3	1,505,238.
	4 Accounts receivable, net	83,351,652.	4	85,423,065.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	11,737,238.	7	8,902,214.
	8 Inventories for sale or use	9,316,870.	8	8,517,456.
	9 Prepaid expenses and deferred charges	12,451,578.	9	12,876,893.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,145,893,861.		
	b Less: accumulated depreciation	10b 514,372,991.	489,253,434.	10c 631,520,870.
	11 Investments - publicly traded securities	400,302,964.	11	336,397,215.
	12 Investments - other securities. See Part IV, line 11	57,989,396.	12	16,248,324.
	13 Investments - program-related. See Part IV, line 11	47,660,070.	13	45,404,765.
	14 Intangible assets	7,339,460.	14	7,161,853.
	15 Other assets. See Part IV, line 11	3,480,535.	15	3,240,374.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,211,155,214.	16	1,245,225,364.	
Liabilities	17 Accounts payable and accrued expenses	123,981,926.	17	127,392,635.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	555,220,782.	20	551,564,117.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	56,678,310.	23	51,892,843.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	73,271,069.	25	82,242,110.
	26 Total liabilities. Add lines 17 through 25	809,152,087.	26	813,091,705.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	400,573,179.	27	430,885,198.
	28 Temporarily restricted net assets	1,429,948.	28	1,248,461.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	402,003,127.	33	432,133,659.	
34 Total liabilities and net assets/fund balances	1,211,155,214.	34	1,245,225,364.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	727,531,459.
2	Total expenses (must equal Part IX, column (A), line 25)	2	697,179,188.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,352,271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	402,003,127.
5	Net unrealized gains (losses) on investments	5	-2,924,999.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,703,260.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	432,133,659.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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 for the latest information.

OMB No. 1545-0047

2018

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	<hr/> <hr/> <hr/>	\$ 169,877.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 39,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 120,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 111,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 12,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 29,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 8,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 1,329,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 1,604,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

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 for instructions and the latest information.**

Open to Public Inspection

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 ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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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) 2018

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

IN 2018, ADVENTIST HEALTHCARE, INC. ENGAGED IN LOBBYING ACTIVITIES AT

THE LOCAL, STATE AND FEDERAL LEVEL. ACTIVITIES INCLUDED DISCUSSIONS

WITH MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY OFFICIALS ABOUT

VARIOUS REGIONAL HEALTH CARE MATTERS, PARTICULARLY INVOLVING ISSUES OF

ACCESS TO CARE. AT THE STATE LEVEL, LEGISLATORS WERE CONTACTED

Part IV Supplemental Information (continued)

REGARDING ACCESS TO CARE, 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.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

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

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

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

	Amount
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 Temporarily restricted endowment _____ %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	16,370,349.	8,160,353.		24,530,702.
b Buildings		386,568,640.	245,969,144.	140,599,496.
c Leasehold improvements		40,132,324.	24,170,930.	15,961,394.
d Equipment		344,298,748.	211,218,789.	133,079,959.
e Other		350,363,447.	33,014,128.	317,349,319.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				631,520,870.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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) INTEREST RATE SWAPS LIABILITY	503,251.
(3) DEFERRED COMPENSATION	5,093,555.
(4) PROFESSIONAL LIABILITY INS: SE	16,725,085.
(5) OTHER LONG TERM LIABILITIES	32,723,593.
(6) CONSTRUCTION PAYABLE	27,196,626.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	82,242,110.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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 2018 OR 2017.

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)**

Hospitals

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	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 %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			9,236,674.		9,236,674.	1.32%
b Medicaid (from Worksheet 3, column a)			14,125,469.	11,845,551.	2,279,918.	.33%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			23,362,143.	11,845,551.	11,516,592.	1.65%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			12,293,215.	104,728.	12,188,487.	1.75%
f Health professions education (from Worksheet 5)			3,143,138.	109,610.	3,033,528.	.44%
g Subsidized health services (from Worksheet 6)			34,886,103.	367,631.	34,518,472.	4.95%
h Research (from Worksheet 7)			1,946,887.	332,458.	1,614,429.	.23%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,691,940.		1,691,940.	.24%
j Total. Other Benefits			53,961,283.	914,427.	53,046,856.	7.61%
k Total. Add lines 7d and 7j			77,323,426.	12,759,978.	64,563,448.	9.26%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			12,463.		12,463.	.00%
3 Community support			359,961.		359,961.	.05%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			311,614.	1,412.	310,202.	.04%
7 Community health improvement advocacy			1,936,427.		1,936,427.	.28%
8 Workforce development			67,303.		67,303.	.01%
9 Other						
10 Total			2,687,768.	1,412.	2,686,356.	.38%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	233,200,951.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	210,377,136.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	22,823,815.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="checked" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
2 PREMIER MEDICAL NETWORK, INC.	PHYSICAN HOSPITAL ORGANIZATION	50.00%		50.00%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or 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

	Yes	No
Community Health Needs Assessment		
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 16</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 17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE URL ON SECTION C</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 SHADY GROVE MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	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):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
c	<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>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)

Billing and Collections

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

	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 SHADY GROVE MEDICAL CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<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	<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		
c	<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		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Schedule H (Form 990) 2018

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 WASHINGTON ADVENTIST HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
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 16</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 17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE URL ON SECTION C</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 WASHINGTON ADVENTIST HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	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):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
c	<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>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group WASHINGTON ADVENTIST HOSPITAL

	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 WASHINGTON ADVENTIST HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<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	<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		
c	<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		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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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 ADVENTIST REHABILITATION HOSPITAL OF MAR

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

	Yes	No
Community Health Needs Assessment		
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 16</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 17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE URL ON SECTION C</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 ADVENTIST REHABILITATION HOSPITAL OF MAR

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	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):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
c	<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>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

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

	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 ADVENTIST REHABILITATION HOSPITAL OF MAR

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<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	<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		
c	<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		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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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 BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

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

	Yes	No
Community Health Needs Assessment		
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 16</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 17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE URL ON SECTION C</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 BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	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):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
c	<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>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

	Yes	No
<p>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?</p>	x	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		x
<p>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):</p> <p>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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

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

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 BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <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 <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		
c <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		
d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2018

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 2016:

THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS

ASSESSMENT, INPUT FROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES.

(1) HEALTHY MONTGOMERY: SHADY GROVE MEDICAL CENTER, IN ADDITION TO THE

OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY,

WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY

COUNTY. 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.

SGMC CONTRIBUTES \$25,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY

MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES

FROM ADVENTIST HEALTHCARE 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. REPRESENTATIVES

FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT SUBCOMMITTEE,

BEHAVIORAL HEALTH WORK GROUP, AND COMMUNITY HEALTH NEEDS ASSESSMENT

COMMITTEE.

IN COMPLETING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, SGMC UTILIZED THE

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.

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. THE HEALTHY MONTGOMERY COMMUNITY CONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY SGMC, AS DESCRIBED IN THE PREVIOUS SECTION.

(2) DIRECT INPUT FROM THE COMMUNITY: FROM JUNE-NOVEMBER OF 2015, A 19-ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE NEEDS, STRENGTHS, AND RESOURCES IN THE COMMUNITY. THE SURVEY CONSISTED OF THREE PARTS INCLUDING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH NEEDS AND STRENGTHS, AND DEMOGRAPHICS. A TOTAL OF 1,185 RESPONSES WERE RECEIVED AND ANALYZED. THE HEALTHY MONTGOMERY COMMUNITY CONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY SGMC. THE COMMUNITY CONVERSATIONS CONSISTED OF 15 FOCUS GROUPS: YOUTH; SENIORS, PEOPLE WITH DISABILITIES; HOMELESS MEN; HOMELESS WOMEN; LATINO COMMUNITY (TOOK PLACE IN SPANISH); KOREAN COMMUNITY (TOOK PLACE IN KOREAN); CHINESE COMMUNITY (TOOK PLACE IN MANDARIN); VIETNAMESE COMMUNITY (TOOK PLACE IN VIETNAMESE); ASIAN AMERICAN HEALTH INITIATIVE; AFRICAN AMERICAN HEALTH PROGRAM; AFRICAN ADVISORY GROUP; AND CARIBBEAN ADVISORY; FAITH COMMUNITY; GENERAL PUBLIC: EAST COUNTY; GENERAL PUBLIC: SOUTH COUNTY; GENERAL PUBLIC: UP COUNTY.

A DETAILED OVERVIEW OF THE METHODS USED TO CONDUCT THE SURVEY AND COMPLETE THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULTS OF THE ANALYSIS CAN BE FOUND IN THE CHNA IN SECTION IV, PART A: PRIMARY DATA FINDINGS.

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.

(3) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD: THE CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD IS COMPRISED OF STAKEHOLDERS WHO REPRESENT AND ARE ABLE TO SPEAK TO THE NEEDS OF THE COMMUNITY INCLUDING MINORITY AND UNDERSERVED POPULATIONS. THE BOARD WAS CONVENED TO HELP GUIDE EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS. THE BOARD WAS CONSULTED AT MULTIPLE POINTS THROUGHOUT THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT:

> APRIL 2015: A DRAFT OF THE COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT. > MAY 2015: A PROGRESS UPDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOARD AT WHICH TIME THEY WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES IMPLEMENTED AND RECOMMENDATIONS FOR FUTURE DIRECTIONS. > OCTOBER 2015: A TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS PRESENTED FOR INPUT. > MAY 2016: A DETAILED PRESENTATION WAS DELIVERED OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS WELL AS THE METHODOLOGY FOR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT. THE BOARD PROVIDED INPUT ON THE HEALTH NEEDS AND BARRIERS THEY VIEWED AS MOST SIGNIFICANT FOR THE MINORITY AND UNDERSERVED POPULATIONS IN THE COMMUNITY.

THE MEMBERS OF THE 2015-2017 CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POPULATIONS IN THE COMMUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND WELLNESS FIELD. ADVISORY BOARD MEMBERS INCLUDE:

> CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES;
 > CAROLE WORKING, PRINCIPAL, QUINCE ORCHARD HIGH SCHOOL;
 > CHRISTOPHER KING, PHD, DIRECTOR, EXPERIENTIAL LEARNING, GEORGETOWN UNIVERSITY;

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.

- > DANIEL COCHRAN, CFO, SHADY GROVE MEDICAL CENTER;
- > HANNAH MACK, LEARNING AND INNOVATION MANAGER, COOK ROSS;
- > JO CIMINO, DIRECTOR, CASE MANAGEMENT, ADVENTIST HEALTHCARE;
- > JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CENTER;
- > KATHERINE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST HEALTHCARE;
- > KEVIN SMOTHERS, MD, CHIEF MEDICAL OFFICER, SHADY GROVE MEDICAL CENTER;
- > LESLIE GRAHAM, PRESIDENT AND CEO, PRIMARY CARE COALITION;
- > LOIS WESSEL, CFNP, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED;
- > MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE, MARYLAND HOSPITAL ASSOCIATION;
- > OLIVIA CARTER-POKRAS, PHD, PROFESSOR, UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH;
- > PERRY CHAN, MS, PROGRAM MANAGER, ASIAN AMERICAN HEALTH INITIATIVE;
- > SONIA MORA, MPH, PROGRAM MANAGER, LATINO HEALTH INITIATIVE;
- > STEPHEN B. THOMAS, PHD, DIRECTOR, MARYLAND CENTER FOR HEALTH EQUITY;
- > SUSAN GLOVER, SR. VP QUALITY, ADVENTIST HEALTHCARE;
- > UMA AHLUWALIA, DIRECTOR, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;
- > HEATHER ROSS, MHS, PROGRAM MANAGER, AFRICAN AMERICAN HEALTH PROGRAM.

WASHINGTON ADVENTIST HOSPITAL:

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

CONDUCTED CHNA IN 2016:

THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS

ASSESSMENT, INPUT FROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES.

(1) HEALTHY MONTGOMERY: WASHINGTON ADVENTIST HOSPITAL, IN ADDITION TO THE

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.

OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY,

WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY

COUNTY. 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.

WAH CONTRIBUTES \$25,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY

MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES

FROM ADVENTIST HEALTHCARE 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. REPRESENTATIVES

FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT SUBCOMMITTEE,

BEHAVIORAL HEALTH WORK GROUP, AND COMMUNITY HEALTH NEEDS ASSESSMENT

COMMITTEE.

IN COMPLETING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, WAH 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. THE HEALTHY

MONTGOMERY COMMUNITY CONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY,

UNDERSERVED AND HARD TO REACH POPULATIONS, WERE ALSO UTILIZED AS A

SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY WAH, AS

DESCRIBED IN THE PREVIOUS SECTION.

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.

(2) DIRECT INPUT FROM THE COMMUNITY: FROM JUNE-NOVEMBER OF 2015, A

19-ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE NEEDS, STRENGTHS, AND RESOURCES IN THE COMMUNITY. THE SURVEY CONSISTED OF

THREE PARTS INCLUDING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH

NEEDS AND STRENGTHS, AND DEMOGRAPHICS. A TOTAL OF 1,185 RESPONSES WERE

RECEIVED AND ANALYZED. THE HEALTHY MONTGOMERY COMMUNITY CONVERSATIONS,

WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH

POPULATIONS, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA

THAT WAS COLLECTED BY WAH. THE COMMUNITY CONVERSATIONS CONSISTED OF 15

FOCUS GROUPS:

YOUTH; SENIORS; PEOPLE WITH DISABILITIES; HOMELESS MEN; HOMELESS WOMEN;

LATINO COMMUNITY (TOOK PLACE IN SPANISH); KOREAN COMMUNITY (TOOK PLACE IN

KOREAN); CHINESE COMMUNITY (TOOK PLACE IN MANDARIN); VIETNAMESE COMMUNITY

(TOOK PLACE IN VIETNAMESE); ASIAN AMERICAN HEALTH INITIATIVE; AFRICAN

AMERICAN HEALTH PROGRAM, AFRICAN ADVISORY GROUP, AND CARIBBEAN ADVISORY;

FAITH COMMUNITY; GENERAL PUBLIC: EAST COUNTY; GENERAL PUBLIC: SOUTH

COUNTY; GENERAL PUBLIC: UP COUNTY.

A DETAILED OVERVIEW OF THE METHODS USED TO CONDUCT THE SURVEY AND COMPLETE

THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULTS OF THE

ANALYSIS CAN BE FOUND IN THE CHNA IN SECTION IV, PART A: PRIMARY DATA

FINDINGS.

(3) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD: THE CENTER FOR

HEALTH EQUITY AND WELLNESS ADVISORY BOARD IS COMPRISED OF STAKEHOLDERS WHO

REPRESENT AND ARE ABLE TO SPEAK TO THE NEEDS OF THE COMMUNITY INCLUDING

MINORITY AND UNDERSERVED POPULATIONS. THE BOARD WAS CONVENED TO HELP GUIDE

EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, IDENTIFY 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.

NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS.

THE BOARD WAS CONSULTED AT MULTIPLE POINTS THROUGHOUT THE COMPLETION OF

THE COMMUNITY HEALTH NEEDS ASSESSMENT: > APRIL 2015: A DRAFT OF THE

COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT. > MAY 2015: A PROGRESS

UPDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOARD

AT WHICH TIME THEY WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES

IMPLEMENTED AND RECOMMENDATIONS FOR FUTURE DIRECTIONS. > OCTOBER 2015: A

TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT

WAS PRESENTED FOR INPUT. > MAY 2016: A DETAILED PRESENTATION WAS

DELIVERED OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS

WELL AS THE METHODOLOGY FOR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT

REPORT. THE BOARD PROVIDED INPUT ON THE HEALTH NEEDS AND BARRIERS THEY

VIEWED AS MOST SIGNIFICANT FOR THE MINORITY AND UNDERSERVED POPULATIONS IN

THE COMMUNITY.

THE MEMBERS OF THE 2015-2017 CENTER FOR HEALTH EQUITY AND WELLNESS

ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POPULATIONS

IN THE COMMUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND

WELLNESS FIELD. ADVISORY BOARD MEMBERS INCLUDE:

> CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES;

> CAROLE WORKING, PRINCIPAL, QUINCE ORCHARD HIGH SCHOOL;

> CHRISTOPHER KING, PHD, DIRECTOR, EXPERIENTIAL LEARNING, GEORGETOWN

UNIVERSITY;

> DANIEL COCHRAN, CFO, SHADY GROVE MEDICAL CENTER;

> HANNAH MACK, LEARNING AND INNOVATION MANAGER, COOK ROSS;

> JO CIMINO, DIRECTOR, CASE MANAGEMENT, ADVENTIST HEALTHCARE;

> JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CENTER;

> KATHERINE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST

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.

HEALTHCARE;

> KEVIN SMOTHERS, MD, CHIEF MEDICAL OFFICER, SHADY GROVE MEDICAL CENTER;

> LESLIE GRAHAM, PRESIDENT AND CEO, PRIMARY CARE COALITION;

> LOIS WESSEL, CFNP, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED;

> MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE,

MARYLAND HOSPITAL ASSOCIATION;

> OLIVIA CARTER-POKRAS, PHD, PROFESSOR, UNIVERSITY OF MARYLAND SCHOOL OF

PUBLIC HEALTH;

> PERRY CHAN, MS, PROGRAM MANAGER, ASIAN AMERICAN HEALTH INITIATIVE;

> SONIA MORA, MPH, PROGRAM MANAGER, LATINO HEALTH INITIATIVE;

> STEPHEN B. THOMAS, PHD, DIRECTOR, MARYLAND CENTER FOR HEALTH EQUITY;

> SUSAN GLOVER, SR. VP QUALITY, ADVENTIST HEALTHCARE;

> UMA AHLUWALIA, DIRECTOR, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND

HUMAN SERVICES;

> HEATHER ROSS, MHS, PROGRAM MANAGER, AFRICAN AMERICAN HEALTH PROGRAM.

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

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

CONDUCTED CHNA IN 2016:

THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS

ASSESSMENT, INPUT FROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES.

(1) HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER

MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY, WHICH

SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY COUNTY.

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

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.

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 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF
HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT,
REPRESENTATIVES FROM ADVENTIST HEALTHCARE 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. REPRESENTATIVES FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT
SUBCOMMITTEE, BEHAVIORAL HEALTH WORK GROUP, AND COMMUNITY HEALTH NEEDS
ASSESSMENT COMMITTEE.

IN COMPLETING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, REHAB 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. THE HEALTHY
MONTGOMERY COMMUNITY CONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY,
UNDERSERVED AND HARD TO REACH POPULATIONS, WERE ALSO UTILIZED AS A
SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY REHAB, AS
DESCRIBED IN THE PREVIOUS SECTION.

(2) DIRECT INPUT FROM THE COMMUNITY: FROM JUNE-NOVEMBER OF 2015, A
19-ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE
NEEDS, STRENGTHS, AND RESOURCES IN THE COMMUNITY. THE SURVEY CONSISTED OF
THREE PARTS INCLUDING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH
NEEDS AND STRENGTHS, AND DEMOGRAPHICS. A TOTAL OF 1,185 RESPONSES 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.

RECEIVED AND ANALYZED. THE HEALTHY MONTGOMERY COMMUNITY CONVERSATIONS,
WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH
POPULATIONS, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA
THAT WAS COLLECTED BY REHAB. THE COMMUNITY CONVERSATIONS CONSISTED OF 15
FOCUS GROUPS:

YOUTH; SENIORS; PEOPLE WITH DISABILITIES; HOMELESS MEN; HOMELESS WOMEN;
LATINO COMMUNITY (TOOK PLACE IN SPANISH); KOREAN COMMUNITY (TOOK PLACE IN
KOREAN); CHINESE COMMUNITY (TOOK PLACE IN MANDARIN); VIETNAMESE COMMUNITY
(TOOK PLACE IN VIETNAMESE); ASIAN AMERICAN HEALTH INITIATIVE; AFRICAN
AMERICAN HEALTH PROGRAM, AFRICAN ADVISORY GROUP, AND CARIBBEAN ADVISORY;
FAITH COMMUNITY; GENERAL PUBLIC: EAST COUNTY; GENERAL PUBLIC: SOUTH
COUNTY; GENERAL PUBLIC: UP COUNTY.

A DETAILED OVERVIEW OF THE METHODS USED TO CONDUCT THE SURVEY AND COMPLETE
THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULTS OF THE
ANALYSIS CAN BE FOUND IN THE CHNA IN SECTION IV, PART A: PRIMARY DATA
FINDINGS.

3) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD:
THE CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD IS COMPRISED OF
STAKEHOLDERS WHO REPRESENT AND ARE ABLE TO SPEAK TO THE NEEDS OF THE
COMMUNITY INCLUDING MINORITY AND UNDERSERVED POPULATIONS. THE BOARD WAS
CONVENED TO HELP GUIDE EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES,
IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO
THOSE NEEDS.

THE BOARD WAS CONSULTED AT MULTIPLE POINTS THROUGHOUT THE COMPLETION OF
THE COMMUNITY HEALTH NEEDS ASSESSMENT: > APRIL 2015: A DRAFT OF THE
COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT. > MAY 2015: A PROGRESS

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.

UPDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOARD

AT WHICH TIME THEY WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES

IMPLEMENTED AND RECOMMENDATIONS FOR FUTURE DIRECTIONS. > OCTOBER 2015: A

TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT

WAS PRESENTED FOR INPUT. > MAY 2016: A DETAILED PRESENTATION WAS

DELIVERED OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS

WELL AS THE METHODOLOGY FOR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT

REPORT. THE BOARD PROVIDED INPUT ON THE HEALTH NEEDS AND BARRIERS THEY

VIEWED AS MOST SIGNIFICANT FOR THE MINORITY AND UNDERSERVED POPULATIONS IN

THE COMMUNITY.

THE MEMBERS OF THE 2015-2017 CENTER FOR HEALTH EQUITY AND WELLNESS

ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POPULATIONS

IN THE COMMUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND

WELLNESS FIELD. ADVISORY BOARD MEMBERS INCLUDE:

> CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES;

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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.

> MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE,

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> SUSAN GLOVER, SR. VP QUALITY, ADVENTIST HEALTHCARE;

> UMA AHLUWALIA, DIRECTOR, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND

HUMAN SERVICES;

> HEATHER ROSS, MHS, PROGRAM MANAGER, AFRICAN AMERICAN HEALTH PROGRAM.

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

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

CONDUCTED CHNA IN 2016:

THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS

ASSESSMENT, INPUT FROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES.

(1) HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER

MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY, WHICH

SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY COUNTY.

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

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.

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 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF

HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT,

REPRESENTATIVES FROM ADVENTIST HEALTHCARE PLAY AN ACTIVE ROLE THROUGH

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ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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.

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(3) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD: THE CENTER FOR

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TIMELINE AND FRAMEWORK FOR THE 2017-2019 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.

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- > HANNAH MACK, LEARNING AND INNOVATION MANAGER, COOK ROSS;
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- > JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CENTER;
- > KATHERINE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST
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 PUBLIC HEALTH;

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.

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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 CAN BE FOUND ON THESE URLS:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3949/2017-CHNA-SGMC.PD](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3949/2017-CHNA-SGMC.PD)

,OR,

WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#SHADY

[-GROVE-MEDICAL-CENTER,.VBHS38JDX8Q](#)

PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS

URL: [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4202/2017-CHNA-SGMC-](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4202/2017-CHNA-SGMC-IMPLEMENTATIONSTRATEGY.PDF)

[IMPLEMENTATIONSTRATEGY.PDF](#)

WASHINGTON ADVENTIST HOSPITAL:

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

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.

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PART V, SECTION B, LINE 7A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3950/2017-CHNA-WAH.PDF](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3950/2017-CHNA-WAH.PDF)

,OR,

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

[/#WASHINGTON-ADVENTIST-HOSPITAL,.VBHS38JDX8Q](#)

PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS

URL: [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4203/2017-CHNA-WAH-](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4203/2017-CHNA-WAH-IMPLEMENTATIONSTRATEGY.PDF)

[IMPLEMENTATIONSTRATEGY.PDF](#)

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

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 CAN BE FOUND ON EITHER ONE OF

THESE URLS:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3951/2017-CHNA-PHR.PDF](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3951/2017-CHNA-PHR.PDF)

,OR,

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

[/#OTHER-ENTITIES](#)

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.

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URL: WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4201/2017-CHNA-PHR-IMPLEMENTATIONSTRATEGY.PDF

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

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PART V, SECTION B, LINE 7A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS: HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3952/2017-CHNA-BHWS.PDF

,OR,

HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#OTHER-ENTITIES

PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS

URL: ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4200/2017-CHNA-BHWS-IMPLEMENTATIONSTRATEGY.PDF

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 11: BASED ON THE CHNA COMPLETED IN 2016, AN

IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON INCREASING ACCESS TO

DIABETES EDUCATION AND CARE FOR UNINSURED AND UNDERINSURED PATIENTS AND

Part V Facility Information (continued)

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COMMUNITY MEMBERS.

SGMC HAS IMPLEMENTED SEVERAL PROGRAMS TO INCREASE ACCESS TO EDUCATION AND

RESOURCES FOR UNINSURED DIABETIC INDIVIDUALS IN MONTGOMERY COUNTY TO

INCREASE CONFIDENCE AND SKILLS IN BETTER MANAGING AND CONTROLLING THEIR

DIABETES.

STRATEGIES FOR THIS INITIATIVE INCLUDE:

> OFFERING PRE-DIABETES CLASSES FREE OF CHARGE. CLASSES FOLLOW AN

EVIDENCE-BASED CURRICULUM DEVELOPED BY THE NATIONAL DIABETES EDUCATION

PROGRAM AND CONSIST OF TWO 2-HOUR SESSIONS TAKING PLACE EVERY OTHER MONTH

AT SGMC.

> OFFERING A FREE 1-HOUR DIABETES SPECIFIC NUTRITION AND COOKING CLASS.

> OFFERING THE STANFORD UNIVERSITY DIABETES SELF-MANAGEMENT PROGRAM TO THE

COMMUNITY. THIS EVIDENCE-BASED PROGRAM CONSISTS OF SIX WEEKLY 2.5 HOUR

SESSIONS AND WORKS TO IMPROVE SELF-MANAGEMENT SKILLS. THIS WORKSHOP IS

OFFERED BOTH IN ENGLISH AND SPANISH.

> PROVIDING FREE CONDENSED DIABETES SELF-MANAGEMENT EDUCATION CLASSES FOR

UNINSURED/UNDERINSURED COMMUNITY MEMBERS CALLED LIVING WELL WITH DIABETES.

> INCREASING ACCESS TO FRESH FRUITS AND VEGETABLES FOR LOW-INCOME PATIENTS

THROUGH A PARTNERSHIP WITH HUNGRY HARVEST. THIS PROGRAM INCLUDES FREE

BI-WEEKLY FOOD DELIVERIES FOR 6 WEEKS. DURING THIS TIME, OUR CASE

MANAGEMENT AND CARE TRANSITIONS TEAMS WORK WITH THE PATIENTS TO DETERMINE

A LONGER-TERM SOLUTION SUCH AS ENROLLMENT IN GOVERNMENT ASSISTANCE

PROGRAMS OR CONNECTIONS TO LOCAL FOOD BANKS.

ADDITIONAL AREAS OF NEED ADDRESSED BY SGMC:

WHILE SHADY GROVE MEDICAL CENTER (SGMC) HAS IDENTIFIED DIABETES AS ITS

PRIORITY AREA FOR THIS IMPLEMENTATION STRATEGY PERIOD, THE HOSPITAL WILL

CONTINUE TO ADDRESS OTHER AREAS OF NEED THROUGH EXISTING COMMUNITY HEALTH

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.

OUTREACH PROGRAMS, EDUCATION, SCREENINGS, AND FINANCIAL CONTRIBUTIONS.

> CANCER: CANCER OVERALL: SGMC'S CANCER OUTREACH TEAM WORKS WITH

COMMUNITY ORGANIZATIONS SUCH AS HOUSING UNITS, COMMUNITY CENTERS, AND

FAITH BASED ORGANIZATIONS TO PROVIDE CANCER EDUCATION. THIS MAY INCLUDE

PRESENTATIONS, DEMONSTRATIONS, AND SCREENINGS SUCH AS FOR CARBON MONOXIDE.

CANCER SUPPORT GROUPS AND CLASSES ARE ALSO OFFERED. GROUPS INCLUDE COOKING

CLASSES AND FITNESS AND MEDITATION CLASSES.; BREAST: THROUGH SGMC'S

BREAST CANCER SCREENING PROGRAM, HUNDREDS OF LOW-INCOME,

UNINSURED/UNDERINSURED WOMEN RECEIVE FREE BREAST CANCER SCREENING SERVICES

ANNUALLY.

> MATERNAL & CHILD HEALTH: BREASTFEEDING EDUCATION, SUPPORT, AND

TOGETHERNESS (BEST): WEEKLY SUPPORT GROUP FOR BREASTFEEDING MOMS AND THEIR

BABIES. A LACTATION CONSULTANT IS PRESENT AT EACH SESSION FOR

BREASTFEEDING INFORMATION, SUPPORT, AND ASSISTANCE.; DISCOVERING

MOTHERHOOD: WEEKLY SUPPORT GROUP FOR MOMS, BOTH NEW AND EXPERIENCED.;

WARM LINE: FREE OVER THE PHONE BREASTFEEDING ASSISTANCE AND SUPPORT FROM A

CERTIFIED LACTATION CONSULTANT. THE WARM LINE IS OPEN 7 DAYS A WEEK, 365

DAYS A YEAR.; PERINATAL LOSS GROUP: A SIX-WEEK SUPPORT PROGRAM FOR

FAMILIES THAT HAVE EXPERIENCED THE LOSS OF A BABY DURING PREGNANCY OR

INFANCY. THE PROGRAM IS LED BY A REGISTERED NURSE/DOULA WHO IS AN

EXPERIENCED BEREAVEMENT SPECIALIST FOR PERINATAL AND INFANT DEATH.

> CARDIOVASCULAR OUTREACH: SGMC PROVIDES FREE SCREENINGS, HEALTH

EDUCATION, AND LECTURES IN THE COMMUNITY AROUND CARDIOVASCULAR HEALTH.

REGULAR BLOOD PRESSURE SCREENINGS AND EDUCATION ARE PROVIDED AT SEVERAL

COMMUNITY LOCATIONS. ADDITIONAL SCREENINGS, EDUCATION, AND LECTURES ARE

PROVIDED AT HEALTH FAIRS AND LOCATIONS SUCH AS SENIOR CENTERS, LOW-INCOME

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.

HOUSING UNITS, AND COMMUNITY CENTERS. SCREENINGS OFFERED INCLUDE BLOOD

PRESSURE, BODY MASS INDEX, BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO.

> FLU: SGMC PROVIDES BOTH EDUCATION AND CLINICS IN THE COMMUNITY DURING

FLU SEASON.; FLU CLINICS: SGMC PROVIDES LOW COST FLU SHOT CLINICS

THROUGHOUT THE COUNTY TO CHILDREN, ADULTS, AND SENIOR CENTERS AT VARIOUS

LOCATIONS INCLUDING COMMUNITY CENTERS, SENIOR CENTERS, FAITH-BASED

ORGANIZATIONS, AND LOW-INCOME HOUSING UNITS, AMONG OTHERS.; EDUCATION AND

OUTREACH: SGMC ALSO PROVIDES HEALTH EDUCATION ON COLD AND FLU PREVENTION

TO COMMUNITY MEMBERS AT MANY OF THE LOCATIONS LISTED ABOVE.

> OBESITY: SGMC PROVIDES OUTREACH, EDUCATION, AND SCREENINGS AROUND

OBESITY, NUTRITION, AND ACTIVE LIVING.; SCREENINGS AND EDUCATION:

SCREENINGS, EDUCATION, AND LECTURES ARE PROVIDED IN THE COMMUNITY.

SCREENINGS INCLUDE BMI, BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO.;

NUTRITION AND COOKING CLASSES: TWO FREE COOKING CLASSES ARE OFFERED TO THE

COMMUNITY. ONE OF THESE CLASSES IS MORE GEARED TOWARD THOSE WITH OR

RECOVERING FROM CANCER, WHILE THE OTHER HAS MORE OF A FOCUS ON INDIVIDUALS

WITH DIABETES.

IN ADDITION TO THE ACTION ITEMS LISTED ABOVE, SGMC AS A PART OF 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 AND WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

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.

> PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH;

> CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS, 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.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY SGMC AND THE RATIONALE: SGMC DOES

NOT DIRECTLY ADDRESS THE AREAS OF NEED LISTED BELOW THROUGH ONGOING

EDUCATION OR PROGRAMMING. HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE

FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN

OUR COMMUNITY HEALTH NEEDS ASSESSMENT.

> BEHAVIORAL HEALTH: SGMC DOES NOT DIRECTLY ADDRESS BEHAVIORAL HEALTH DUE

TO A LACK OF EXPERTISE AND RESOURCES. BEHAVIORAL HEALTH IS BEING ADDRESSED

BY OTHER ORGANIZATIONS IN THE COMMUNITY INCLUDING 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.

BEHAVIORAL HEALTH AND WELLNESS SERVICES, A SPECIALTY CARE HOSPITAL WHICH

IS PART OF THE ADVENTIST HEALTHCARE SYSTEM. SGMC ALSO PARTICIPATES IN THE

NEXUS MONTGOMERY REGIONAL PARTNERSHIP ALONG WITH THE OTHER HOSPITALS

OPERATING IN MONTGOMERY COUNTY AS WELL AS COMMUNITY ORGANIZATIONS SUCH AS

THE PRIMARY CARE COALITION. THE AIM OF THE PARTNERSHIP IS TO IMPROVE THE

HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE, INCLUDING

THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS.

> ASTHMA: SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND

EDUCATIONAL PROGRAMS SPECIFIC TO ASTHMA DUE TO LIMITED FINANCIAL

RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER

PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

> HIV: SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL

PROGRAMS SPECIFIC TO HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES,

EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY

DURING THE CHNA PRIORITIZATION PROCESS.

> SOCIAL DETERMINANTS OF HEALTH (HOUSING & EDUCATION): SGMC DOES NOT

CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO

HOUSING AND EDUCATION DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A

FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA

PRIORITIZATION PROCESS.

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

LOCALLY AVAILABLE RESOURCES PLEASE SEE SGMC'S CHNA & IMPLEMENTATION

STRATEGY WHICH CAN BE FOUND HERE:

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

WASHINGTON ADVENTIST HOSPITAL:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 11: BASED ON THE CHNA COMPLETED IN 2016, AN

IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON INCREASING KNOWLEDGE OF

AND ACCESS TO SKILLS AND RESOURCES AROUND NUTRITION AND PHYSICAL ACTIVITY

TO BETTER PREVENT AND MANAGE CHRONIC DISEASE.

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS IMPLEMENTED

STRATEGIES TO ADDRESS CHRONIC DISEASE PREVENTION AND MANAGEMENT.

STRATEGIES FOR THIS INITIATIVE INCLUDE:

> LONG BRANCH HEALTH FOOD ACCESS PROGRAM: THE LONG BRANCH HEALTHY FOOD

ACCESS PROGRAM SERVES LOW-INCOME, FOOD INSECURE RESIDENTS OF THE TAKOMA

PARK AND LONG BRANCH COMMUNITIES WHO HAVE UNCONTROLLED DIABETES. THE AIM

OF THE LBHFAP IS TO IMPROVE THE HEALTH STATUS OF 250 RESIDENTS WHO ARE LOW

INCOME (250% OF THE POVERTY LEVEL AND BELOW) AND DIABETIC (HBA1C > 7) BY

DECEMBER 2019. FOR EACH PARTICIPANT, THERE WILL BE 3 MONTHS OF ACTIVE

INTERVENTION FOLLOWED BY 9 MONTHS OF MAINTENANCE. DURING THE ACTIVE

INTERVENTION, COMMUNITY HEALTH WORKERS (CHWS) WORK WITH PARTICIPANTS TO

DEVELOP A TAILORED FOOD ACCESS AND HEALTHY LIVING PLAN, ASSESS ELIGIBILITY

FOR ASSISTANCE PROGRAMS SUCH AS SNAP AND WIC, ENROLL INTERESTED

PARTICIPANTS IN MANNA'S NUTRITION EDUCATION PROGRAM, AND PROVIDE REFERRALS

TO PCPS IF PARTICIPANTS DO NOT ALREADY HAVE ONE. PARTICIPANTS ALSO RECEIVE

WEEKLY FOOD DELIVERIES FROM HUNGRY HARVEST AND MANNA FOR THREE MONTHS. AT

12 MONTHS, CHWS REACH OUT ONCE AGAIN TO PROVIDE ADDITIONAL SUPPORT AND

FOLLOW-UP.

> INCREASING ACCESS TO FRESH FRUITS AND VEGETABLES FOR LOW-INCOME PATIENTS

THROUGH A PARTNERSHIP WITH HUNGRY HARVEST. THIS PROGRAM INCLUDES FREE

BI-WEEKLY FOOD DELIVERIES FOR 6 WEEKS. DURING THIS TIME, OUR CASE

MANAGEMENT AND CARE TRANSITIONS TEAMS WORK WITH THE PATIENTS TO DETERMINE

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.

A LONGER-TERM SOLUTION SUCH AS ENROLLMENT IN GOVERNMENT ASSISTANCE

PROGRAMS OR CONNECTIONS TO LOCAL FOOD BANKS.

> OFFERING THE STANFORD UNIVERSITY DIABETES SELF-MANAGEMENT PROGRAM TO THE

COMMUNITY. THIS EVIDENCE-BASED PROGRAM CONSISTS OF SIX WEEKLY 2.5 HOUR

SESSIONS AND WORKS TO IMPROVE SELF-MANAGEMENT SKILLS. THIS WORKSHOP IS

OFFERED BOTH IN ENGLISH AND SPANISH.

> PROVIDING FREE CONDENSED DIABETES SELF-MANAGEMENT EDUCATION CLASSES FOR

UNINSURED/UNDERINSURED COMMUNITY MEMBERS CALLED LIVING WELL WITH DIABETES.

ADDITIONAL AREAS OF NEED ADDRESSED BY WAH:

WHILE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS IDENTIFIED OBESITY AND

CHRONIC DISEASE AS ITS PRIORITY AREAS FOR THIS IMPLEMENTATION STRATEGY

PERIOD, THE HOSPITAL WILL CONTINUE TO ADDRESS OTHER AREAS OF NEED THROUGH

EXISTING COMMUNITY HEALTH OUTREACH PROGRAMS, EDUCATION, SCREENINGS, AND

FINANCIAL CONTRIBUTIONS.

> CANCER: CANCER OVERALL: WAH'S CANCER OUTREACH TEAM WORKS WITH COMMUNITY

ORGANIZATIONS SUCH AS HOUSING UNITS, COMMUNITY CENTERS, AND FAITH BASED

ORGANIZATIONS TO PROVIDE CANCER EDUCATION. THIS MAY INCLUDE PRESENTATIONS,

DEMONSTRATIONS, AND SCREENINGS SUCH AS FOR CARBON MONOXIDE. BREAST:

THROUGH WAH'S BREAST CANCER SCREENING PROGRAM, HUNDREDS OF LOW INCOME,

UNINSURED/UNDERINSURED WOMEN RECEIVE FREE BREAST CANCER SCREENING SERVICES

ANNUALLY.

> MATERNAL & CHILD HEALTH: WAH OFFERS FREE SUPPORT GROUPS AND RESOURCES

FOR PARENTS AND FAMILIES. HECHO DE PECHO: MONTHLY GROUP PROVIDING SUPPORT

AND EDUCATION FOR BREASTFEEDING MOMS AND THEIR BABIES. MOTHERS ARE ABLE TO

BRING ADDITIONAL FAMILY MEMBERS, CHILDREN, AND SUPPORT PEOPLE. THE GROUP

IS CONDUCTED IN SPANISH AND A LACTATION CONSULTANT IS PRESENT AT EACH

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.

SESSION FOR BREASTFEEDING INFORMATION, SUPPORT, AND ASSISTANCE.; WARM

LINE: FREE OVER THE PHONE BREASTFEEDING ASSISTANCE AND SUPPORT FROM A

CERTIFIED LACTATION CONSULTANT. THE WARM LINE IS OPEN 7 DAYS A WEEK, 365

DAYS A YEAR.

> CARDIOVASCULAR: WAH PROVIDES FREE SCREENINGS, HEALTH EDUCATION, AND

LECTURES IN THE COMMUNITY AROUND CARDIOVASCULAR HEALTH. REGULAR BLOOD

PRESSURE SCREENINGS AND EDUCATION ARE PROVIDED AT SEVERAL COMMUNITY

LOCATIONS. ADDITIONAL SCREENINGS, EDUCATION, AND LECTURES ARE PROVIDED AT

HEALTH FAIRS AND LOCATIONS SUCH AS SENIOR CENTERS, LOW-INCOME HOUSING

UNITS, AND COMMUNITY CENTERS. SCREENINGS OFFERED INCLUDE BLOOD PRESSURE,

BODY MASS INDEX, BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO.

> FLU: WAH PROVIDES BOTH EDUCATION AND CLINICS IN THE COMMUNITY DURING FLU

SEASON. FLU CLINICS: WAH PROVIDES FREE AND LOW COST FLU SHOT CLINICS

THROUGHOUT THE COUNTY TO CHILDREN, ADULTS, AND SENIOR CENTERS AT VARIOUS

LOCATIONS INCLUDING COMMUNITY CENTERS, SENIOR CENTERS, FAITH-BASED

ORGANIZATIONS, AND LOW-INCOME HOUSING UNITS, AMONG OTHERS.; EDUCATION AND

OUTREACH: WAH ALSO PROVIDES HEALTH EDUCATION ON COLD AND FLU PREVENTION TO

COMMUNITY MEMBERS AT MANY OF THE LOCATIONS LISTED ABOVE.

> DIABETES & OBESITY: IN ADDITION TO THE INITIATIVES DESCRIBED IN THE

IMPLEMENTATION STRATEGY ABOVE, WAH PROVIDES OUTREACH, EDUCATION, AND

SCREENINGS AROUND DIABETES, OBESITY, ACTIVE LIVING, AND HEALTHY EATING.;

SCREENINGS AND EDUCATION: SCREENINGS, EDUCATION, AND LECTURES ARE PROVIDED

IN THE COMMUNITY. SCREENINGS INCLUDE BMI, BODY FAT PERCENTAGE, AND WAIST

TO HIP RATIO.; ZUMBA CLASSES: FREE ZUMBA CLASSES ARE OFFERED OUTDOORS IN

THE COMMUNITY.

IN ADDITION TO THE ACTION ITEMS LISTED ABOVE, WAH AS A PART OF ADVENTIST

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.

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 AND WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS;
- > PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH;
- > CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS, 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.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE WASHINGTON

ADVENTIST HOSPITAL AND THE RATIONALE:

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.

WAH DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED LISTED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING. HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT.

> BEHAVIORAL HEALTH: WAH DOES NOT DIRECTLY ADDRESS BEHAVIORAL HEALTH DUE TO A LACK OF RESOURCES. BEHAVIORAL HEALTH IS BEING ADDRESSED BY OTHER ORGANIZATIONS IN THE COMMUNITY INCLUDING ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES, A SPECIALTY CARE HOSPITAL WHICH IS PART OF THE ADVENTIST HEALTHCARE SYSTEM. WAH ALSO PARTICIPATES IN THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP ALONG WITH THE OTHER FIVE HOSPITALS OPERATING IN MONTGOMERY COUNTY AS WELL AS COMMUNITY ORGANIZATIONS SUCH AS THE PRIMARY CARE COALITION. THE AIM OF THE PARTNERSHIP IS TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE, INCLUDING THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS.;

> ASTHMA: WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO ASTHMA DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.;

> HIV: WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.;

> SOCIAL DETERMINANTS OF HEALTH (HOUSING & EDUCATION): WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO HOUSING AND EDUCATION DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A

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.

FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA

PRIORITIZATION PROCESS.

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

LOCALLY AVAILABLE RESOURCES PLEASE SEE WASHINGTON ADVENTIST HOSPITAL'S

CHNA AND IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

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

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 11: BASED ON THE CHNA COMPLETED IN 2016, AN

IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON CONCUSSION CARE.

ADVENTIST HEALTHCARE REHABILITATION HAS IMPLEMENTED AN INITIATIVE TO

INCREASE AWARENESS OF, AND EDUCATION AROUND, CONCUSSION FOR STUDENT

ATHLETES.

ADVENTIST HEALTHCARE REHABILITATION HAS PARTNERED WITH MONTGOMERY COUNTY

PUBLIC SCHOOLS TO PROVIDE BASELINE CONCUSSION TESTING AND ATHLETIC

TRAINERS IN 13 OF 25 HIGH SCHOOLS. BASELINE TESTING IS A PRE-SEASON EXAM

CONDUCTED BY TRAINED PROFESSIONALS TO ASSESS AN ATHLETE'S COGNITIVE

FUNCTIONS INCLUDING LEARNING AND MEMORY SKILLS, ABILITY TO CONCENTRATE AND

PROBLEM-SOLVING SKILLS. IN THE EVENT THAT THE ATHLETE SUFFERS A

CONCUSSION, THE RESULTS FROM THESE TESTS CAN BE USED IN COMPARISON WITH

SIMILAR POST-INJURY TESTS. ADVENTIST HEALTHCARE REHABILITATION USES IMPACT

(IMMEDIATE POST-CONCUSSION ASSESSMENT COGNITIVE TEST), A WEB-BASED,

COMPUTERIZED TOOL USED TO MEASURE MEMORY, PROCESSING SPEED, REACTION TIME,

ATTENTION SPAN AND PROBLEM-SOLVING SKILLS. IN ADDITION TO THE BASELINE

TESTING, ADVENTIST HEALTHCARE REHABILITATION HAS IMPLEMENTED AN ATHLETIC

TRAINER PROGRAM AT EACH OF THE 13 SCHOOLS. THIS HAS INCLUDED TRAINING AND

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.

PLACING AN ATHLETIC TRAINER IN EACH OF THE SCHOOLS TO ASSIST WITH

CONCUSSION AWARENESS AND EDUCATION AS WELL AS TIMELY ON-SITE INJURY

PREVENTION AND MANAGEMENT. SPECIFIC PROGRAM ACTIVITIES INCLUDE:

> EDUCATION SESSIONS FOR STUDENTS TO INCREASE KNOWLEDGE AND AWARENESS OF

CONCUSSION SYMPTOMS, ACUTE TREATMENTS, IMPORTANCE OF RECOVERY, AND EFFECTS

ON EVERY DAY ACTIVITIES BEYOND SPORTS;

> IMPLEMENTING IMPACT BASELINE TESTING FOR STUDENT ATHLETES IN 13

MONTGOMERY COUNTY HIGH SCHOOLS (WITH EACH STUDENT BASELINE TESTED EVERY 2

YEARS);

> MAINTAINING AND MAKING AVAILABLE BASELINE TEST RESULTS TO STUDENTS,

PARENTS, AND STUDENTS' HEALTH CARE PROVIDERS AT NO COST;

> PROVIDING RETESTS FOLLOWING A CONCUSSION AT NO COST;

> PROVIDING FOLLOW-UP TESTING AND ANALYSIS FOR STUDENTS AS NEEDED AT A

REASONABLE RATE;

> TRAINING AND PLACING FULL-TIME ATHLETIC TRAINERS IN 13 MONTGOMERY COUNTY

HIGH SCHOOLS;

> TRAINERS ATTEND ALL 'HOME' ATHLETIC EVENTS AS WELL AS 'AWAY' VARSITY

FOOTBALL GAMES;

> TRAINERS PERFORM FUNCTIONS WITHIN THE SIX DOMAINS OF ATHLETIC TRAINERS

AS ESTABLISHED BY THE NATIONAL ATHLETIC TRAINERS ASSOCIATION: PREVENTION;

CLINICAL EVALUATION AND DIAGNOSIS; IMMEDIATE CARE; TREATMENT,

REHABILITATION, AND RECONDITIONING; ORGANIZATION AND ADMINISTRATION; AND

PROFESSIONAL RESPONSIBILITIES.;

> IN ADDITION, TRAINERS ASSIST IN IMPLEMENTING SCHOOL AND SYSTEM WIDE

RESPONSIBILITIES RELATED TO THE HEALTH AND SAFETY OF STUDENT ATHLETES.;

> PROVIDING AMERICAN HEART ASSOCIATION CPR/AED RECERTIFICATION FOR

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.

ATHLETIC STAFF AT 13 MONTGOMERY COUNTY HIGH SCHOOLS.

OTHER AREAS OF NEED ADDRESSED BY ADVENTIST HEALTHCARE REHABILITATION

WHILE ADVENTIST HEALTHCARE REHABILITATION HAS IDENTIFIED CONCUSSION CARE

AND PREVENTION AS ITS PRIORITY AREA FOR THIS IMPLEMENTATION STRATEGY

PERIOD, THE HOSPITAL WILL CONTINUE TO ADDRESS OTHER AREAS OF NEED THROUGH

EXISTING COMMUNITY HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL

CONTRIBUTIONS.

> TRAUMATIC BRAIN INJURY: IN ADDITION TO THE ACTIVITIES DESCRIBED IN THE

IMPLEMENTATION STRATEGY ABOVE, ADVENTIST HEALTHCARE REHABILITATION

PROVIDES ADDITIONAL SUPPORT IN THE COMMUNITY AROUND TRAUMATIC BRAIN

INJURY.; BRAIN INJURY SUPPORT GROUP: FOR THOSE WITH BOTH TRAUMATIC AND

NON-TRAUMATIC BRAIN INJURIES, THIS GROUP PROVIDES SUPPORT AND EDUCATION AS

WELL AS GUIDANCE AROUND AVAILABLE COMMUNITY RESOURCES. PARTICIPANTS ARE

ENCOURAGED TO BRING FAMILY AND FRIENDS.; GRUPO DE APOYO PARA PERSONAS CON

UNA LESIN CEREBRAL: IN ADDITION TO THE ENGLISH LANGUAGE BRAIN INJURY

SUPPORT GROUP, AN ADDITIONAL GROUP IS OFFERED IN SPANISH.

> TRAUMATIC BRAIN INJURY, STROKE, & NEUROLOGY: ADVENTIST HEALTHCARE

REHABILITATION ALSO OFFERS PROGRAMS TO SUPPORT INDIVIDUALS WITH COGNITIVE

AND SPEECH-LANGUAGE NEEDS.; COGNITIVE GAME NIGHT: LED BY A

SPEECH-LANGUAGE PATHOLOGIST, GAME NIGHTS PROVIDE A FUN ENVIRONMENT FOR

COGNITIVE STIMULATING GAMES. EDUCATION AND DISCUSSION ARE ALSO PROVIDED

AROUND COGNITIVE STRATEGIES AS WELL AS METHODS FOR CONTINUING COGNITIVE

REHABILITATION AT HOME.; COMMUNITY APHASIA GROUP: LED BY A

SPEECH-LANGUAGE PATHOLOGIST, THIS GROUP PROVIDES OPPORTUNITIES FOR

INDIVIDUALS TO WORK ON SUCCESSFUL COMMUNICATION AND SOCIAL INTERACTION IN

A SUPPORTIVE, POSITIVE, AND SMALL GROUP SETTING.

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.

> AMPUTEE: AMPUTEE SUPPORT GROUP: THIS GROUP FOCUSES ON THE EMOTIONS AND

CHALLENGES OF LIVING LIFE AS AN AMPUTEE. IT IS THE GROUP'S FOCUS TO BE

POSITIVE, CREATIVE AND RESOURCEFUL IN EXAMINING AN AMPUTEE'S EXPERIENCES.

MANY TOPICS ARE DISCUSSED INCLUDING PROSTHETIC DEVELOPMENT, THERAPEUTIC

DEVICES AND TRAINING AS WELL AS EMOTIONAL COUNSELING AND SUPPORT.

IN ADDITION TO THE ACTION ITEMS LISTED ABOVE, ADVENTIST HEALTHCARE

REHABILITATION AS A PART OF 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 AND WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

> PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH;

> CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS, 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

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.

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.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE

REHABILITATION AND THE RATIONALE:

ADVENTIST HEALTHCARE REHABILITATION DOES NOT DIRECTLY ADDRESS THE AREAS OF

NEED INCLUDED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING. HOWEVER,

THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY

PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS

WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS

ASSESSMENT.

> SPINAL CORD INJURY, LYMPHEDEMA, AND ORTHOPEDICS: ADVENTIST HEALTHCARE

REHABILITATION DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR

PROGRAMS SPECIFIC TO SPINAL CORD INJURY, LYMPHEDEMA, AND ORTHOPEDICS DUE

TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER

PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.;

> CARDIOVASCULAR HEALTH, CANCER, OBESITY, AND DIABETES: ADVENTIST

HEALTHCARE REHABILITATION DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY

OUTREACH OR PROGRAMS SPECIFIC TO CHRONIC DISEASE DUE TO LIMITED RESOURCES,

AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE

CHNA PRIORITIZATION PROCESS. CHRONIC DISEASE IS BEING ADDRESSED BY OTHER

ORGANIZATIONS IN THE COMMUNITY INCLUDING WASHINGTON ADVENTIST HOSPITAL AND

SHADY GROVE MEDICAL CENTER, BOTH OF WHICH ARE PART OF THE ADVENTIST

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.

HEALTHCARE SYSTEM.;

> SOCIAL DETERMINANTS OF HEALTH (HOUSING, FOOD ACCESS, EDUCATION):

ADVENTIST HEALTHCARE REHABILITATION DOES NOT CURRENTLY PROVIDE ONGOING

COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO HOUSING, FOOD ACCESS, AND

EDUCATION DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE

IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

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

LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST HEALTHCARE

REHABILITATION'S CHNA AND IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

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

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

PART V, SECTION B, LINE 11: BASED ON THE CHNA COMPLETED IN 2016, AN

IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING INCREASING AWARENESS AROUND

MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES, NEEDS, AND RESOURCES; AND

REDUCING STIGMAS AROUND ACCESSING MENTAL HEALTH AND SUBSTANCE ABUSE

SERVICES.

STRATEGIES FOR THIS INITIATIVE INCLUDE:

> PROVIDING SUPPORT AND EDUCATION AROUND MENTAL HEALTH AND SUBSTANCE ABUSE

FOR COMMUNITY MEMBERS (ADOLESCENTS AND ADULTS): ADVENTIST HEALTHCARE

BEHAVIORAL HEALTH & WELLNESS SERVICES PROVIDES EDUCATIONAL SUPPORT GROUPS

FOR COMMUNITY MEMBERS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE.

SUPPORT GROUP TOPICS INCLUDE AREAS SUCH AS SYMPTOMS TO LOOK OUT FOR,

PREVENTION, TREATMENT AND CARE OPTIONS, AND COPING STRATEGIES. A LARGE

FOCUS OF THE GROUPS IS INCREASING AWARENESS OF, AND ACCESS TO, COMMUNITY

RESOURCES TO HELP DEMYSTIFY THE MENTAL HEALTH AND SUBSTANCE ABUSE CARE

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.

CONTINUUM NO MATTER THE STAGE OF CARE. SESSIONS WILL BE HELD OUTSIDE OF THE BEHAVIORAL HEALTH HOSPITAL TO INCREASE ACCESS AND COMFORT FOR ATTENDEES.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES ROCKVILLE AND THE RATIONALE: BH&WS DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED LISTED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING. HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT.

> SUICIDE, DUAL-DIAGNOSIS, DEMENTIA/ALZHEIMER'S, DOMESTIC VIOLENCE, TOBACCO, AND SOCIAL DETERMINANTS (EDUCATION, HOUSING, FOOD ACCESS): BH&WS DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO SUICIDE, DUAL-DIAGNOSIS, DEMENTIA/ALZHEIMER'S, DOMESTIC VIOLENCE, OR TOBACCO DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

BH&WS AS A PART OF 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 AND WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS;

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.

> PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH;

> CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS, 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.

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

WASHINGTON ADVENTIST HOSPITAL:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 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

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

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

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

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

Part VI Supplemental Information (Continuation)

- ANNUAL INCOME > 4.00X AND <= 4.50X OF FPL, 70% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 4.50X AND <= 5.00X OF FPL, 80% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 5.00X AND <= 5.50X OF FPL, 90% PATIENT RESPONSIBILITY
- ANNUAL INCOME > 5.50X AND <= 6.00X OF FPL, 95% PATIENT RESPONSIBILITY

PART I, LINE 7:

MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR INCLUDING UNCOMPENSATED CARE IN EACH PROVIDER'S RATES. FOR PURPOSES OF COMPLETING ADVENTIST HEALTHCARE'S FORM 990, THESE UNCOMPENSATED CARE ADJUSTMENTS TO OUR APPROVED RATE ORDER ARE NOT PRESENTED AS AN OFFSET TO THE LEVEL OF UNCOMPENSATED CARE WE PROVIDED.

SINCE THE HSCRC ASSESSES HOSPITALS TO SUBSIDIZE THE STATE'S MEDICAID BUDGET DEFICIT, THESE ASSESSMENTS (NET OF AMOUNT'S 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 2018 AUDITED FINANCIAL STATEMENTS. THE COST TO CHARGE RATIO WAS USED TO REDUCE THE YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST.

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

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

Part VI Supplemental Information (Continuation)

PART I, LINE 7G:

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

PART 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 2018, A MAJORITY OF ADVENTIST HEALTHCARE'S COMMUNITY BUILDING ACTIVITIES CONSISTED OF: POPULATION HEALTH INITIATIVES AND ASSISTING PHYSICIANS IN ESTABLISHING ELECTRONIC MEDICAL RECORDS (EMR) SYSTEMS; ADVOCATING ON COMMUNITY HEALTH IMPROVEMENTS THROUGH OUR GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT; PERFORMING DISASTER PREPAREDNESS ACTIVITIES; CREATING HEALTH PARTNERSHIPS WITHIN THE COMMUNITY THROUGH OUR DIVISION OF THE CENTER FOR HEALTH EQUITY & WELLNESS DEPARTMENT; AND ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS.

POPULATION HEALTH INITIATIVES & THE AMBULATORY CARE EMR SUPPORT (ACES) PROGRAM:

1) CLINICALLY INTEGRATED NETWORK:

ADVENTIST HEALTHCARE MANAGES THE ONE HEALTH QUALITY ALLIANCE, LLC (OHQA) PARTNERSHIP 100%, A CLINICALLY INTEGRATED NETWORK DESIGNED TO HELP

Part VI Supplemental Information (Continuation)

PROVIDERS ENHANCE THE QUALITY OF HEALTHCARE AND LOWER TOTAL COSTS FOR THE WASHINGTON, D.C. REGION. OHQA, MANAGED BY ADVENTIST HEALTHCARE, IS AN INNOVATIVE HEALTHCARE DELIVERY NETWORK IN WHICH PARTICIPATING PRACTICES AND THEIR PATIENTS BENEFIT FROM THE VALUE CREATED BY THE ALLIANCE.

2) PRIMARY CARE:

ADVENTIST HEALTHCARE, INC. CONTRACTS WITH MEDICAL FACULTY ASSOCIATES, INC. (MFA) TO EMPLOY CERTAIN PHYSICIANS WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE. THE MFA IS THE LARGEST MULTI-SPECIALTY PHYSICIAN PRACTICE IN THE WASHINGTON, D.C. AREA. THE MFA IS A NON-PROFIT ORGANIZATION INDEPENDENT OF THE GEORGE WASHINGTON UNIVERSITY AND GW HOSPITAL. IT HAS MORE THAN 800 DOCTORS IN 51 MEDICAL SPECIALTIES. THROUGH THIS CONTRACTUAL RELATIONSHIP, MFA EMPLOYS ABOUT 50 COMMUNITY PHYSICIANS IN A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES TO SERVE ADVENTIST HEALTHCARE'S COMMUNITIES IN 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.

3) AMBULATORY CARE EMR SUPPORT (ACES) PROGRAM:

ADVOCATING FOR COMMUNITY HEALTH IMPROVEMENTS IS A CORE STRATEGY IN ACHIEVING ADVENTIST HEALTHCARE'S MISSION. A PROGRAM THAT ADVENTIST HEALTHCARE OFFERS, WHICH IS AT THE CORE OF ADVOCATING FOR COMMUNITY HEALTH IMPROVEMENTS, IS AMBULATORY CARE EMR SUPPORT (ACES). THE ACES PROGRAM ASSISTS COMMUNITY PHYSICIANS WITH THE ACQUISITION AND IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS (EMRS). EMRS ENHANCE PATIENT CARE AND MAKES PRACTICES MORE EFFICIENT.

Part VI Supplemental Information (Continuation)

GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES:

IN 2018, ADVENTIST HEALTHCARE PARTNERED WITH NUMEROUS COMMUNITY ORGANIZATIONS TO PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE SERVE AND TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. BASED ON THE RESULTS OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT WE HAVE FOCUSED OUR EFFORTS TO ADDRESS THE MOST PREVALENT HEALTH NEEDS WITHIN OUR REGION. WE HAVE CONTINUED OUR SUPPORT FOR MANA FOOD CENTER AS THEY WORK TO EXPAND THEIR ABILITY TO BRING HEALTHY FOOD TO COMMUNITIES IN NEED. ENSURING RESIDENTS HAVE ACCESS TO HEALTH FOOD WILL HELP THEM LEAD HEALTHIER LIVES AND REDUCE OCCURRENCES OF DIABETES IN OUR COMMUNITY.

IN 2018, ADVENTIST HEALTHCARE LED AN EFFORT TO ADDRESS A WORKFORCE SHORTAGE WITHIN CARDIAC CATHETERIZATION LABS ACROSS THE STATE. WE WORKED WITH HOSPITALS, PHYSICIANS, AND THE STATE BOARD OF PHYSICIANS TO RECOGNIZE A NEW MEDICAL PROFESSIONAL THAT CAN SUPPORT OPERATIONS WITHIN THIS CRITICAL SERVICE LINE.

THROUGH OUR PARTNERSHIP WITH THE MARYLAND HOSPITAL ASSOCIATION, WE SUPPORTED EFFORTS TO EXPAND ACCESS TO CARE BY EXPANDING ACCESS TO QUALITY AFFORDABLE HEALTHCARE. WE WORK CLOSELY WITH LOCAL CHAMBERS OF COMMERCE TO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT PROJECTS ACROSS MONTGOMERY COUNTY.

DISASTER PREPAREDNESS ACTIVITIES:

ADVENTIST HEALTHCARE HAS TAKEN MANY MEASURES TO ENSURE OUR COMMUNITY HOSPITALS ARE READY AND PREPARED FOR EMERGENCY SITUATIONS, SUCH AS A MEDICAL SURGE IN PATIENTS, ACTIVE SHOOTER/ARMED INTRUDER SCENARIOS AND UNFORESEEN DISASTERS. THE SAFETY AND EMERGENCY MANAGEMENT TEAM OF EMPLOYEES SPENDS A LARGE PART OF THEIR TIME ON EMERGENCY MANAGEMENT. THIS

Part VI Supplemental Information (Continuation)

INCLUDES MONTHLY MEETINGS WITH ALL ADVENTIST HEALTHCARE HOSPITALS AS WELL
AS OTHER HOSPITALS AND RELATED AGENCIES IN THE COUNTY AND LARGER REGION,
SUCH AS MONTGOMERY COUNTY HEALTH DEPARTMENT AND THE MARYLAND INSTITUTE FOR
EMERGENCY MEDICINE SERVICE SYSTEMS (MIEMSS). THESE REGULAR MEETINGS OCCUR
ON A COUNTY LEVEL THROUGH THE MOCEP GROUP, AND ON A LARGER REGIONAL LEVEL
THROUGH MIEMSS REGION V. OUR TEAM PERFORMS TWO FULL SCALE EXERCISES EVERY
YEAR TO TEST OUR EMERGENCY MANAGEMENT PROGRAMS, WHICH INVOLVES THE
SIMULATION OF AN EMERGENCY OR DISASTER TO WHICH WE AND THE REST OF THE
REGION MUST BE READY TO RESPOND TOGETHER. ADVENTIST HEALTHCARE ALSO HAS
AN ENVIRONMENT OF CARE COMMITTEE, WHICH MEETS MONTHLY AT EACH OF OUR
HOSPITALS. TIME IS ALLOCATED TO DISCUSS EMERGENCY MANAGEMENT MATTERS AT
THESE MEETINGS.

HEALTH PARTNERSHIPS WITHIN THE COMMUNITY:

ADVENTIST HEALTHCARE AIMS TO IMPROVE THE HEALTH OF COMMUNITIES IT SERVES.
IT DOES THIS BY RAISING AWARENESS OF COMMUNITY HEALTH NEEDS AND LOCAL
DISPARITIES, IMPROVING ACCESS TO CULTURALLY APPROPRIATE CARE AND PROVIDING
COMMUNITY WELLNESS OUTREACH AND EDUCATION. A TEAM OF HEALTH EDUCATORS,
CLINICAL CARE COORDINATORS, NURSES, PATIENT NAVIGATORS, PUBLIC HEALTH
RESEARCHERS AND INTERNS WORK TOGETHER TO ENSURE THE DELIVERY OF
POPULATION-BASED CARE AND PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE
SERVE.

ADVENTIST HEALTHCARE WORKS TO ADDRESS NOT JUST THE PHYSICAL AND MENTAL
HEALTH NEEDS OF OUR PATIENTS AND COMMUNITY MEMBERS, BUT TO ADDRESS
WHOLE-PERSON HEALTH. TO DO THIS, WE DEVELOP PARTNERSHIPS AND COLLABORATE
WITH KEY STAKEHOLDERS IN THE COMMUNITY. THROUGH COLLABORATION, WE CAN
EXPAND OUR EXPERTISE AND RESOURCES AND THEREFORE HAVE A LARGER COLLECTIVE

Part VI Supplemental Information (Continuation)

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 COMMUNITIES HEALTH NETWORK, SERVES

THE LOCAL COMMUNITIES OF FAITH BY "PROVIDING GUIDANCE AND EXPERTISE,

EMPOWERING THEM TO BECOME PLACES OF HEALTH AND HEALING, RESULTING IN

IMPROVED WHOLE PERSON HEALTH" (MISSION). OUR VISION SPEAKS TO THE

PARTNERSHIP WITH COMMUNITIES OF FAITH, WE PROMOTE HEALTH THROUGH FAITH

LEADERS, AND TOGETHER WE CAN HELP ACHIEVE A "THRIVING CULTURE

DEMONSTRATING PHYSICAL, MENTAL AND SPIRITUAL HEALING." LASTLY, 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 ON-GOING TRAINING OF THE FAITH COMMUNITY NURSES,

HEALTH MINISTERS, HEALTH TEAMS AND ADMINISTRATORS, SUPPLYING

EVIDENCE-BASED EDUCATION AND TOOLS NECESSARY TO ASSESS THE NEEDS, OUTLINE

LIFESTYLE STRATEGIES, IMPLEMENT HEALTH PROGRAMMING (BASED ON ASSESSMENT

RESULTS), IDENTIFICATION AND MANAGEMENT OF DISEASE RISK FACTORS TO LOWER

RISKS, ON-GOING MEASUREMENT AND EVALUATION OF HEALTH OUTCOMES, THEREBY

INCREASING THE POTENTIAL FOR OPTIMAL HEALTH AND WHOLENESS.

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

PROGRAMS. AT ADVENTIST HEALTHCARE, WE BELIEVE THIS TO BE A NATURAL,

SYMBIOTIC 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.

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 2018 AUDITED FINANCIAL STATEMENTS. THE ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN TOTAL OPERATING EXPENSE IS DIVIDED BY TOTAL CHARGES AS REFLECTED ON THE ORGANIZATION'S AUDITED INCOME STATEMENT.

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

PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:

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

Part VI Supplemental Information (Continuation)

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) NEXUS MONTGOMERY:

NEXUS MONTGOMERY IS A PARTNERSHIP OF FOUR HEALTH SYSTEMS IN MONTGOMERY

COUNTY, MARYLAND, INCLUDING ADVENTIST HEALTHCARE. 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.

4) REBUILDING TOGETHER:

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDED

REBUILDING TOGETHER MONTGOMERY COUNTY (RTMC) A \$25,000 GRANT IN 2018 TO

Part VI Supplemental Information (Continuation)

PROVIDE FREE HOME REPAIR AND ACCESSIBILITY MODIFICATION SERVICES (E.G. STAIRLIFTS AND RAMPS) FOR ELIGIBLE ADVENTIST HEALTHCARE (AHC) PATIENTS RESIDING IN MONTGOMERY COUNTY, MD. THE PARTNERSHIP ALLOWED RTMC TO IMPROVE THE HOMES AND LIVES OF LOW-INCOME AND DISADVANTAGED PATIENTS DISCHARGED FROM AHC FACILITIES (WAH AND SGMC), AND REFERRALS WERE OPEN TO BOTH HOMEOWNERS AND RENTERS. UPON RECEIPT OF A REFERRAL, RTMC CONDUCTED AN EVALUATION OF THE ELIGIBLE CANDIDATE'S LIVING SITUATION AND CONDITIONS AND CONTACTED CONTRACTORS AS NEEDED TO COMPLETE THE MODIFICATIONS AND REPAIRS. OVERALL, RTMC MADE IMPROVEMENTS TO SEVEN HOMES WITH PEST AND HOARDING REMEDIATION, ACCESSIBILITY MODIFICATIONS, AND HVAC REPAIR AND REPLACEMENT SERVICES. SIX OF THE SEVEN HOUSEHOLDS REPORTED AN IMPROVEMENT IN QUALITY OF LIFE.

5) CASA:

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDED CASA DE MARYLAND \$110,000 TO SUPPORT THE LANGLEY PARK PROMISE NEIGHBORHOOD (LPPN) PROGRAM, AND JUSTICE AWARDS NIGHT IN 2018. THE LPPN AIMED TO SUPPORT PARENT ENGAGEMENT IN THEIR CHILDREN'S ACADEMIC CAREER; IMPROVE EARLY CHILDCARE PROGRAMMING AND SUPPORT; INCREASE HEALTHCARE ACCESS AND DEVELOP A MEDICAL HOME FOR LANGLEY PARK RESIDENTS; DEVELOP NEIGHBORHOOD SAFETY PROGRAMS; SUPPORT SMALL BUSINESSES; AND ADVOCATE FOR AFFORDABLE, HIGHER QUALITY HOUSING.

CASA PRODUCED MANY POSITIVE OUTCOMES ACROSS THEIR PROGRAM AREAS FROM OUR PARTNERSHIP. REGARDING FAMILY ENGAGEMENT, CASA PILOTED AN ESOL CLASS DESIGNED TO INCREASE PARENTS' ENGLISH PROFICIENCY TO ENABLE THEM TO ADVOCATE EFFECTIVELY FOR THEIR CHILDREN WITHIN THE PUBLIC SCHOOL SYSTEM; 13 PRINCE GEORGE'S COUNTY PUBLIC SCHOOL (PGCPS) TEACHERS

Part VI Supplemental Information (Continuation)

PARTICIPATED IN THE TEACHER-PARENT CONNECTIONS INSTITUTE; AND 43 PARENTS PARTICIPATED IN A FAMILY ENGAGEMENT SERIES ON COLLEGE AND CAREER READINESS. CASA ALSO ENROLLED 1,227 RESIDENTS IN ACA HEALTH INSURANCE PLANS AND 422 LANGLEY PARK FAMILIES (527 INDIVIDUALS) WERE ASSISTED IN ENROLLING IN AN ACA HEALTH INSURANCE PLAN. THROUGH THE HEALTH HOTLINE, CASA INFORMED 529 LANGLEY PARK RESIDENTS ON HEALTH INSURANCE ENROLLMENT PROCEDURES AND MADE 1,509 REFERRALS FOR PRIMARY CARE AND HEALTH SCREENINGS. ADDITIONALLY, CASA COUNSELED AND PROVIDED TECHNICAL ASSISTANCE TO 79 ENTREPRENEURS AND SMALL BUSINESS OWNERS AND 63 PEOPLE ATTENDED SMALL BUSINESS LEADERSHIP DEVELOPMENT MEETINGS. CASA ALSO COMPLETED SIX CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN (CPTED) ASSESSMENTS OF CRIME HOTSPOTS IN LANGLEY PARK, INITIATED SPANISH LANGUAGE COURSES FOR 15 POLICE OFFICERS, AND COMPLETED THE FIRST YEAR OF A GANG PREVENTION AND INTERVENTION PROGRAM FOR 50 GRADUATING STUDENTS.

6) MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY (MCAEL): MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY (MCAEL) LEADS A NETWORK OF MORE THAN 60 ADULT ENGLISH LANGUAGE INSTRUCTION PROGRAMS IN MONTGOMERY COUNTY. THEY BUILD LOCAL CAPACITY AND ADVOCATE FOR IMPROVED SERVICES AND RESOURCES FOR ADULT ENGLISH LANGUAGE LEARNERS AND ENABLE THEM TO DEVELOP LITERACY SKILLS THROUGH ENGLISH AS A SECOND LANGUAGE (ESOL) CLASSES. THE GOAL OF THE PROGRAM IS TO STRENGTHEN THE ENGLISH LANGUAGE LEARNERS' SKILLS AND KNOWLEDGE SO THAT THEY ARE BETTER ABLE TO ACCESS EMPLOYMENT, EARN FAMILY-SUSTAINING WAGES, HELP THEIR CHILDREN WITH ACADEMICS, OR ACHIEVE CITIZENSHIP. THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND GRANTED MCAEL WITH \$10,000 IN 2018 TO WORK WITH BF SAUL AND GEICO TO HOLD ESOL CLASSES FOR

Part VI Supplemental Information (Continuation)

THEIR EMPLOYEES. FOR BF SAUL, THEY HELD THREE BEGINNING LEVEL AND LITERACY LEVEL CLASSES TWICE A WEEK TOTALING 60 HOURS OF INSTRUCTIONS FOR 11 EMPLOYEES. OF THE BEGINNING LEVEL CLASS, 80% (4/5 STUDENTS) WERE ABLE TO DESCRIBE THREE THINGS THEY DO AT WORK AND THREE APPLIANCES USED AT WORK; NAME 10 BODY PARTS AND THREE SYMPTOMS OF DISEASE; WRITE A PERSONAL CHECK; AND DESCRIBE HOW TO RETURN AN ITEM AT A STORE. OF THE LITERACY LEVEL CLASS, 100% (6 STUDENTS) REPORTED THEY WERE ABLE TO UNDERSTAND MORE ENGLISH; WRITE THEIR ADDRESS AND PHONE NUMBER; NAME WORK TOOLS, ANSWER QUESTIONS AND ASK FOR HELP AT WORK; AND NAME THREE BODY PARTS AND TELL SOMEONE IF THEY HAD A STOMACHACHE OR HEADACHE. FOR GEICO, TWO CLASSES (40 HOURS OF INSTRUCTION) FOCUSED ON BUSINESS WRITING WERE HELD FOR NINE MALE LEARNERS. ALL REPORTED INCREASED CONFIDENCE AND SKILLS IN BUSINESS WRITING. THEY WERE EQUIPPED WITH THE SKILLS TO WRITE AN RFP TO OUTSIDE CONTRACTORS, COMPLETE PERFORMANCE APPRAISALS, SET SMART GOALS, AND COMPLETE WORK ORDERS.

7) ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON (ACSGW):
 ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON (ACSGW) PROVIDES CASE MANAGEMENT, FOOD, CLOTHING, EMERGENCY FINANCIAL ASSISTANCE, COMMUNITY HEALTH PROGRAMS, AND WORKFORCE DEVELOPMENT TRAINING (E.G. ESOL, GED, AND BASIC TO ADVANCED COMPUTER SKILLS) TO SEVERAL LOCAL CHURCH CONGREGATIONS. ACSGW CURRENTLY SERVES OVER 6,000 FAMILIES IN THE GREATER WASHINGTON COMMUNITY. THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND GRANTED ACSGW \$5,000 FOR THEIR 2018 MAKING TRACKS ACADEMIC ENRICHMENT PROGRAM. THE FOOD, FUN, FITNESS & FUNDAMENTALS SUMMER CAMP HOSTED 150 STUDENTS FROM GALWAY ELEMENTARY SCHOOL. THE STUDENTS PARTICIPATED IN ACADEMIC ENRICHMENT, FITNESS AND RECREATIONAL ACTIVITIES AND LIFE-SKILLS TRAINING. OVER THE SIX-WEEK CAMP, STUDENTS

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RECEIVED 6,000 MEALS FOR THE WEEKEND. BY THE END OF THE CAMP, ACSGW

OBSERVED A 20% ACADEMIC IMPROVEMENT WITH MATH, READING AND LANGUAGE

ARTS SKILLS AMONG STUDENTS.

8) COMMUNITY BRIDGES:

COMMUNITY BRIDGES IS A YOUTH DEVELOPMENT ORGANIZATION COMMITTED TO

SERVING LOW-INCOME AND IMMIGRANT GIRLS IN MONTGOMERY COUNTY. THEY

PROVIDE DAILY, WEEKEND, AND AFTER-SCHOOL PROGRAMMING IN TWELVE

ELEMENTARY, MIDDLE AND HIGH SCHOOLS IN MONTGOMERY COUNTY. THEIR

PROGRAMS INCLUDE POSITIVE YOUTH DEVELOPMENT, HEALTH AND NUTRITION, AND

INTERVENTION SERVICES.

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND SPONSORED THE GIRL

LEGACY FUNDRAISING EVENT AT THE \$5,000 LEVEL. THE FUNDS RAISED FROM THE

GALA SUPPORTED THE HEALTHY BRIDGES PROGRAM WHICH TEACHES GIRLS THE

IMPORTANCE OF A HEALTHY LIFESTYLE THROUGH FITNESS, NUTRITION,

GOAL-SETTING, AND BODY IMAGE/SELF-ESTEEM WORKSHOPS.

PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:

9) IDENTITY:

IDENTITY IS A NON-PROFIT AIMED AT CREATING OPPORTUNITIES FOR LATINO AND

OTHER MULTICULTURAL YOUTH IN MONTGOMERY COUNTY TO REALIZE THEIR HIGHEST

POTENTIAL THROUGH INCREASED RESILIENCE AGAINST NEGATIVE BEHAVIORS AND

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

SOCIAL AND EMOTIONAL SUPPORT, ACADEMIC AID, AND WORKFORCE DEVELOPMENT

SKILL-BUILDING SUPPORTED BY WRAPAROUND SERVICES, INCLUDING FAMILY CASE

MANAGEMENT, BEHAVIORAL HEALTH (INDIVIDUAL, FAMILY AND GROUP THERAPY

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

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

Part VI Supplemental Information (Continuation)

AND ARE BASED ON THE POSITIVE YOUTH DEVELOPMENT MODEL.

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND GRANTED IDENTITY

\$15,000 IN 2018 FOR THEIR SOCIAL AND EMOTIONAL HEALTH FOR VULNERABLE

YOUTH AND FAMILIES PROGRAM. THE FUNDING ALLOWED IDENTITY TO PROVIDE

SOCIAL-EMOTIONAL SUPPORTS FOR LOW-INCOME, ELEMENTARY, MIDDLE AND HIGH

SCHOOL YOUTH, THEIR PARENTS/CAREGIVERS, AND DISCONNECTED OLDER YOUTH

THROUGH SOCIAL-EMOTIONAL HEALTH CURRICULA; A SOCCER AND MENTORING

PROGRAM; RECREATION AND PHYSICAL FITNESS PROGRAMS; AND MENTAL HEALTH

AND SUBSTANCE ABUSE COUNSELING.

10) ANTI-TOBACCO ADVOCACY:

MARYLAND'S LEGISLATURE PROPOSED A LAW RAISING THE MINIMUM AGE TO BUY

TOBACCO PRODUCTS FROM 18 TO 21. ADVENTIST HEALTHCARE ADVOCATED IN

SUPPORT OF THIS LAW BY SUBMITTING WRITTEN TESTIMONY TO THE LEGISLATIVE

COMMITTEES AND MEETING WITH LEGISLATORS IN SUPPORT OF THE BILL. WORKING

ALONGSIDE MANY OTHER STAKEHOLDERS, WE SUCCESSFULLY PERSUADED THE

MARYLAND GENERAL ASSEMBLY TO PASS THE BILL AND RAISE THE AGE TO

PURCHASE TOBACCO TO 21.

ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY

BUILDING ACTIVITIES IN 2019. 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 REVENUES. PATIENT ACCOUNTS RECEIVABLE

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

Part VI Supplemental Information (Continuation)

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.

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 6% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH
 PROVIDERS, AS WELL AS A 2% REDUCTION FOR SEQUESTRATION. THERE SHOULD BE
 NO SHORTFALL AND THEREFORE NOTHING TO COUNT TOWARD COMMUNITY BENEFIT.
 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, INCLUDING ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL, ADVENTIST HEALTHCARE REHABILITATION, AND ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, FORMED A COMMUNITY BENEFIT COUNCIL (CBC) IN 2011 TO

Part VI Supplemental Information (Continuation)

GUIDE ITS COMMUNITY BENEFIT ACTIVITIES AND STRATEGY. THE COMMUNITY BENEFIT

COUNCIL HAS REPRESENTATION FROM EACH OUR HOSPITAL ENTITIES AS WELL AS

ADDITIONAL KEY SYSTEM-WIDE DEPARTMENTS SUCH AS FINANCE, POPULATION HEALTH

AND MISSION INTEGRATION. THE COUNCIL IS CHAIRED BY MARILYN LYNK, PHD,

EXECUTIVE DIRECTOR OF THE CENTER FOR HEALTH EQUITY AND WELLNESS. THE

COUNCIL ALSO 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 STEERING

COMMITTEE FOR HEALTHY MONTGOMERY, THE LOCAL HEALTH IMPROVEMENT COALITION.

BY SERVING ON THE STEERING COMMITTEE, AS WELL AS SEVERAL SUB-COMMITTEES,

WE ARE ABLE TO STAY APPRISED OF EXISTING AND DEVELOPING HEALTH NEEDS IN

THE COMMUNITY AND ARE ABLE TO WORK WITH OTHER STAKEHOLDERS TO DEVELOP

STRATEGIES FOR ADDRESSING THEM.

> ON A QUARTERLY BASIS, ADVENTIST HEALTHCARE ALSO CREATES INTERNAL EQUITY

REPORTS. THESE REPORTS PROVIDE A SNAPSHOT OF THE PATIENT POPULATION THAT

WE ARE SEEING IN OUR HOSPITALS. WE REVIEW DATA SUCH AS RACE, ETHNICITY,

INSURANCE STATUS, READMISSIONS AND LANGUAGE. THIS DATA HELPS US TO BETTER

UNDERSTAND WHO WE ARE SERVING AND GUIDES INTERNAL EFFORTS TO ADDRESS

HEALTH EQUITY. FOR EXAMPLE, IT HELPS TO GUIDE DEVELOPMENT OF CULTURAL

COMPETENCE TRAININGS AND RESOURCES AND INFORMS LANGUAGE ACCESS SERVICES

PLANNING TO ENSURE WE HAVE SUFFICIENT RESOURCES IN PLACE TO MEET THE NEEDS

OF OUR PATIENTS.

> WE ARE ALSO ABLE TO GATHER INFORMATION AROUND COMMUNITY NEEDS THROUGH

OUR NUMEROUS COMMUNITY PARTNERSHIPS AND OUTREACH EFFORTS. THROUGH OUR

PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS, WE ARE ABLE TO LEARN ABOUT THE

NEEDS OF THE STAKEHOLDERS THOSE ORGANIZATIONS REPRESENT. ONE EXAMPLE OF

Part VI Supplemental Information (Continuation)

THIS IS OUR COMMUNITY PARTNERSHIP FUND THROUGH WHICH WE DEVELOP

COLLABORATIONS WITH OTHER ORGANIZATIONS AND ALSO AWARD GRANT AND

SPONSORSHIP FUNDING.

> ADDITIONALLY, WE ARE ABLE TO GATHER DATA DIRECTLY FROM THE COMMUNITY

MEMBERS WE SERVE THROUGH OUTREACH AND EDUCATIONAL PROGRAMMING.

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

Schedule H (Form 990)

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 & ADVENTIST HEALTHCARE

BEHAVIORAL HEALTH AND WELLNESS SERVICES PRIMARILY SERVE RESIDENTS OF

MONTGOMERY COUNTY, MARYLAND. APPROXIMATELY 85 PERCENT OF DISCHARGES COME

FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED SHADY GROVE MEDICAL

CENTER'S COMMUNITY BENEFIT SERVICE AREA "CBSA." WITHIN THAT AREA, 60

PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED

THE FOLLOWING ZIP CODES/CITIES IN 2018:

GERMANTOWN (20874, 20876); GAITHERSBURG (20877, 20878, 20879); ROCKVILLE

(20850, 20852); MONTGOMERY VILLAGE (20886); POTOMAC (20854); CLARKSBURG

(20871).

SHADY GROVE MEDICAL CENTER DRAWS 25 PERCENT OF DISCHARGES FROM ITS

SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES:

ROCKVILLE (20851, 20853); DERWOOD (20855); SILVER SPRING (20901, 20902,

20904, 20906, 20910); DAMASCUS (20872); BOYDS (20841); GAITHERSBURG

(20882); POOLESVILLE (20837); OLNEY (20832); BETHESDA (20814, 20817);

FREDERICK (21702, 21703); MOUNT AIRY (21771).

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL PRIMARILY SERVES

RESIDENTS OF PRINCE GEORGE'S COUNTY AND MONTGOMERY COUNTY, MARYLAND.

Part VI Supplemental Information (Continuation)

APPROXIMATELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA,

WHICH IS CONSIDERED WASHINGTON ADVENTIST HOSPITAL'S COMMUNITY BENEFIT

SERVICE AREA "CBSA". WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM

THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLLOWING ZIP CODES/CITIES IN

2018:

COLLEGE PARK (20740); HYATTSVILLE (20784, 20783, 20782); RIVERDALE

(20737); SILVER SPRING (20903, 20901, 20904, 20910); TAKOMA PARK (20912);

LANHAM (20706).

WASHINGTON ADVENTIST HOSPITAL DRAWS 25 PERCENT OF DISCHARGES FROM ITS

SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES:

BELTSVILLE (20705); BLADENSBURG (20710); BRENTWOOD (20722); CAPITOL

HEIGHTS (20743); GREENBELT (20770); HYATTSVILLE (20781, 20785); LAUREL

(20707, 20708); MOUNT RAINIER (20712); UPPER MARLBORO (20774); WASHINGTON

(20011, 20012); SILVER SPRING (20905, 20902, 20906); BURTONSVILLE (20866);

FORT WASHINGTON (20744); OXON HILL (20745); DISTRICT HEIGHTS (20747);

SUITLAND (20746); TEMPLE HILLS (20748).

ADVENTIST HEALTHCARE SERVES ONE OF THE MOST ETHNICALLY DIVERSE COMMUNITIES

IN THE UNITED STATES; NON-HISPANIC WHITES NOW COMPRISE ONLY 43.4 PERCENT

OF THE POPULATION OF MONTGOMERY COUNTY, MARYLAND, MAKING IT A

MAJORITY-MINORITY COUNTY. ACCORDING TO THE U.S. CENSUS BUREAU, THE

PERCENTAGE OF HISPANICS OR LATINOS IN MONTGOMERY COUNTY IS NEARLY DOUBLE

THE PERCENTAGE OF HISPANICS OR LATINOS IN THE STATE OF MARYLAND. THE U.S.

CENSUS BUREAU HAS ALSO FOUND THAT MARYLAND IS ONE OF THE TOP 10

DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS. CURRENTLY, 32.6 PERCENT OF

MONTGOMERY RESIDENTS ARE FOREIGN-BORN, AND 40.5 PERCENT SPEAK A LANGUAGE

Part VI Supplemental Information (Continuation)

OTHER THAN ENGLISH AT HOME.

IN MONTGOMERY COUNTY, 91.1 PERCENT OF ADULTS HAVE AT LEAST A HIGH SCHOOL DEGREE WHILE 58.3 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER. SEVEN PERCENT OF RESIDENTS ARE CURRENTLY LIVING IN POVERTY AND 8 PERCENT OF RESIDENTS UNDER 65 YEARS OF AGE ARE UNINSURED.

PRINCE GEORGE'S COUNTY IS ONE OF THE STATE'S MOST POPULOUS JURISDICTIONS, WITH A POPULATION INCREASE OF 7.7 PERCENT IN THE LAST DECADE TO A TOTAL OF MORE THAN 909,308 RESIDENTS. SINCE 2000, IT HAS EXPERIENCED THE SECOND-LARGEST POPULATION GROWTH IN MARYLAND, DUE LARGELY OR IN PART TO AN INCREASE IN HISPANIC RESIDENTS. EVERY RACE OR ETHNICITY, INCLUDING BLACK OR AFRICAN AMERICAN, ASIAN AND PACIFIC ISLANDER, HISPANIC OR LATINO, MULTIPLE RACES, AND OTHER RACES, HAS INCREASED ITS PRESENCE IN THE PAST DECADE, EXCEPT THE WHITE POPULATION, WHICH HAS DECREASED BY OVER 23 PERCENT. PRINCE GEORGE'S COUNTY'S FOREIGN-BORN POPULATION HAS ALSO STEADILY INCREASED OVER THE LAST TWO DECADES; FROM 2000 - 2007 IT INCREASED AT THE HIGHEST RATE IN MARYLAND - 199.9 PERCENT COMPARED TO A STATE AVERAGE OF 70.7 PERCENT. CURRENTLY, 21.9 PERCENT OF THE COUNTY'S RESIDENTS ARE FOREIGN-BORN AND 24.3 PERCENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IMMIGRANTS CONTRIBUTE GREATLY TO OUR COMMUNITY AND OUR HOSPITAL PROVIDERS ARE COMMITTED TO UNDERSTANDING THEIR NEEDS AND WORKING TO TREAT THEM IN A CULTURALLY COMPETENT MANNER.

IN PRINCE GEORGE'S COUNTY, 86.1 PERCENT OF ADULTS HAVE AT LEAST A HIGH SCHOOL DEGREE WHILE 31.9 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER. AMONG CURRENT RESIDENTS, 8.6 PERCENT ARE LIVING IN POVERTY AND 10.8 PERCENT OF RESIDENTS UNDER 65 YEARS OF AGE ARE UNINSURED.

Part VI Supplemental Information (Continuation)

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 2018, INCLUDING HEALTH EDUCATION/LECTURES, HEALTH SCREENINGS, SUPPORT GROUPS, AS WELL AS SERVING ON COMMUNITY BOARDS AND COMMITTEES AND SUPPORTING MONTGOMERY COUNTY'S SAFETY NET CLINICS FOR UNINSURED AND UNDERINSURED RESIDENTS. WE FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES PREVALENT IN THE COMMUNITIES WE SERVE, AS WELL AS OUTREACH AND CULTURALLY COMPETENT SERVICES TO VULNERABLE POPULATIONS.

> A VARIETY OF HEALTH SCREENINGS AND EDUCATIONAL LECTURES WERE HELD IN COMMUNITY SETTINGS, SUCH AS SENIOR LIVING COMMUNITIES, LOW-INCOME APARTMENT COMPLEXES, COMMUNITY AND SENIOR CENTERS, SCHOOLS, SHOPPING CENTERS/MALLS, FARMER'S MARKETS, BARBER SHOPS/BEAUTY SALONS AND OTHER BUSINESSES, AND RELIGIOUS CONGREGATIONS.

> MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED SUPPORT AND ASSISTANCE TO THOUSANDS OF NEW AND EXPERIENCED MOTHERS, FATHERS AND GRANDPARENTS THROUGH CLASSES AND SUPPORT GROUPS INCLUDING: CHILDBIRTH CLASSES, BREASTFEEDING CLASSES AND SUPPORT GROUPS, BABY CARE BASICS CLASSES, SIBLING CLASSES, GRANDPARENT CLASSES AND NEW MOTHER AND NEW FATHER SUPPORT GROUPS. WE ALSO OFFER A FREE WARM LINE THAT IS STAFFED BY A CERTIFIED LACTATION CONSULTANT WHO IS ABLE TO ANSWER BREASTFEEDING QUESTIONS.

> DIABETES PREVENTION EFFORTS INCLUDED FREE PRE-DIABETES CLASSES AS WELL AS INDIVIDUAL COUNSELING AND DIABETES SELF-MANAGEMENT CLASSES FOR THOSE

Part VI Supplemental Information (Continuation)

WITH DIABETES. FREE DIABETES EDUCATION WAS ALSO PROVIDED IN THE COMMUNITY.

> OTHER HEALTH EDUCATION CLASSES TO THE COMMUNITY INCLUDED CPR CLASSES

(INFANT AND ADULT), FIRST AID/SAFETY CLASSES, HEALTHY EATING/NUTRITION

CLASSES, COOKING DEMONSTRATIONS, ZUMBA CLASSES, AND A WIDE VARIETY OF

HEALTH LECTURES.

> INFLUENZA AND PNEUMONIA VACCINATIONS WERE OFFERED FOR FREE OR REDUCED

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

IN PARTNERSHIP WITH SAFETY NET CLINICS SERVING LOW-INCOME AND UNINSURED

RESIDENTS IN MONTGOMERY COUNTY.

> ADVENTIST HEALTHCARE HAS A HEALTH MINISTRY PROGRAM THAT SPECIFICALLY

SUPPORTS FAITH COMMUNITY NURSES AND CONGREGATIONS TO ADDRESS HEALTH ISSUES

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

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

> PERSONNEL FROM VARIOUS DEPARTMENTS ARE ACTIVE IN THE COMMUNITY SERVING

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

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

POPULATIONS.

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

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

SUPPORT INCLUDES FINANCIAL CONTRIBUTIONS AND PROVISION OF LABORATORY AND

RADIOLOGY SERVICES.

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

HEALTHCARE CENTER FOR HEALTH EQUITY AND WELLNESS PROVIDES CULTURAL AND

LINGUISTIC COMPETENCY TRAINING TO MEDICAL AND SUPPORT STAFF, BOTH

INTERNALLY AND FOR OTHER HEALTH CARE ORGANIZATIONS.

> THROUGH ADVENTIST HEALTHCARE'S COMMUNITY PARTNERSHIP FUND, GRANT AND

SPONSORSHIP FUNDING IS PROVIDED TO NON-PROFIT ORGANIZATIONS IN THE

COMMUNITY ACROSS THREE FUNDING OBJECTIVES: HEALTH AND WELLNESS,

Part VI Supplemental Information (Continuation)

PARTNERSHIPS, AND CAPACITY BUILDING. FUNDING IS AWARDED TO ORGANIZATIONS

ADDRESSING NEEDS IDENTIFIED IN ONE OF AHC'S COMMUNITY HEALTH NEEDS

ASSESSMENTS.

ADVENTIST HEALTHCARE IS COMMITTED TO ENSURING THAT THE COMMUNITIES IT

SERVES THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE

BENEFITS OF HIGH QUALITY, EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL,

MENTAL AND SPIRITUAL WELLBEING.

PART VI, LINE 6:

AFFILIATED HEALTH CARE:

ADVENTIST HEALTHCARE, BASED IN GAITHERSBURG, MD., IS A FAITH-BASED,

NOT-FOR-PROFIT ORGANIZATION OF DEDICATED PROFESSIONALS WHO WORK TOGETHER

EACH DAY TO PROVIDE EXCELLENT WELLNESS, DISEASE MANAGEMENT AND HEALTH-CARE

SERVICES TO THE COMMUNITY. WE WERE FOUNDED UPON THE PRINCIPLE OF WELLNESS

MORE THAN 100 YEARS AGO AND TODAY PROVIDE INNOVATIVE CARE TO HEART-ATTACK

VICTIMS, CANCER PATIENTS, PREMATURE BABIES AND THE COMMUNITY AS A WHOLE.

OUR UNWAVERING FOCUS HAS ALWAYS BEEN ON THE HEALTH AND WELLNESS OF THE

COMMUNITIES WE SERVE. WE ARE ALREADY A STEP AHEAD AS HEALTH CARE REFORM IS

CHALLENGING HOSPITAL SYSTEMS NATIONWIDE TO IMPROVE THE HEALTH OF

POPULATIONS; OUR INTEGRATED, HEALTH-CARE DELIVERY NETWORK INCLUDES FOUR

NATIONALLY ACCREDITED, ACUTE-CARE AND SPECIALTY HOSPITALS, MENTAL HEALTH

SERVICES, HOME HEALTH AGENCIES AND URGENT CARE CENTERS, SERVING THE

WASHINGTON, D.C. METROPOLITAN AREA.

ADVENTIST HEALTHCARE INCLUDES: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL

CENTER, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL, ADVENTIST

Part VI Supplemental Information (Continuation)

HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, ADVENTIST HEALTHCARE

REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES, THE REGINALD S.

LOURIE CENTER FOR CHILDREN'S SOCIAL & EMOTIONAL WELLNESS, ADVENTIST

HEALTHCARE URGENT CARE CENTERS, AND OTHER HEALTH SERVICES. TOGETHER, WITH

OUR CENTER FOR HEALTH EQUITY AND WELLNESS, AND MORE THAN 2,000 AFFILIATED

PRIMARY AND SPECIALTY CARE PHYSICIANS, ADVENTIST HEALTHCARE ENCOMPASSES

MANY OF THE NECESSARY CARE DELIVERY COMPONENTS NEEDED TO DELIVER

POPULATION-BASED CARE ACROSS THE CONTINUUM.

OUR COMMITMENT TO THE COMMUNITY EXTENDS BEYOND OUR WALLS TO ENCOMPASS THE

MOST VULNERABLE AND UNDERSERVED. IN 2018, THERE WERE APPROXIMATELY 766,386

OVERALL ENCOUNTERS ACROSS ALL OF OUR FACILITIES AND PROGRAMS. WE ALSO

PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFIT OF MORE THAN \$72.7

MILLION. AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE

GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF 6,711 EMPLOYEES AND ALMOST

1,615 VOLUNTEERS THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE

COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY.

IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST

HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO

IMPROVE ACCESS TO HEALTH CARE FOR LOW-INCOME AND UNINSURED INDIVIDUALS, AS

WELL AS HISTORICALLY UNDER-SERVED COMMUNITIES INCLUDING MINORITIES AND

IMMIGRANTS. OUR GOAL IS EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS

FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR

DEMOGRAPHIC CHARACTERISTICS.

VISIT WWW.ADVENTISTHEALTHCARE.COM TO LEARN EVEN MORE ABOUT OUR SERVICES

AND OUR LONGSTANDING BELIEF THAT A HEALTHY LIFESTYLE IS THE BEST WAY TO

Part VI Supplemental Information (Continuation)

PREVENT DISEASE, AND THAT PREVENTION IS MUCH BETTER THAN A CURE.

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

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVENTIST COMMUNITY SERVICE CENTER 501 SLIGO AVENUE SILVER SPRING, MD 20910	02-0592766	501-(C)-(3)	5,000.	0.			MAKING TRACKS ACADEMIC ENRICHMENT PROGRAM - SUMMER PROGRAM FOR YOUTH PROVIDING PHYSICAL
CAPITAL HILL SEVENTH DAY ADVENTIST CHURCH - 914 MASSACHUSETTS AVE NE - WASHINGTON, DC 20002	47-3564822	501-(C)-(3)	10,000.	0.			DONATIONS TOWARDS A MISSION TRIP TO HAITI, TO SUPPORT PLANS TO PROVIDE SURGICAL, MEDICAL,
CASA OF MARYLAND, INC. 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501-(C)-(3)	110,000.	0.			LANGLEY PARK PROMISE NEIGHBORHOOD/LEARNING TOGETHER: SUPPORT PARENT ENGAGEMENT, IMPROVE EARLY
CENTRE POINTE COUNSELING PO BOX 339 ASHTON, MD 20861	52-1288655	501-(C)-(3)	10,000.	0.			GRANTS TO SUPPORT COUNSELING WORK IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES.
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD. COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	325,000.	0.			DONATIONS TO SUPPORT THE COLUMBIA UNION REACH EVANGELISM SCHOOL PROGRAM, WHICH HELPS
COMMUNITY BRIDGES INC 620 PERSHING DRIVE 2ND FLOOR SILVER SPRING, MD 20910	52-2043059	501-(C)-(3)	5,000.	0.			DIRECT DONATION TO SUPPORT LEADERSHIP AND HEALTH EDUCATION/LITERACY PROGRAM FOR MINORITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 46.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CLINIC INC 8630 FENTON STREET, SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501-(C)-(3)	10,000.	0.			CENTERINGPREGNANCY PROGRAM - MODEL OF GROUP PRENATAL CARE THAT INTEGRATES INDIVIDUAL
COMMUNITY HEALTH AND EMPOWERMENT INC - 8545 PINEY BRANCH RD SUITE B - SILVER SPRING, MD 20910	27-3662468	501-(C)-(3)	50,000.	0.			LONG BRANCH HEALTHY FOOD ACCESS PROGRAM (LBHFAP) ENGAGES LOW INCOME ADULTS WITH DIABETES IN EATING
CROSSROADS COMMUNITY FOOD NETWORK INC - 6930 CARROLL AVE SUITE 426 - TAKOMA PARK, MD 20912	36-4635237	501-(C)-(3)	10,000.	0.			FRESH CHECKS FOR FRESH PRODUCE IN THE TAKOMA/LANGLEY CROSSROADS AREA. THE GOAL OF THIS
EVERYMIND 1000 TWINBROOK PKWY ROCKVILLE, MD 20851	52-0681147	501-(C)-(3)	7,500.	0.			TIFFANY SPONSORSHIP, EVERYMIND 60TH ANNIVERSARY GALA, TO SUPPORT MENTAL HEALTH
FOOD & FRIENDS 219 RIDGE ROAD NE WASHINGTON, DC 20011	52-1648941	501-(C)-(3)	7,500.	0.			CHEFS BEST IS FOOD & FRIENDS' SIGNATURE FUNDRAISING EVENT TO SUPPORT THEIR WORK TO
GENERAL CONFERENCE OF SDA 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-0643036	501-(C)-(3)	15,920.	0.			DONATION MADE TOWARDS MEDICAL REFERENCE MATERIALS FOR PHYSICIANS.
GREATER WASHINGTON COMMUNITY FOUNDATION - 1325 G STREET NW, SUITE 480 - WASHINGTON, DC 20005	23-7343119	501-(C)-(3)	5,000.	0.			2018 CIVIC LEADERSHIP AWARDS FUNDRAISER: TO SUPPORT THE NONPROFIT SECTOR WITH CONTINUOUSLY
IDENTITY 414 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	52-2120012	501-(C)-(3)	17,500.	0.			"SOCIAL AND EMOTIONAL HEALTH FOR VULNERABLE YOUTH AND FAMILIES" PROGRAM - PROVIDE SOCIAL
IMPACT SILVER SPRING 8545 PINEY BRANCH ROAD SILVER SPRING, MD 20901	52-2164844	501-(C)-(3)	5,000.	0.			IMPACT NOW!: A SOCIAL FORUM TO IMPROVE SOCIAL CONNECTEDNESS AND LINK COMMUNITY MEMBERS WITH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1301 CONNECTICUTT AVE NW STE 200 - WASHINGTON, DC 20036	46-3039129	501-(C)-(3)	50,000.	0.			TO SUPPORT THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTINUED ENGAGEMENT OF
INTERFAITH WORKS 114 W. MONTGOMERY AVENUE ROCKVILLE, MD 20850-4213	52-1072684	501-(C)-(3)	10,000.	0.			RACE TO EMPOWER 5K: TO SUPPORT LOW-INCOME AND PEOPLE EXPERIENCING HOMELESSNESS IN
LEADERSHIP MONTGOMERY EDUCATION FOUNDATION, INC. - 5910 EXECUTIVE BLVD #200 - ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	45,400.	0.			LEADERSHIP MONTGOMERY COMMUNITY PROGRAMS SUPPORTER - ALLOW ADVENTIST HEALTHCARE TO
MANNA FOOD CENTER 614 LOFSTRAND LANE ROCKVILLE, MD 20850	52-1289203	501-(C)-(3)	75,000.	0.			"PROMOTING FOOD SECURITY AND ENHANCING COMMUNITY HEALTH IN EASTERN MONTGOMERY COUNTY" GRANT
MANSFIELD KASEMAN HEALTH CLINIC 114 WEST MONTGOMERY AVENUE ROCKVILLE, MD 20850	27-2529951	501-(C)-(3)	10,000.	0.			PROGRAM SUPPORT FOR THE KASEMAN HEALTH CLINIC AND ITS SERVICES AND OPERATIONS (I.E.
MARYLAND PATIENT SAFETY CENTER 6820 DEERPATH ROAD ELKRIDGE, MD 21075	35-2200200	501-(C)-(3)	5,000.	0.			MARYLAND PATIENT SAFETY CENTER (MPSC) ANNUAL CONFERENCE FOCUSING ON HOW TO IMPROVE QUALITY OF
MARY'S CENTER FOR MATERNAL & CHILD CARE, INC. - 2333 ONTARIO ROAD,N.W - WASHINGTON, DC 20009	52-1594116	501-(C)-(3)	120,000.	0.			PROMISE OF TOMORROW CAMPAIGN: SUPPORTING MARYS CENTER EXPANSION IN MONTGOMERY COUNTY.
MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501-(C)-(3)	15,000.	0.			ANNUAL MERCY GOLF CLASSIC AND GALA - ALL PROCEEDS ARE USED TO SUPPORT THE MISSION OF MERCY HEALTH
METROPOLITAN SEVENTHDAY ADVENTIST CHURCH - 7915 GREENBURY DR - GREENBELT, MD 20770	52-2135553	501-(C)-(3)	5,000.	0.			HEALTHY MINDS, HEALTHY BODIES HEALTH SUMMIT - HEALTH EDUCATION AND DISCUSSION AROUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE MEDICAL CARE, INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814-1620	23-7022588	501-(C)-(3)	150,000.	0.			A PROMOTING FOOD SECURITY AND ENHANCING COMMUNITY IN EASTERN MONTGOMERY COUNTY GRANT - GENERAL
MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY INC - 10605 CONCORD ST STE 440 - KENSINGTON, MD 20895	20-8015355	501-(C)-(3)	10,000.	0.			TO MAKE LITERACY INSTRUCTION AVAILABLE TO MORE ADULTS IN MONTGOMERY COUNTY, MCAEL WILL BRING
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 FOR THE HOMELESS - 600-B EAST GUDE DRIVE - ROCKVILLE, MD 20850	52-1735674	501-(C)-(3)	5,000.	0.			DONATIONS RELATED FOR PROGRAMMING (E.G. EMERGENCY SHELTER, PERMANENT SUPPORTIVE
MONTGOMERY HOSPICE 1450 RESEARCH BLVD., SUITE 310 ROCKVILLE, MD 20850	52-1114719	501-(C)-(3)	20,000.	0.			20 DAYS OF ACUTE CARE FOR LOW-INCOME AND UNDER AND UN-INSURED CASEY HOUSE PATIENTS.
NATIONAL ASSOC OF HEALTH SERVICES EXECUTIVES - 1050 CONNECTICUT AVE NW 5TH FL - WASHINGTON, DC 20036	62-1312239	501-(C)-(3)	5,000.	0.			SPONSORSHIP OF THE 33RD ANNUAL EDUCATIONAL CONFERENCE. DONATIONS FURTHER THE MISSION OF
NATIONAL CAPITAL PHYSICIANS FOUNDATION - 15855 CRABBS BRANCH WAY - ROCKVILLE, MD 20855	81-1085170	501-(C)-(3)	5,200.	0.			DONATIONS TOWARDS NCPF'S FUNDRAISING EVENT, WITH FUNDS CONTRIBUTING TO ADVANCE THE PRACTICE OF
NORTH AMERICAN DIVISION OF SDA 9705 PATUXENT WOODS DRIVE COLUMBIA, MD 21046	20-3164300	501-(C)-(3)	10,000.	0.			DONATION TO SUPPORT AN ADVENTIST WOMEN LEADERS EVENT TO EMPOWER AND ENABLE MORE WOMEN TO
NORTHWEST MEDICAL FOUNDATION OF TILLAMOOK - 1000 THIRD STREET - TILLAMOOK, OR 97141	93-0622075	501-(C)-(3)	6,000.	0.			SUPPORT OF THE NATIONAL ASSOCIATION OF ADVENTIST HEALTHCARE HUMAN RESOURCES CONFERENCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKWOOD UNIVERSITY 7000 ADVENTIST BOULEVARD N.W. HUNTSVILLE, AL 35896	63-0366652	501-(C)-(3)	10,000.	0.			DONATION MADE TOWARDS OAKWOOD UNIVERSITY'S ALUMNI ASSOCIATION FOR THE PURPOSE OF INVESTING
REBUILDING TOGETHER MONTGOMERY COUNTY - 3925 PLYERS MIL ROAD SUITE 202 - KENSINGTON, MD 20895	52-1667026	501-(C)-(3)	25,000.	0.			ADDRESSING SOCIAL DETERMINANTS OF HEALTH - SAFE AND HEALTHY HOMES GRANT - BUILD CAPACITY
SPENCERVILLE ADVENTIST ACADEMY 15930 GOOD HOPE ROAD SILVER SPRING, MD 20904	52-1714576	501-(C)-(3)	75,581.	0.			DONATIONS TOWARDS: SCIENCE DIVISION, ANNUAL 5K RUN, FUNDS TOWARDS A NEW SCHOOL BUS, BASEBALL
SPENCERVILLE ADVENTIST CHURCH 16325 NEW HAMPSHIRE AVE SILVER SPRING, MD 20905	52-1714576	501-(C)-(3)	200,000.	0.			DONATION TO THE CHURCH IN FURTHERING THEIR VALUES INCLUDING WORSHIP, GLOBAL COMMUNION, OUTREACH,
UNIVERSITIES AT SHADY GROVE FOUNDATION - 9636 GUELSKY DRIVE - ROCKVILLE, MD 20850	52-1125663	501-(C)-(3)	28,455.	0.			DONATIONS GOING TOWARDS THE COUNTY'S UNDERREPRESENTED STUDENTS IN HIGHER EDUCATION
STRATHMORE HALL FOUNDATION INC. 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	24,600.	0.			ANNUAL GALA TO SUPPORT MANY INITIATIVES, SUCH AS HELPING STUDENTS LEARN MUSIC SKILLS, TEAMWORK,
TAKOMA ACADEMY 8120 CARROLL AVENUE TAKOMA PARK, MD 20912	52-0563186	501-(C)-(3)	25,000.	0.			SUPPORTING THE CHORALE/CAMERATA THAT WILL BE TRAVELING TO SOUTH AFRICA.
THE SHEPHERD'S TABLE INC 8210 DIXON AVE SILVER SPRING, MD 20910	52-1381738	501-(C)-(3)	15,000.	0.			DIRECT DONATION FOR THE FOOD SERVICE PROGRAM TO ENSURE PROVISION OF FREE MEALS TO COMMUNITY
URBAN LAND INSTITUTE 2001 L STREET NW SUITE 200 WASHINGTON, DC 20036	53-0159845	501-(C)-(3)	5,000.	0.			DONATIONS GOING TO PROVIDE LEADERSHIP IN THE RESPONSIBLE USE OF LAND AND IN CREATING AND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIETNAMESE AMERICAN SERVICES 11528 COLT TER. SILVER SPRING, MD 20902	47-5530373	501-(C)-(3)	5,000.	0.			HEALTH CARE PROGRAM FOR VIETNAMESE COMMUNITY - PROVIDE PATIENT NAVIGATION, HEALTH
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVE. TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	105,525.	0.			SUPPORT TOWARDS THE WAU FAMILY FUN FEST & SUPPORT OF THE WAU SCHOOL OF HEALTH PROFESSIONS, FOR
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC. - 820 W. DIAMOND AVENUE STE 600 - GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	128,718.	0.			FUNDS GOING TOWARDS AREAS OF NEED AT SHADY GROVE MEDICAL CENTER.
WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC. - 820 W. DIAMOND AVENUE STE 600 - GAITHERSBURG, MD 20878	52-1692158	501-(C)-(3)	18,961.	0.			FUNDS GOING TOWARDS AREAS OF NEED AT WASHINGTON ADVENTIST HOSPITAL.

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 IS COMMITTED TO IDENTIFYING AND RESPONDING TO PRIORITY

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

ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR

ORGANIZATIONS WHOSE ACTIVITIES SUPPORT OUR MISSION TO IMPROVE THE HEALTH

AND WELLBEING OF OUR COMMUNITY, ESPECIALLY FOR THOSE WHO HAVE POOR ACCESS

TO CARE AND POOR HEALTH OUTCOMES.

THE COMMUNITY PARTNERSHIP FUND AWARDS GRANTS AND PROVIDES EVENT

Part IV Supplemental Information

SPONSORSHIPS TO ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND

OUR FUNDING OBJECTIVES:

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

PREVENTION AND WELLNESS PROGRAMS;

2. PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH;

3. CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

OUR PRIORITIES:

1. ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT;

2. ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

3. ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

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

ADDITIONAL FACTORS WE CONSIDER:

1. 501(C)(3) NON-PROFIT STATUS;

2. PARTNERING ORGANIZATIONS OR FUNDING FROM OTHER SOURCES.

ADDITIONAL INFORMATION:

ALL PROSPECTIVE APPLICANTS ARE ASKED TO COMPLETE A GRANT APPLICATION OR

EVENT SPONSORSHIP APPLICATION (E.G., FUNDRAISING GALAS AND SPORTING

EVENTS).

Part IV Supplemental Information

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

> 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

Part IV Supplemental Information

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 COMMUNITY SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: MAKING TRACKS ACADEMIC ENRICHMENT

PROGRAM - SUMMER PROGRAM FOR YOUTH PROVIDING PHYSICAL ACTIVITIES AND
SCIENCE/MATH CLASSES.

NAME OF ORGANIZATION OR GOVERNMENT:

CAPITAL HILL SEVENTH DAY ADVENTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS TOWARDS A MISSION TRIP TO

HAITI, TO SUPPORT PLANS TO PROVIDE SURGICAL, MEDICAL, VISION, AND DENTAL
SERVICES TO A SPECIAL COMMUNITY OF SURVIVORS CONSISTING OF 185 FAMILIES
AND THEIR SURROUNDING NEIGHBORS.

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF MARYLAND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: LANGLEY PARK PROMISE

NEIGHBORHOOD/LEARNING TOGETHER: SUPPORT PARENT ENGAGEMENT, IMPROVE EARLY
CHILDCARE PROGRAMMING AND SUPPORT, INCREASE HEALTHCARE ACCESS AND DEVELOP
A MEDICAL HOME FOR LP RESIDENTS, DEVELOP NEIGHBORHOOD SAFETY PROGRAMS,
ESTABLISH WORKFORCE DEVELOPMENT PROGRAMS, EXPAND WIRELESS ACCESS TO ALL
LP RESIDENTS, CREATE AN ACADEMIC AND COMMUNITY SERVICES HUB.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRE POINTE COUNSELING

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SUPPORT COUNSELING WORK IN
MONTGOMERY AND PRINCE GEORGE'S COUNTIES. FUNDING SPECIFIED FOR

Part IV Supplemental Information

CLINICIANS PROVIDING SERVICES FOR LOW-INCOME AND UNDER AND UN-INSURED

RESIDENTS. DAY OF HOPE GALA - FUNDRAISER TO PROVIDE CLINICAL SERVICES TO

LOW INCOME AND UNDER AND UN-INSURED RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA UNION CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS TO SUPPORT THE COLUMBIA

UNION REACH EVANGELISM SCHOOL PROGRAM, WHICH HELPS PREPARES STUDENTS FOR

SERVICE IN URBAN COMMUNITIES. CONTRIBUTION TOWARDS PURPOSE OF MISSION

WORK, YOUTH MINISTRY AND HEALTH AND WELLNESS OUTREACH.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY BRIDGES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT DONATION TO SUPPORT

LEADERSHIP AND HEALTH EDUCATION/LITERACY PROGRAM FOR MINORITY GIRLS IN

MONTGOMERY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CLINIC INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CENTERINGPREGNANCY PROGRAM - MODEL

OF GROUP PRENATAL CARE THAT INTEGRATES INDIVIDUAL HEALTH ASSESSMENTS,

INTERACTIVE EDUCATION ON PRENATAL HEALTH, AND SOCIAL SUPPORT.

CENTERINGPREGNANCY BRINGS TOGETHER A GROUP OF 8 TO 12 PATIENTS IN CLOSE

GESTATIONAL AGE TO RECEIVE CARE TOGETHER. THE PROGRAM CONSISTS OF TEN

TWO-HOUR SESSIONS OVER A SIX MONTH PERIOD.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH AND EMPOWERMENT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: LONG BRANCH HEALTHY FOOD ACCESS

PROGRAM (LBHFAP) ENGAGES LOW INCOME ADULTS WITH DIABETES IN EATING BETTER

AND IMPROVING SELF-MANAGEMENT OF THEIR DIABETES. PARTICIPANTS ARE PAIRED

WITH A COMMUNITY HEALTH WORKER AND RECEIVE 3 MONTHS OF WEEKLY

Part IV Supplemental Information

DISTRIBUTIONS OF FRESH PRODUCE; ACCESS TO MONTHLY EDUCATIONAL CLASSES ON TOPICS SUCH AS NUTRITION AND PHYSICAL ACTIVITY; ASSISTANCE IN ENROLLING IN ENTITLEMENT OR OTHER PROGRAMS BASED ON ELIGIBILITY; AND ASSISTANCE CONNECTING WITH A PCP IF NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS COMMUNITY FOOD NETWORK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FRESH CHECKS FOR FRESH PRODUCE IN THE TAKOMA/LANGLEY CROSSROADS AREA. THE GOAL OF THIS PROJECT IS TO INCREASE ACCESS TO LOCALLY GROWN, CULTURALLY APPROPRIATE, FRESH FRUITS AND VEGETABLES AMONG SNAP SHOPPERS AT THE CROSSROADS FARMERS MARKET THROUGH EXPANSION OF THE FRESH CHECKS NUTRITION INCENTIVE PROGRAM. FRESH CHECKS ARE DOLLAR-VALUE TOKENS DISTRIBUTED AT THE MARKET THAT STRETCH THE PURCHASING POWER OF SNAP AND OTHER FEDERAL NUTRITION BENEFITS, AND ARE USED TO BUY ADDITIONAL FRESH, LOCALLY-GROWN FRUITS AND VEGETABLES.

NAME OF ORGANIZATION OR GOVERNMENT: EVERYMIND

(H) PURPOSE OF GRANT OR ASSISTANCE: TIFFANY SPONSORSHIP, EVERYMIND 60TH ANNIVERSARY GALA, TO SUPPORT MENTAL HEALTH SERVICES AND HOLIDAY GIVING TO PROVIDE MENTAL HEALTH SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD & FRIENDS

(H) PURPOSE OF GRANT OR ASSISTANCE: CHEFS BEST IS FOOD & FRIENDS' SIGNATURE FUNDRAISING EVENT TO SUPPORT THEIR WORK TO PROVIDE TAILORED MEALS AND NUTRITION COUNSELING TO INDIVIDUALS LIVING WITH HIV/AIDS, CANCER AND OTHER SERIOUS ILLNESSES.

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER WASHINGTON COMMUNITY FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2018 CIVIC LEADERSHIP AWARDS

FUNDRAISER: TO SUPPORT THE NONPROFIT SECTOR WITH CONTINUOUSLY PROVIDING CRITICALLY NEEDED SERVICES TO LOW INCOME RESIDENTS OF PRINCE GEORGE'S COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: IDENTITY

(H) PURPOSE OF GRANT OR ASSISTANCE: "SOCIAL AND EMOTIONAL HEALTH FOR VULNERABLE YOUTH AND FAMILIES" PROGRAM - PROVIDE SOCIAL AND EMOTIONAL, ACADEMIC AND WORKFORCE DEVELOPMENT SKILL-BUILDING SUPPORTED BY WRAPAROUND SERVICES INCLUDING FAMILY CASE MANAGEMENT, BEHAVIORAL HEALTH (INDIVIDUAL, FAMILY AND GROUP THERAPY UTILIZING BOTH TRADITIONAL AND NON-TRADITIONAL TECHNIQUES), ACCESS TO HEALTHCARE AND FITNESS AND RECREATION.

NAME OF ORGANIZATION OR GOVERNMENT: IMPACT SILVER SPRING

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT NOW!: A SOCIAL FORUM TO IMPROVE SOCIAL CONNECTEDNESS AND LINK COMMUNITY MEMBERS WITH SUPPORT SYSTEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE FOR PUBLIC HEALTH INNOVATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTINUED ENGAGEMENT OF THE INSTITUTE FOR PUBLIC HEALTH INNOVATION. THIS FUNDING IS IN SUPPORT OF HEALTHY MONTGOMERY WHICH BRINGS TOGETHER COMMUNITY STAKEHOLDERS TO ASSESS AND ADDRESS THE HEALTH NEEDS OF MONTGOMERY COUNTY RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH WORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: RACE TO EMPOWER 5K: TO SUPPORT

Part IV Supplemental Information

LOW-INCOME AND PEOPLE EXPERIENCING HOMELESSNESS IN MONTGOMERY COUNTY.

ANNUAL INTERFAITH WORKS CARING BREAKFAST - CELEBRATE THE PARTNERSHIPS

THAT ENABLE INTERFAITH WORKS TO HELP COMMUNITY MEMBERS LIFT THEMSELVES

OUT OF POVERTY AND RAISE FUNDS FOR FURTHER PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT:

LEADERSHIP MONTGOMERY EDUCATION FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: LEADERSHIP MONTGOMERY COMMUNITY

PROGRAMS SUPPORTER - ALLOW ADVENTIST HEALTHCARE TO DEVELOP AN EMPLOYEE

VOLUNTEER PROGRAM THAT ALIGNS WITH ITS MISSION AND SUPPORT THE LM STAFF

DESIGNING, SUPPORTING AND FACILITATING THE WORK. THE CORPORATE VOLUNTEER

COUNCIL (CVC) PROGRAM PROMOTES VOLUNTEERISM IN MONTGOMERY COUNTY,

FACILITATES THE EXCHANGE OF KNOWLEDGE AND EXPERIENCE IN THE USE OF

CORPORATE HUMAN RESOURCES FOR COMMUNITY SERVICE ACTIVITIES, IDENTIFIES

COMMUNITY NEEDS, LINKS CORPORATE VOLUNTEERS WITH NONPROFITS AND

RECOGNIZES OUTSTANDING CORPORATE VOLUNTEERISM.

NAME OF ORGANIZATION OR GOVERNMENT: MANNA FOOD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: "PROMOTING FOOD SECURITY AND

ENHANCING COMMUNITY HEALTH IN EASTERN MONTGOMERY COUNTY" GRANT - THE

CENTER WILL AIM TO IMPROVE FOOD ACCESS FOR THE 12-13,000 RESIDENTS

ESTIMATED TO BE EXPERIENCING FOOD INSECURITY IN THE EAST COUNTY REGIONAL

SERVICES CENTER ZONE. EDUCATIONAL RESOURCES WILL FOCUS ON YOUTH

PARTICIPATING IN SUMMER PROGRAMS AT WHITE OAK AND NEARBY ELEMENTARY

SCHOOLS WITH 40%+ FARM RATES, SUCH AS GREENCASTLE AND JACKSON ROAD AND,

WHEN POSSIBLE, THE STUDENTS' PARENTS.

NAME OF ORGANIZATION OR GOVERNMENT: MANSFIELD KASEMAN HEALTH CLINIC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT FOR THE KASEMAN

HEALTH CLINIC AND ITS SERVICES AND OPERATIONS (I.E. PHYSICIAN AND STAFF

SALARIES AND MEDICAL SUPPLIES).

NAME OF ORGANIZATION OR GOVERNMENT: MARYLAND PATIENT SAFETY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: MARYLAND PATIENT SAFETY CENTER

(MPSC) ANNUAL CONFERENCE FOCUSING ON HOW TO IMPROVE QUALITY OF CARE WHILE

CREATING A SAFE ENVIRONMENT FOR PATIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL MERCY GOLF CLASSIC AND GALA --

ALL PROCEEDS ARE USED TO SUPPORT THE MISSION OF MERCY HEALTH CLINIC TO

PROVIDE HIGH QUALITY PRIMARY AND SPECIALTY MEDICAL CARE, HEALTH EDUCATION

AND PHARMACEUTICALS TO LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY, MD FREE

OF CHARGE.

NAME OF ORGANIZATION OR GOVERNMENT:

METROPOLITAN SEVENTHDAY ADVENTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTHY MINDS, HEALTHY BODIES HEALTH

SUMMIT -- HEALTH EDUCATION AND DISCUSSION AROUND COMMUNITY HEALTH TOPICS

AND CONCERNS.

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEDICAL CARE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: A PROMOTING FOOD SECURITY AND

ENHANCING COMMUNITY IN EASTERN MONTGOMERY COUNTY GRANT -- GENERAL

OPERATIONS OF MOBILEMED IN MONTGOMERY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAKE LITERACY INSTRUCTION

AVAILABLE TO MORE ADULTS IN MONTGOMERY COUNTY, MCAEL WILL BRING ON-SITE

INSTRUCTION TO THE WORKPLACE, ELIMINATING ENGLISH LANGUAGE LEARNING

BARRIERS.

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 FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS RELATED FOR PROGRAMMING

(E.G. EMERGENCY SHELTER, PERMANENT SUPPORTIVE HOUSING AND COALITION HOMES

FOR PEOPLE EXPERIENCING HOMELESSNESS).

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOC OF HEALTH SERVICES EXECUTIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF THE 33RD ANNUAL

EDUCATIONAL CONFERENCE. DONATIONS FURTHER THE MISSION OF NAHSE TO ENSURE

GREATER PARTICIPATION OF MINORITY GROUPS IN THE HEALTH FIELD.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CAPITAL PHYSICIANS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS TOWARDS NCPF'S FUNDRAISING

EVENT, WITH FUNDS CONTRIBUTING TO ADVANCE THE PRACTICE OF MEDICINE AND TO

Part IV Supplemental Information

ENHANCE POPULATION HEALTH THROUGH EDUCATION, INNOVATION AND RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH AMERICAN DIVISION OF SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION TO SUPPORT AN ADVENTIST

WOMEN LEADERS EVENT TO EMPOWER AND ENABLE MORE WOMEN TO LEADERSHIP

POSITIONS WITHIN THE CHURCH AND CHURCH AFFILIATED ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST MEDICAL FOUNDATION OF TILLAMOOK

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THE NATIONAL ASSOCIATION

OF ADVENTIST HEALTHCARE HUMAN RESOURCES CONFERENCE PROVIDING OPPORTUNITY

TO EDUCATE CURRENT LEADERS, GROOM FUTURE LEADERS, AND OFFER GUIDANCE FOR

THOSE STILL TRYING TO DECIDE THEIR HR FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: OAKWOOD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION MADE TOWARDS OAKWOOD

UNIVERSITY'S ALUMNI ASSOCIATION FOR THE PURPOSE OF INVESTING IN THE LIVES

OF FUTURE LEADERS, SPECIFICALLY FOR THE NURSING DEPARTMENT.

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: SPENCERVILLE ADVENTIST ACADEMY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS TOWARDS: SCIENCE

DIVISION, ANNUAL 5K RUN, FUNDS TOWARDS A NEW SCHOOL BUS, BASEBALL LEAGUE

TEAM SPONSOR, DRAMA PROGRAM, AND A CHORUS FESTIVAL.

NAME OF ORGANIZATION OR GOVERNMENT: SPENCERVILLE ADVENTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION TO THE CHURCH IN FURTHERING

THEIR VALUES INCLUDING WORSHIP, GLOBAL COMMUNION, OUTREACH, EDUCATION,

SERVICE, DISCIPLESHIP, CHILDREN, YOUTH, FAMILIES, MUSIC, COMPASSION, AND

STEWARDSHIP.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITIES AT SHADY GROVE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS GOING TOWARDS THE COUNTY'S

UNDERREPRESENTED STUDENTS IN HIGHER EDUCATION THROUGH THE ACHIEVING

COLLEGIATE EXCELLENCE AND SUCCESS PROGRAM. SCHOLARSHIP FUNDING IN

SUPPORT OF STUDENTS WHO ARE STUDYING IN PROGRAMS RELATED TO THE ALLIED

HEALTH PROFESSIONS. DONATIONS TOWARDS THE FRONTIERS IN SCIENCE AND

MEDICINE DAY FOR THE BENEFIT OF STUDENTS' INTERESTS IN SCIENCE AND

MEDICINE CAREERS.

NAME OF ORGANIZATION OR GOVERNMENT: STRATHMORE HALL FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL GALA TO SUPPORT MANY

INITIATIVES, SUCH AS HELPING STUDENTS LEARN MUSIC SKILLS, TEAMWORK,

COMMITMENT AND DISCIPLINE. CONTRIBUTIONS TOWARDS THEIR EAST COUNTY

INITIATIVE. SUPPORTING ITS' ORCHESTRA PERFORMANCES TO SUPPORT MANY

INITIATIVES, SUCH AS HELPING STUDENTS LEARN MUSIC SKILLS, TEAMWORK,

COMMITMENT AND DISCIPLINE.

Part IV Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT DONATION FOR THE FOOD SERVICE

PROGRAM TO ENSURE PROVISION OF FREE MEALS TO COMMUNITY MEMBERS

EXPERIENCING HOMELESSNESS OR IN NEED, AND FOR GENERAL OPERATING EXPENSES

FOR PROGRAMS LIKE THE PRESCRIPTION ASSISTANCE PROGRAM, EYE CLINIC AND

RESOURCE CENTER. 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: URBAN LAND INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS GOING TO PROVIDE

LEADERSHIP IN THE RESPONSIBLE USE OF LAND AND IN CREATING AND SUSTAINING

THRIVING COMMUNITIES WORLDWIDE.

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: SUPPORT TOWARDS THE WAU FAMILY FUN

FEST & SUPPORT OF THE WAU SCHOOL OF HEALTH PROFESSIONS, FOR SCIENCE AND

WELLNESS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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

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

4 During the year, did any person listed 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
1b		X
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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) MARISSA LESLIE, MD BOARD MEMBER; MEDICAL DIRECTOR, BH&WS	(i)	312,162.	7,789.	366.	11,610.	11,013.	342,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSEMARIE MELENDEZ, RN, BSN, CEN BOARD; DIR ED & NURSING ADMIN, WAH	(i)	145,141.	25,293.	277.	9,048.	22,648.	202,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TERRY FORDE PRESIDENT & CEO, AHC; BOARD, SECRETARY	(i)	886,092.	348,117.	222,207.	207,849.	34,994.	1,692,259.	179,074.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES G. LEE EVP & CFO, AHC	(i)	500,401.	167,958.	81,344.	96,160.	26,418.	872,281.	65,015.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN SACKETT EVP/COO, AHC; PRESIDENT, SGM & BH&WS	(i)	547,186.	182,406.	121,590.	124,728.	46,133.	1,022,043.	92,269.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIK WANGSNES PRESIDENT, WAH	(i)	418,944.	143,921.	100,536.	104,248.	24,843.	792,492.	73,997.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEITH BALLENGER PRESIDENT, HOME HEALTH	(i)	195,145.	60,300.	34,394.	48,100.	21,809.	359,748.	22,803.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRENT REITZ PRESIDENT, ARHM	(i)	314,399.	92,640.	55,261.	71,949.	21,914.	556,163.	44,607.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KENNETH B. DESTEFANO SVP, GENERAL COUNSEL, AHC	(i)	396,659.	132,150.	74,050.	84,192.	17,727.	704,778.	35,315.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EUNMEE SHIM SVP, AMB NETWORKS & CSO, AHC	(i)	348,373.	213,369.	62,982.	75,075.	29,614.	729,413.	52,361.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SER.	(i)	450,689.	229,470.	70,649.	23,920.	16,056.	790,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DANIEL L. COCHRAN VP & CFO, SGM	(i)	334,430.	85,781.	73,628.	88,294.	13,961.	596,094.	61,509.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SUSAN L. GLOVER SVP, SYSTEM QUALITY, AHC	(i)	310,610.	104,068.	53,754.	75,609.	35,362.	579,403.	43,939.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JAMES ROST CMO, WAH	(i)	387,171.	74,447.	5,572.	103,552.	21,717.	592,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) CHRISTOPHER GHION VP, CHIEF INFORMATION OFFICER, AHC	(i)	298,600.	78,602.	66,693.	75,882.	2,404.	522,181.	56,692.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KEVIN YOUNG FORMER PRESIDENT, BH&WS	(i)	0.	0.	189,299.	0.	16,647.	205,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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:

ADVENTIST HEALTHCARE DOES NOT HAVE A WRITTEN POLICY REGARDING REIMBURSEMENT

OR PROVISION OF CLUB EXPENSES. HOWEVER, 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 SANCTION GUIDELINES.

PART I, LINE 3:

COMPENSATION DEFINED. THE COMPENSATION REPORTED FOR THE EMPLOYEES SET

FORTH ON SCHEDULE J IS COMPRISED OF THE FOLLOWING:

BASE COMPENSATION INCLUDES NONDISCRETIONARY PAYMENTS, AGREED UPON IN

ADVANCE, CONTINGENT ONLY UPON THE PAYEES' PERFORMANCE OF AGREED UPON

SERVICES (SUCH AS SALARY OR FEES).

INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION OF

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.

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

EMPLOYEE AND CUSTOMER ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND

FINANCIAL PERFORMANCE, AMONG OTHER THINGS.

OTHER REPORTABLE COMPENSATION INCLUDES AN EXECUTIVE RETENTION 457F PLAN,

WHICH BECAME EFFECTIVE ON JANUARY 1, 2015. PRE-TAX CONTRIBUTIONS ARE

ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON JANUARY 1ST OF THE 2ND YEAR, IF

STILL EMPLOYED OR SOONER BASED ON CERTAIN EXCEPTIONS. THERE IS TYPICALLY A

2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS ARE RELEASED. CONTRIBUTIONS

ACCUMULATED IN 2016 WERE GENERALLY DISTRIBUTED ON JANUARY 1, 2018 AND

CONTRIBUTIONS ACCUMULATED IN 2017 WILL GENERALLY BE DISTRIBUTED ON JANUARY

1, 2019. IN ADDITION, OTHER REPORTABLE COMPENSATION 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, TAXABLE PAYABLE PAY, AND SEVERANCE, AS

APPLICABLE. CERTAIN EXECUTIVES CAN ALSO RECEIVE REPORTABLE COMPENSATION

THROUGH A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), ONCE THEY HAVE

VESTED IN THE PLAN; HOWEVER, EXECUTIVES LISTED ON THIS TAX RETURN HAVE NOT

YET RECEIVED THIS BENEFIT SINCE THEY HAVE NOT MET THE VESTING REQUIREMENTS.

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.

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

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

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

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

RETIREMENT PLANS, MATCHING OF EMPLOYEES' RETIREMENT CONTRIBUTIONS, ETC.

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

ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL

COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE

RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE IRS FORM

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

NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS

WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC. RELATED ENTITIES

RETURNS.

INDEPENDENT GUIDELINES: WHEN SETTING COMPENSATION FOR THE OFFICERS,

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

ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFE GUARDS

EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE

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.

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 AN EXECUTIVE RETENTION 457F

PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015. PRE-TAX CONTRIBUTIONS ARE

ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON JANUARY 1ST OF THE 2ND YEAR, IF

STILL EMPLOYED OR SOONER BASED ON CERTAIN EXCEPTIONS. THERE IS TYPICALLY A

2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS ARE RELEASED. CONTRIBUTIONS

ACCUMULATED IN 2016 WERE GENERALLY DISTRIBUTED ON JANUARY 1, 2018 AND

CONTRIBUTIONS ACCUMULATED IN 2017 WILL GENERALLY BE DISTRIBUTED ON JANUARY

1, 2019. AMOUNTS LISTED UNDER PART II, COLUMN F INCLUDE PAYOUT AMOUNTS

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.

WHICH WERE CONSIDERED DEFERRED COMPENSATION FROM THE 457F PLAN IN OUR PRIOR

YEAR RETURNS AND THESE AMOUNTS ARE NOW BEING SHOWN UNDER THE OTHER

REPORTABLE INCOME, COLUMN B (III).

THE FOLLOWING EMPLOYEES PARTICIPATED OR RECEIVED AN EARLY LUMP-SUM CASH

PAYMENT ON THEIR 457F PLANS:

JAMES ROST: PARTICIPATED;

MARTA BRITO PEREZ: \$64,463 - EARLY LUMP-SUM;

KEVIN YOUNG: \$53,511 - EARLY LUMP-SUM.

ALSO, IN 2018, A SEVERANCE PAYMENT WAS MADE TO:

KEVIN YOUNG: \$140,055.

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 for instructions and the latest information.**

2018
Open to Public Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (2011 A)	52-0936091	574218CH4	09/01/11	57,508,761.	SEE PART VI		X		X		X
B MHHEFA (2013)	52-0936091	NONEAVAIL	06/12/13	15,623,500.	SEE PART VI		X		X		X
C MHHEFA (2014 A)	52-0936091	NONEAVAIL	02/26/14	25,000,000.	SEE PART VI		X		X		X
D MHHEFA (2016)	52-0936091	574218T37	12/14/16	407,014,392.	SEE PART VI		X		X		X

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired				7,281,293.		2,910,000.			
2 Amount of bonds legally defeased									
3 Total proceeds of issue		57,508,761.		15,623,500.		25,000,000.			410,173,009.
4 Gross proceeds in reserve funds		5,899,337.							22,502,583.
5 Capitalized interest from proceeds									26,652,583.
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds		909,734.				168,000.			3,840,061.
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds						24,832,000.			157,107,590.
11 Other spent proceeds		53,581,715.		15,623,500.					125,559,463.
12 Other unspent proceeds									74,510,729.
13 Year of substantial completion		2005		1982		2014		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X			X	X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?			X		X		X		X
16 Has the final allocation of proceeds been made?		X		X		X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X	

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

Schedule K (Form 990) 2018

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 for instructions and the latest information.**

2018
Open to Public Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (2017)	52-0936091	NONEAVAIL	12/14/17	40,000,000.	SEE PART VI		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	40,556,607.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds	875,902.									
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	308,809.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	12,085,487.									
11 Other spent proceeds										
12 Other unspent proceeds	27,286,409.									
13 Year of substantial completion	2019									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 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								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?		X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) 2018

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		1.66 %		%		.03 %		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		1.66 %		%		.03 %		%
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
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

PART I, II, & IV:

BONDS 1-5:

PART I BOND ISSUES:

BOND A:

COLUMN (A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA)
2011A

COLUMN (F) DESCRIPTION OF PURPOSE:

REFUNDING SERIES 2003 B, 2004 AND 2005 ISSUED 2/27/2003, 9/14/04 AND 12/20/05. THE SERIES 2003B, 2004 AND 2005 WERE USED FOR CONSTRUCTION AND RENOVATIONS AT WASHINGTON ADVENTIST HOSPITAL (WAH), SG, ADVENTIST BEHAVIORAL HEALTH (ABH), AND SG NURSING AND REHABILITATION CENTER, EQUIPMENT AT WAH, SG, ABH, AND SG NURSING AND REHABILITATION CENTER, REFINANCE A LINE OF CREDIT; FINANCE AND REFINANCE, 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:

COLUMN (A) ISSUER NAME:

MHHEFA 2013

COLUMN (F) DESCRIPTION OF PURPOSE:

REFUND OF 2003 A BONDS

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

BOND C:

COLUMN (A) ISSUE NAME:

MHHEFA 2014A

COLUMN (F) DESCRIPTION OF PURPOSE:

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

BOND D:

COLUMN (A) ISSUE NAME:

MHHEFA 2016

COLUMN (F) DESCRIPTION OF PURPOSE:

THE 2016 BONDS WERE ISSUED TO FINANCE THE CONSTRUCTION OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL. THE HOSPITAL WAS COMPLETED IN 2019 AND OPENED ON 8/25/2019. THE HOSPITAL IS APPROXIMATELY 440,000 SQUARE FEET AND 8 LEVELS. THE 2016 BONDS ALSO REFUNDED THE 2005 A AND 2011 B BONDS AND FUNDED THE TERMINATION FEE ASSOCIATED WITH THE 2005 A SWAP. 2005 A - SHADY GROVE ADVENTIST HOSPITAL (SGAH) EXPANSION PROJECT - SHADY GROVE (SG) TOWER; RENOVATION TO SURGERY DEPARTMENT, MEDICAL/ONCOLOGY NURSING, MEDICAL NURSING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEONATAL INTENSIVE CARE UNIT; POWER PLANT,

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

ROAD AND ENTRANCEWAY; SIGNAGE AND PARKING; OTHER ROUTINE CAPITAL PROJECTS;

2011 B - REFUNDING OF 2004 A AND 2005 B. FINANCE AND REFINANCE EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCE OR REFINANCE CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE 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 E:

COLUMN (A) ISSUE NAME:

MHHEFA 2017

COLUMN (F) DESCRIPTION OF PURPOSE:

THE 2017 BOND WAS ISSUED TO FINANCE 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 II, PROCEEDS, COLUMN A:

2011 A HAS A RESERVE FUND VALUED AT \$5,898,557 AS OF 12/31/18. THIS RESERVE FUND WAS RESIZED WITH RESPECT TO THE REFUND OF THE 2003A BONDS WHICH WAS COMBINED WITH THE 2011 A RESERVE FUND. ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-12 FOR THIS BOND ISSUE.

PART IV, ARBITRAGE, COLUMN A:

THE ARBITRAGE CALCULATION DATE FOR THE 2011 A BONDS WAS SEPTEMBER 2016.

PART IV, ARBITRAGE, COLUMN B:

THE ARBITRAGE CALCULATION DATE FOR THE 2013 BONDS WAS JUNE 2018.

PART IV, ARBITRAGE, COLUMN C:

THE ARBITRAGE CALCULATION DATE FOR THE 2014A BONDS WAS JULY 2018.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

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 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 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.

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

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

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2018

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	WIFE OF TERRY FORDE	31,457.	MARIJANE FO		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

(D) DESCRIPTION OF TRANSACTION: MARIJANE FORDE WAS EMPLOYED WITH

ADVENTIST HEALTHCARE, INC. DURING 2018 AND RECEIVED A SALARY OF \$31,457.

MARIJANE'S HUSBAND IS TERRY FORDE, WHO IS THE PRESIDENT & CEO OF

ADVENTIST HEALTHCARE, INC. AND SECRETARY OF ADVENTIST HEALTHCARE, INC.'S

BOARD.

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 for the latest information.

OMB No. 1545-0047

2018

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 CURRENT SERVICES

2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE

3. PROMOTE HEALTH EQUITY AND WELLNESS

1. MAINTAIN AND GROW CURRENT SERVICES:

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

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

SERVICES SUPPORTING COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR

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

QUALITY PROGRAMS THAT PROMOTE HEALTHY CHILDREN, ENCOURAGE HEALTHY

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

BUILD HEALTHIER COMMUNITIES.

ENHANCEMENTS TO OUR COMPREHENSIVE INPATIENT AND OUTPATIENT CANCER CARE

SERVICES AT ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL AND

ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (FORMERLY KNOWN AS

SHADY GROVE ADVENTIST HOSPITAL) ENSURE THAT WE CONTINUE TO PROVIDE THE

LATEST DIAGNOSTIC AND TREATMENT SERVICES THAT ARE DELIVERED WITH

COMPASSION AND A DEEP UNDERSTANDING OF THE UNIQUE DEMANDS OF CANCER.

BOTH INPATIENT AND OUTPATIENT SERVICES ARE AVAILABLE TO ACCOMMODATE A

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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RANGE OF PATIENT NEEDS AND PREFERENCES. WE CARE FOR THE WHOLE PATIENT

BY OFFERING EDUCATIONAL PROGRAMS AND SPECIAL SERVICES SUCH AS NUTRITION

COUNSELING, STRESS MANAGEMENT, FITNESS PROGRAMS, SUPPORT GROUPS AND

SMOKING CESSATION PROGRAMS.

IN 2017, BOTH HOSPITALS RECEIVED TWO AWARDS FROM THE AMERICAN HEART

ASSOCIATION AND AMERICAN STROKE ASSOCIATION FOR LIFE-SAVING,

HIGH-QUALITY STROKE CARE. THIS COMES DURING NATIONAL STROKE MONTH, WHEN

WE RAISE AWARENESS OF THE SIGNS AND SYMPTOMS OF STROKE, WHICH AFFECTS

800,000 AMERICANS A YEAR.

BOTH HOSPITALS EARNED THE GOLD PLUS ACHIEVEMENT AWARD IN THE

ASSOCIATIONS' "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.

FOR SHADY GROVE MEDICAL CENTER, WHICH BEGAN SERVING THE COMMUNITY IN

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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1979, IT WAS ALSO HONORED IN 2017 BY:

A) THE AMERICAN HEART ASSOCIATION FOR ITS ADHERENCE TO QUALITY MEASURES IN TREATING PATIENTS WHO SUFFER SEVERE HEART ATTACKS. THE HOSPITAL RECEIVED THE 2017 MISSION: LIFELINE NSTEMI BRONZE QUALITY ACHIEVEMENT AWARD FOR MEETING SPECIFIC CRITERIA AND STANDARDS OF PERFORMANCE FOR THE QUICK AND APPROPRIATE TREATMENT OF THE TYPE OF HEART ATTACKS KNOWN AS NSTEMIS, OR NON-ST SEGMENT ELEVATION MYOCARDIAL INFARCTIONS. SHADY GROVE PROVIDED NSTEMI PATIENTS WITH EMERGENCY PROCEDURES TO RE-ESTABLISH BLOOD FLOW TO BLOCKED ARTERIES WHEN NEEDED, ADHERING TO MEASURES AT A SET LEVEL FOR AT LEAST ONE CONSECUTIVE 90-DAY INTERVAL.

B) THE AMERICAN COLLEGE OF CARDIOLOGY'S NCDR ACTION REGISTRY HONORED ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER WITH THE 2017 PLATINUM PERFORMANCE ACHIEVEMENT AWARD. THE AWARD RECOGNIZES THE HOSPITAL'S COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART ATTACK PATIENTS. SHADY GROVE IS ONE OF ONLY 193 HOSPITALS IN THE COUNTRY TO ACHIEVE PLATINUM.

THE SHADY GROVE CAMPUS ALSO FEATURES THE AQUILINO CANCER CENTER, MONTGOMERY COUNTY, MARYLAND'S FIRST FREE-STANDING, COMPREHENSIVE CANCER CENTER. MULTIDISCIPLINARY CANCER CARE TEAM MEMBERS WORK TOGETHER IN ONE FACILITY, SO PATIENTS RECEIVE SEAMLESS, COORDINATED CARE. OUR PHYSICIANS CAN ALSO COLLABORATE WITH SCIENTISTS AT THE NEARBY SHADY GROVE LIFE SCIENCES CENTER AND GREAT SENECA SCIENCE CORRIDOR, WHICH MEANS PATIENTS GET ACCESS TO CLINICAL TRIALS AND CARE BASED ON THE LATEST MEDICAL RESEARCH.

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

NOT ONLY DOES WASHINGTON ADVENTIST PROVIDE SUBSTANTIAL CARDIAC SURGERY AND PCI PROCEDURES, BUT IT ALSO IS THE BACKUP FOR MULTIPLE HOSPITALS WITH PRIMARY AND NONPRIMARY, ELECTIVE PCI PROGRAMS THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM.

IN 2017, THE SOCIETY OF THORACIC SURGEONS (STS) AWARDED ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL A THREE-STAR RATING - THE HIGHEST POSSIBLE QUALITY RATING - FOR CORONARY ARTERY BYPASS GRAFT SURGERY (CABG). THE STS HAS DEVELOPED A COMPREHENSIVE RATING SYSTEM FOR THE QUALITY OF CARDIAC SURGERY AMONG HOSPITALS ACROSS THE COUNTRY. APPROXIMATELY 10% OF HOSPITALS NATIONWIDE RECEIVED A THREE-STAR RATING FOR HEART SURGERY. THE RATING INCLUDES NOT ONLY OUTCOME MEASURES, BUT ALSO PROCESS MEASURES AND ADHERENCE TO EVIDENCE-BASED CARE THROUGHOUT A PATIENT'S ADMISSION.

ALSO IN 2017, THE AMERICAN COLLEGE OF CARDIOLOGY'S NATIONAL CARDIOVASCULAR DATA REGISTRY (NCDR) ACTION REGISTRY-SILVER PERFORMANCE

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ACHIEVEMENT AWARD FOR ITS COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART-ATTACK PATIENTS. THE SILVER AWARD, ONE OF ONLY 105 HANDED OUT NATIONWIDE, SIGNIFIES THAT WASHINGTON ADVENTIST HAS REACHED AN AGGRESSIVE GOAL OF TREATING THESE PATIENTS TO STANDARD LEVELS OF CARE AS OUTLINED BY THE AMERICAN COLLEGE OF CARDIOLOGY/AMERICAN HEART ASSOCIATION CLINICAL GUIDELINES AND RECOMMENDATIONS.

IN 2017, WASHINGTON ADVENTIST HOSPITAL CONTINUED CONSTRUCTION ON A NEW ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER IN THE EASTERN PART OF MONTGOMERY COUNTY. ADJACENT TO THE U.S. FOOD AND DRUG ADMINISTRATION'S (FDA) HEADQUARTERS, THE NEW HOSPITAL IS AT THE CENTER OF THE WHITE OAK SCIENCE GATEWAY, A DEVELOPING LIFE SCIENCES COMMUNITY BRINGING TOGETHER MEDICAL RESEARCHERS, BUSINESSES AND RESIDENTS.

WASHINGTON ADVENTIST HOSPITAL MOVED ITS ACUTE-CARE OPERATIONS TO THE NEWLY CONSTRUCTED 170-BED HOSPITAL IN AUGUST OF 2019.

THE NEW HOSPITAL WILL EXPAND ACCESS TO PATIENT CARE IN THE REGION AND CONTINUES ADVENTIST HEALTHCARE'S MORE THAN 100-YEAR TRADITION OF CARING FOR COMMUNITY. THE NEW SITE, ALONG THE BORDER OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES, PROVIDES:

- > EASIER ACCESS AND EXPANDED PARKING FOR PATIENTS, VISITORS, STAFF,
- > ALL PRIVATE PATIENT ROOMS,
- > STATE-OF-THE-ART MEDICAL EQUIPMENT AND FACILITY,
- > HEALING ENVIRONMENT USING NATURAL ELEMENTS LIKE LARGE WINDOW VIEWS OF SURROUNDING WOODS AND POND, A GREEN ROOF GARDEN AND WALKING TRAIL AROUND THE POND,

> AMPLE SPACE TO COMFORTABLY ACCOMMODATE FAMILY AND OTHER

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PATIENT/COMMUNITY SUPPORT PERSONS.

ONCE THE HOSPITAL MOVES, THE CURRENT TAKOMA PARK LOCATION WILL FEATURE AN URGENT CARE CENTER AND PHYSICIAN OFFICES.

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

IN ADDITION TO PROVIDING THE COMMUNITY WITH HIGHLY REGARDED ACUTE-CARE SERVICES, ADVENTIST HEALTHCARE ESTABLISHED THE FIRST BEHAVIORAL HEALTH UNIT IN MONTGOMERY COUNTY IN 1949, AND REMAINS ONE OF THE LEADING PROVIDERS OF MENTAL HEALTHCARE IN THE WASHINGTON, DC METROPOLITAN AREA. IT PROVIDES A WIDE-RANGING SPECTRUM OF SERVICES AND TREATMENT OPTIONS FOR CHILDREN, ADOLESCENTS, ADULTS AND SENIORS. SERVICES ARE PROVIDED IN A VARIETY OF SETTINGS INCLUDING HOSPITAL-BASED PROGRAMS, SCHOOL PROGRAMS, OUTPATIENT SERVICES AND COMMUNITY-BASED SERVICES. OUR FACILITIES OFFER A HIGHLY-SKILLED, MULTIDISCIPLINARY TEAM OF PSYCHIATRISTS, SOCIAL WORKERS, CASE MANAGERS, PSYCHIATRIC NURSES, EXPRESSIVE THERAPISTS AND CHAPLAINS WHO PROVIDE COMPASSIONATE BEHAVIORAL HEALTH CARE.

HERE IS A SNAPSHOT OF OUR ORGANIZATION IN 2018:

> 1 ACCOUNTABLE CARE ORGANIZATIONS: ONE HEALTH QUALITY ACO, LLC,
 > 4 HOSPITALS: 2 ACUTE CARE, 1 ACUTE REHABILITATION, & 1 SPECIALTY,
 > 1,718 PHYSICIANS/MEDICAL STAFF MEMBERS,
 > 6,711 EMPLOYEES (APPROXIMATE),
 > 6,932 NEWBORNS,
 > 7,782 SURGICAL ADMISSIONS
 > 13,258 OUTPATIENT SURGERIES,

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> 23,602 MEDICAL ADMISSIONS,
 > 58,035 HEALTH AND WELLNESS ENCOUNTERS,
 > 91,170 VOLUNTEER HOURS,
 > 120,786 HOME HEALTH VISITS,
 > 124,587 EMERGENCY VISITS,
 > 427,820 OUTPATIENT VISITS,
 > 766,386 OVERALL ENCOUNTERS (APPROX.),
 > \$72,765,110 COMMUNITY BENEFIT (APPROX.).

2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE:

ADVENTIST HEALTHCARE JOINS WITH SEVERAL ORGANIZATIONS IN ORDER TO BRING
 FREE SERVICES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON WOMEN AND
 CHILDREN, LOW-INCOME, UNINSURED, AND MINORITY POPULATIONS. ADVENTIST
 HEALTHCARE IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES
 AND COMMUNITIES.

ADVENTIST HEALTHCARE PARTNERS WITH LOCAL SAFETY NET CLINICS THAT OFFER
 PRIMARY CARE, OR A MEDICAL HOME, TO UNINSURED RESIDENTS OF MONTGOMERY
 COUNTY. THROUGH THESE PARTNERSHIPS, ADVENTIST HEALTHCARE HELPS ENSURE
 THAT UNINSURED PATIENTS HAVE COORDINATED CARE BETWEEN THE CLINIC THAT
 SERVES AS THEIR MEDICAL HOME AND THE HOSPITAL WHERE THEY RECEIVE CARE
 AND EDUCATIONAL PROGRAMS. THE PARTNERSHIPS WE HAVE DEVELOPED WITH LOCAL
 SAFETY NET CLINICS, SUCH AS MERCY HEALTH CLINIC, COMMUNITY CLINIC,
 INC., MOBILE MEDICAL CARE, INC., AND MARY'S CENTER, IMPROVE ACCESS TO
 PRIMARY CARE SERVICES FOR UNINSURED AND UNDER-INSURED RESIDENTS.

ADVENTIST HEALTHCARE'S SUPPORT INCLUDES BUT IS NOT LIMITED TO PROVIDING
 LAB WORK, X-RAY SERVICES AND FINANCIAL SUPPORT OF CLINICAL OPERATIONS

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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TO SERVE THE UNINSURED OR UNDER-INSURED POPULATION OF MONTGOMERY COUNTY. THIS ALSO HELPS TO DECREASE INAPPROPRIATE EMERGENCY DEPARTMENT UTILIZATION BY THIS PORTION OF THE POPULATION.

THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND PREVENTIVE HEALTH SERVICES TO OVER 20,000 MEN, WOMEN AND CHILDREN IN NEED. MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES. IN THE LONG BRANCH SECTION OF SILVER SPRING, OUR PARTNERSHIP WITH MARY'S CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE TO PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TO SOCIAL-SERVICES PROGRAMS. OUR WORK WITH MOBILE MED ENABLES REGULAR MEDICAL CARE, SUCH AS ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS.

IN ADDITION TO PROVIDING SERVICES TO THOSE MOST IN NEED, ADVENTIST HEALTHCARE ALSO PROVIDES SPECIALIZED SERVICES SUCH AS THE SHADY GROVE MEDICAL CENTER FORENSIC MEDICAL UNIT. THIS UNIT, WHICH IS THE ONLY ONE IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE COLLECTION AND SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT AND ABUSE.

SHADY GROVE MEDICAL CENTER AND WASHINGTON ADVENTIST HOSPITAL ARE ALSO ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM, WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME, UNINSURED PREGNANT WOMEN.

FOR THE PAST 11 YEARS, THE ADVENTIST HEALTHCARE GERMANTOWN EMERGENCY

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CENTER IN GERMANTOWN, MARYLAND, HAS BROUGHT VITAL EMERGENCY SERVICES TO A FAST-GROWING COMMUNITY. THE EMERGENCY CENTER'S MEDICAL CAMPUS ALSO HAS A PRIMARY CARE CLINIC FOR UNINSURED RESIDENTS, A PRENATAL CLINIC FOR LOW-INCOME WOMEN, OUTPATIENT RADIOLOGY SERVICES AND PHYSICIAN OFFICES. SINCE IT HAS OPENED, THE CENTER HAS TREATED AN AVERAGE OF MORE THAN 25,000 EMERGENCY PATIENTS EACH YEAR.

OUR GERMANTOWN SERVICES ALSO FEATURE THE SHADY GROVE ADVENTIST RADIATION ONCOLOGY CENTER (LEGALLY KNOWN AS ADVENTIST CANCER CARE, LLC) AT GERMANTOWN ON SENECA MEADOWS PARKWAY. RADIATION ONCOLOGY IS AN INTEGRAL CONTRIBUTOR TO THE OVERALL CARE OF 60-65% OF PATIENTS WITH CANCER THROUGHOUT THEIR CONTINUUM OF CARE. EVALUATIONS OF PATIENTS' CONDITION ARE OFFERED AT LEAST WEEKLY, WITH HIGHLY TRAINED STAFF AVAILABLE 24/7.

3. PROMOTE HEALTH EQUITY AND WELLNESS:

COMMUNITIES SERVED BY ADVENTIST HEALTHCARE THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE BENEFITS OF HIGH QUALITY, EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL, MENTAL AND SPIRITUAL WELLBEING. TO REALIZE OUR VISION, THE CENTER FOR HEALTH EQUITY & WELLNESS ENSURES THE DELIVERY OF POPULATION-BASED CARE AND PROMOTION OF HEALTH CARE EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE. WE ACCOMPLISH OUR MISSION BY PARTNERING WITH COMMUNITY MEMBERS AND ORGANIZATIONS TO IMPLEMENT HEALTH EQUITY AND COMMUNITY WELLNESS APPROACHES THAT IMPROVE POPULATION HEALTH. IN 2017, WE PROVIDED MORE THAN 54,000 ENCOUNTERS IN THE PROMOTION OF COMMUNITY HEALTH AND WELLNESS.

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

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

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

THE CENTER FOR HEALTH EQUITY & WELLNESS BRINGS TOGETHER THE ADVENTIST HEALTHCARE CENTER ON HEALTH DISPARITIES AND THE ADVENTIST HEALTHCARE HEALTH AND WELLNESS DEPARTMENT. THE CENTER ON HEALTH DISPARITIES WAS ESTABLISHED IN 2007 TO HELP ACHIEVE HEALTH EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE. BY RAISING COMMUNITY AWARENESS, IMPROVING CAPACITY, AND DEVELOPING SOLUTIONS TO ELIMINATE LOCAL DISPARITIES IN HEALTH CARE, THE CENTER ON HEALTH DISPARITIES HAS WORKED TO IMPROVE ACCESS TO QUALITY HEALTH CARE, ESPECIALLY FOR MINORITIES,

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WOMEN, AND PEOPLE WHO HAVE LANGUAGE BARRIERS OR OTHER COMMUNICATION

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

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

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

VARIOUS CONDITIONS, AND TO OFFER EDUCATIONAL AND SUPPORT PROGRAMS TO

COMMUNITY MEMBERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED 2:

THE CENTER FOR HEALTH EQUITY & WELLNESS ACHIEVES ITS MISSION THROUGH

THREE TEAMS:

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

RESEARCH ON COMMUNITY HEALTH DISPARITIES AND OUTCOMES, AND DEVELOPS

EFFECTIVE STRATEGIES TO PROMOTE HEALTH EQUITY. DEVELOPS AND DELIVERS

CLASSES AND PROGRAMS TO EDUCATE PATIENTS, PROVIDERS AND INSTITUTIONS ON

WAYS TO PROMOTE CULTURALLY COMPETENT PRACTICES AND ACHIEVE BETTER

HEALTH OUTCOMES. HOLDS HEALTH DISPARITIES CONFERENCES AND PRODUCES

REPORTS ON HEALTH CARE EQUITY ANNUALLY TO TARGET QUALITY IMPROVEMENT

EFFORTS.

> MONITOR HEALTH CARE DISPARITIES AMONG ADVENTIST HEALTHCARE PATIENT

POPULATIONS ANNUALLY TO INFORM RESEARCH AND PROGRAMS TO IMPROVE

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

PROJECT BEAT IT!),

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

PRACTICES TO PROMOTE HEALTH EQUITY,

> DEVELOP AND DISSEMINATE ADVENTIST HEALTHCARE'S HEALTH EQUITY REPORT

ANNUALLY TO INFORM STRATEGIES THAT MEET OUR MISSION.

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

CONTINUING EDUCATION CLASSES FOR HEALTH PROFESSIONALS AT LEAST TWICE A

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YEAR.

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

> PUBLISH QUARTERLY ARTICLES ON CURRENT NEWS AND RESEARCH ON HEALTH

EQUITY FOR EMPLOYEE NEWSLETTERS.

> SUBMIT RESEARCH TO PEER-REVIEWED JOURNALS FOR PUBLICATION AS

APPLICABLE.

> DEVELOP LOGIC MODELS WITH MEASUREABLE OUTCOMES TO EVALUATE HEALTH

PROMOTION AND EDUCATION PROGRAMS.

> REPORT PROGRAM OUTCOMES MONTHLY AND WHEN APPLICABLE, STRATIFY BY

RELEVANT CHARACTERISTICS TO ASSESS NEEDS OF AND OUTREACH TO DIFFERENT

POPULATIONS.

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

SERVICE LINES TO SUPPORT EXPANDED HOSPITAL CARE, MARKETING STRATEGIES,

LOCAL AND STATE HEALTH DEPARTMENTS, AND PROVIDERS FOR THE UNDERSERVED

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

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

SMOKING CESSATION AND MATERNAL/CHILD EDUCATION AND SUPPORT.

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

EXPECTANT PARENTS,

> COORDINATE CANCER OUTREACH BY PROVIDING COLORECTAL SCREENINGS AND

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

APPROPRIATE, CASE MANAGE FROM DIAGNOSIS THROUGH TREATMENT AND BEYOND,

> PROMOTE CARDIOVASCULAR HEALTH THROUGH SCREENINGS AND EDUCATION ON

PREVENTION AND LIFESTYLE CHANGES,

> DELIVER COMPREHENSIVE AND ACCREDITED DIABETES EDUCATION TO THE

COMMUNITY,

> PROVIDE EDUCATION AND COMPREHENSIVE SUPPORT THROUGH OUR SMOKING

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CESSATION PROGRAM THAT INCLUDES BEDSIDE COUNSELING, INDIVIDUALIZED
NICOTINE REPLACEMENT THERAPY AND FOLLOW-UP CALLS POST-DISCHARGE.

3) COMMUNITY HEALTH AND OUTREACH - COLLABORATES WITH ADVENTIST
HEALTHCARE'S HOSPITAL LEADERSHIP TO PROVIDE COMMUNITY OUTREACH AND
HEALTH EDUCATION FOR SENIORS, ADULTS, TEENS AND FAMILIES; DEVELOPS AND
IMPLEMENTS RECOMMENDATIONS FROM COMMUNITY HEALTH NEEDS ASSESSMENT TO
IMPROVE HEALTH OUTCOMES; PARTNERS WITH ACADEMIC INSTITUTIONS TO PROVIDE
MEANINGFUL INTERNSHIP EXPERIENCES TO HELP RECRUIT AND DEVELOP FUTURE
HEALTH CARE PROFESSIONALS; COORDINATES LANGUAGE ACCESS POLICIES,
PROGRAMS AND SERVICES TO MEET THE COMMUNICATION NEEDS OF DEAF AND
HARD-OF-HEARING PATIENTS AND PATIENTS WITH LIMITED ENGLISH PROFICIENCY;
AND COORDINATES COMMUNITY DONATIONS AND SPONSORSHIPS THROUGH THE
ADVENTIST HEALTHCARE'S COMMUNITY PARTNERSHIP FUND.

> OVERSEE LANGUAGE ACCESS SERVICES FOR ADVENTIST HEALTHCARE (E.G.,
QUALIFIED BILINGUAL STAFF, INTERPRETATION AND TRANSLATION VENDORS),
> DEVELOP HOSPITAL AND ORGANIZATIONAL POLICIES AND PROCEDURES RELATED
TO PROVISION OF CULTURALLY AND LINGUISTICALLY COMPETENT CARE, AND TRAIN
PROVIDERS/STAFF ACCORDINGLY,
> RESEARCH, ANALYZE AND WRITE COMMUNITY HEALTH NEEDS ASSESSMENTS
(CHNAS) FOR EACH HOSPITAL AND FACILITATE THE DEVELOPMENT,
IMPLEMENTATION, AND EVALUATION OF CORRESPONDING STRATEGIC PLANS,
> PROVIDE HEALTH EDUCATION ON VARIOUS TOPICS INCLUDING NUTRITION,
EXERCISE, MATERNAL/CHILD HEALTH, SAFETY, AND COLD/FLU PREVENTION,
> CONDUCT CPR CLASSES (INFANT AND ADULT), BABYSITTING CLASSES AND
SIBLING CLASSES,
> PROVIDE TOBACCO CESSATION COUNSELING,

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

COMPOSITION, BONE DENSITY, ETC.),

> COORDINATE FLU SHOT CLINICS IN A VARIETY OF COMMUNITY LOCATIONS,

> ADMINISTER COMMUNITY PARTNERSHIP FUND DONATIONS,

> BUILD RELATIONSHIPS WITH A WIDE RANGE OF COMMUNITY ORGANIZATIONS

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

LOW-INCOME HOUSING COMPLEXES, ETC.).

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

THE FACILITY OFFERS A BROAD RANGE OF BEHAVIORAL HEALTH SERVICES SUCH AS

ACUTE CARE, SPECIAL AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY

PROGRAMS, OUTPATIENT PROGRAMS, PARTIAL HOSPITALIZATION PROGRAMS,

INTENSIVE OUTPATIENT SERVICES AND AN OUTPATIENT WELLNESS CLINIC.

SGMC'S ACUTE SERVICES INCLUDE THE SPECIALIZED MAGNOLIA UNIT, A 10-BED

ACUTE INPATIENT UNIT DEDICATED TO SERVING GERIATRIC ADULTS. THE UNIT

PROVIDES CRITICAL STABILIZATION AND SHORT-TERM INPATIENT TREATMENT FOR

OLDER ADULTS WHO EXPERIENCE SUDDEN LIFE CHANGES AND STRESSORS THAT

TRIGGER DEPRESSION, ANXIETY AND OTHER CHALLENGES THAT IMPACT THEIR

DAILY ACTIVITIES.

THE RIDGE SCHOOL IS A SPECIAL AND GENERAL EDUCATION SCHOOL APPROVED BY

THE MARYLAND STATE DEPARTMENT OF EDUCATION.

SGMC OFFERS A TOTAL OF 117 ACUTE CARE BEDS, 16 ASSISTED LIVING BEDS AND

A FULL CONTINUUM OF OUTPATIENT SERVICES. SGMC CARED FOR APPROXIMATELY

3,662 PATIENTS IN 2018.

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THE BEHAVIORAL HEALTH UNIT AT ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL:

THE BEHAVIORAL HEALTH UNIT OFFERS 39 ADULT INPATIENT BEDS IN ADDITION TO PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS AT ITS TAKOMA PARK, MARYLAND LOCATION. IN 2018, THE BEHAVIORAL HEALTH UNIT CARED FOR APPROXIMATELY 1,005 OF PATIENTS.

COMMUNITY-BASED RESIDENTIAL SERVICES:

THE MANOR IS AN ASSISTED LIVING FACILITY IN TAKOMA PARK FOR INDIVIDUALS WITH CHRONIC AND SEVERE MENTAL ILLNESS WHO ARE UNABLE TO LIVE INDEPENDENTLY. THE FACILITY PROVIDES A SAFE AND SUPPORTIVE RESIDENTIAL ENVIRONMENT AS AN ALTERNATIVE TO LONG-TERM PSYCHIATRIC HOSPITALIZATION.

COMMUNITY SERVICE:

SGMC 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.

SGMC SPONSORS AND SUPPORTS COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS OF MONTGOMERY COUNTY.

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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.

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.

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FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL.

SEE BYLAWS, ARTICLE II, SECTION 2: RESERVED AUTHORITY AND RESPONSIBILITY.

THE FOLLOWING ACTIONS SHALL BE RESERVED TO THE MEMBERSHIP:

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

INCORPORATION OR THE BYLAWS OF THE CORPORATION;

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

CORPORATION;

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

BY THE BOARD OF TRUSTEES;

D. REMOVAL OF MEMBERS OF THE BOARD OF TRUSTEES

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

CORPORATION, IN CONSULTATION WITH THE BOARD OF TRUSTEES.

ALL MEMBERS HAVE RIGHTS TO VOTE.

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

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BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT
REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS
REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL
RELATIONSHIP OUTSIDE OF THE ORGANIZATION.

AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR THE PERCEPTION OR
APPEARANCE OF A CONFLICT OF INTEREST, OCCURS WHEN A COVERED PERSON IS IN A
POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN FOR
THAT EMPLOYEE, A RELATIVE, OR OTHER PERSON LIVING IN THE SAME HOUSEHOLD, AS
A RESULT OF ADVENTIST HEALTHCARE'S BUSINESS ACTIVITIES. A RELATIVE IS
DEFINED AS ANY PERSON WHO IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE
RELATIONSHIP WITH THE COVERED PERSON IS SIMILAR TO THAT OF PERSONS WHO ARE
RELATED BY BLOOD OR MARRIAGE.

NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A
RELATIONSHIP BETWEEN AN ADVENTIST HEALTHCARE EMPLOYEE AND AN OUTSIDE FIRM
OR BUSINESS ENDEAVOR, OR OTHER POTENTIAL CONFLICT OF INTEREST. HOWEVER, IF
A COVERED PERSON HAS ANY BUSINESS, FINANCIAL, OR OTHER RELATIONSHIP WITH
ANY ORGANIZATION WHEREBY THE EXISTENCE OF THAT RELATIONSHIP EITHER CREATES
A CONFLICT OF INTEREST OR IS PERCEIVED TO CREATE A CONFLICT OF INTEREST,
THE COVERED PERSON MUST DISCLOSE THIS RELATIONSHIP TO THE DESIGNATED SENIOR
MANAGER, OR GOVERNING BOARD, AS THE CASE MAY BE, AT THE LOCATION WHERE THE
EMPLOYEE IS ASSIGNED. THE SENIOR MANAGER WILL REVIEW THE RELATIONSHIP, MAKE
COMMENTS AND RECOMMENDATIONS, AND FORWARD ALL DOCUMENTATION TO THE
CORPORATE COMPLIANCE COMMITTEE FOR A FINAL DECISION.

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED
BY THE HUMAN RESOURCES DEPARTMENT, CORPORATE INTEGRITY DEPARTMENT AND THE

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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 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 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.

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> WHEN SETTING EXECUTIVE COMPENSATION, ADVENTIST HEALTHCARE, INC. FULLY

COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBODIED IN IRS REGULATIONS.

> EXECUTIVE COMPENSATION FOR ADVENTIST HEALTHCARE, INC. IS ENTIRELY SET BY

A COMMITTEE OF ADVENTIST HEALTHCARE, INC.'S GOVERNING BOARD;

> IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET

COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION

CONSULTANT; AND

> TO FURTHER ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH

PERCENTILE (OR MEDIAN) OF THE MARKET.

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 IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	33,547,319.
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MANAGEMENT AND GENERAL EXPENSES	204,988.
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FUNDRAISING EXPENSES	2,621.
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TOTAL EXPENSES	33,754,928.
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PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	42,507,619.
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MANAGEMENT AND GENERAL EXPENSES	2,104,862.
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FUNDRAISING EXPENSES	17,897.
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TOTAL EXPENSES	44,630,378.
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CONSULTING SERVICES:

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PROGRAM SERVICE EXPENSES	2,613,848.
MANAGEMENT AND GENERAL EXPENSES	2,434,758.
FUNDRAISING EXPENSES	138,828.
TOTAL EXPENSES	5,187,434.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	83,572,740.

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

OTHER UNRESTRICTED NET ASSETS ACTIVITY	2,381,388.
OTHER RESTRICTED NET ASSETS ACTIVITY	10,995.
DEFERRED COMPENSATION PLAN LIABILITY ADJUSTMENT	1,609,635.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS AND CHARITABLE GIFT ANNUIT	-68,785.
NET ORGANIZATION TRANSFER	-1,229,973.
TOTAL TO FORM 990, PART XI, LINE 9	2,703,260.

**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 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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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	1,739,811.	1,054,089.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY ALLIANCE, LLC - 52-1532556, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	INTEGRATED PHYSICIAN GROUP	MARYLAND	85,500.	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.
BLACKWELL PHYSICIANS, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	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) 2018

SEE PART VII FOR CONTINUATIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHADY GROVE MEDICAL BUILDING, LLC - 27-4599411, 1650 TYSONS BOULEVARD, STE 820, MCLEAN, VA 22102	MEDICAL OFFICE BUILDING	MD	N/A	RELATED	234,693.	-2,373,573.		X	N/A		X	50.00%
NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC - 81-5410250, 820 WEST DIAMOND AVE. SUITE 600, GAITHERSBURG,	HEALTHCARE & COMMUNITY SERVICE FOR IMPROVED HEALTH	MD	N/A	RELATED	0.	0.		X	N/A		X	25.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PREMIER MEDICAL NETWORK, INC. - 52-1952469 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	JOINT PHYSICIAN CONT	MD	ADVENTIST HEALTHCARE, INC.	C CORP	150.	19,895.	50.00%		X

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC.	B	128,718.	COST
(2) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	B	18,961.	COST
(3) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC.	C	1,329,872.	COST
(4) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	C	1,604,232.	COST
(5) ADVENTIST HOME HEALTH SERVICES, INC.	L	875,479.	COST
(6) ADVENTIST PHYSICIAN SERVICES, INC.	L	159,573.	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-r)	(c) Amount involved	(d) Method of determining amount involved
(7) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	L	1,417,193.	COST
(8) ADVENTIST HEALTHCARE URGENT CARE CENTERS, INC.	L	150,497.	COST
(9) REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC.	L	338,708.	COST
(10) ADVENTIST HOME HEALTH SERVICES, INC.	Q	798,216.	COST
(11) ADVENTIST PHYSICIAN SERVICES, INC.	Q	123,200.	COST
(12) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Q	2,679,522.	COST
(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

**Adventist HealthCare, Inc. and
Controlled Entities**

Consolidated Financial Statements
and Supplementary Information

December 31, 2018 and 2017



Adventist HealthCare, Inc. and Controlled Entities

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December 31, 2018 and 2017

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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, 2018 and 2017, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Adventist HealthCare, Inc. and controlled entities as of December 31, 2018 and 2017, 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 and combining information presented on pages 38 to 42 is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Baker Tilly Virchow Krause, LLP

Wilkes-Barre, Pennsylvania
April 30, 2019

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 41,673,365	\$ 40,714,884
Short-term investments	196,069,788	197,803,029
Assets whose use is limited	3,573,229	2,923,796
Patient accounts receivable	94,756,571	93,209,946
Other receivables	12,096,855	16,070,981
Inventories	8,611,875	9,410,777
Prepaid expenses and other current assets	<u>8,337,954</u>	<u>7,653,048</u>
Total current assets	365,119,637	367,786,461
Property and Equipment, Net	652,882,719	511,609,795
Assets Whose Use is Limited		
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	139,004,400	244,332,570
Professional liability trust fund	11,128,261	11,878,591
Deferred compensation fund	1,300,086	1,403,371
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisitions	1,512,793	2,322,753
Investments and Investments in Unconsolidated Subsidiaries	17,057,997	15,665,245
Land Held for Healthcare Development	45,404,765	47,660,070
Intangible Assets, Net	8,127,689	8,343,130
Deposits and Other Noncurrent Assets	<u>4,592,743</u>	<u>5,610,693</u>
Total assets	<u>\$ 1,246,131,090</u>	<u>\$ 1,216,612,679</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 86,631,393	\$ 86,818,184
Accrued compensation and related items	37,155,567	37,260,446
Interest payable	9,775,665	9,747,294
Due to third party payors	19,981,019	17,818,402
Estimated self-insured professional liability	1,795,731	1,179,664
Current maturities of long-term obligations	<u>9,151,220</u>	<u>13,019,860</u>
Total current liabilities	164,490,595	165,843,850
Construction Payable	33,038,715	14,828,539
Long-Term Obligations, Net		
Bonds payable	546,699,908	551,211,489
Notes payable	21,295,957	22,089,282
Capital lease obligations	10,096,187	11,229,970
Derivative Financial Instrument	503,251	1,145,303
Other Liabilities	10,257,050	11,963,765
Estimated Self-Insured Professional Liability	<u>14,929,354</u>	<u>13,082,881</u>
Total liabilities	<u>801,311,017</u>	<u>791,395,079</u>
Net Assets		
Net assets without donor restrictions	439,571,362	417,328,975
Net assets with donor restrictions	<u>5,248,711</u>	<u>7,888,625</u>
Total net assets	<u>444,820,073</u>	<u>425,217,600</u>
Total liabilities and net assets	<u><u>\$ 1,246,131,090</u></u>	<u><u>\$ 1,216,612,679</u></u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Operations

Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Revenues		
Patient service revenue	\$ 779,303,420	\$ 801,836,667
Provision for doubtful collections	-	(31,782,541)
Net patient service revenue	779,303,420	770,054,126
Other revenues	41,246,589	38,064,322
Total revenues	<u>820,550,009</u>	<u>808,118,448</u>
Expenses		
Salaries and wages	366,176,376	360,720,746
Employee benefits	72,221,612	68,630,252
Contract labor	35,754,655	39,039,683
Medical supplies	104,580,658	103,013,363
General and administrative	122,362,912	122,036,220
Building and maintenance	41,344,766	41,922,317
Insurance	9,113,009	5,674,763
Interest	11,951,282	10,353,452
Depreciation and amortization	38,120,194	36,463,353
Total expenses	<u>801,625,464</u>	<u>787,854,149</u>
Income from operations	<u>18,924,545</u>	<u>20,264,299</u>
Other Income (Expense)		
Investment income	2,284,965	8,232,502
Other income (expense)	143,382	(1,994,397)
Total other income	<u>2,428,347</u>	<u>6,238,105</u>
Revenues in excess of expenses from continuing operations	21,352,892	26,502,404
Change in net unrealized (losses) gains on investments other than trading securities	(3,582,832)	2,582,625
Change in net unrealized gain on derivative financial instrument	700,697	700,697
Net assets released from restriction for purchase of property and equipment	2,656,339	1,152,590
Deferred compensation plan liability adjustment	1,609,635	(512,305)
Other unrestricted net asset activity	(494,344)	(1,762,971)
Increase in net assets without donor restrictions from continuing operations	22,242,387	28,663,040
Loss from discontinued operations	-	(2,661,722)
Increase in net assets without donor restrictions	<u>\$ 22,242,387</u>	<u>\$ 26,001,318</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Changes in Net Assets
Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Net Assets Without Donor Restrictions		
Revenues in excess of expenses from continuing operations	\$ 21,352,892	\$ 26,502,404
Change in net unrealized (losses) gains on investments other than trading securities	(3,582,832)	2,582,625
Change in net unrealized gain on derivative financial instrument	700,697	700,697
Net assets released from restriction for purchase of property and equipment	2,656,339	1,152,590
Deferred compensation plan liability adjustment	1,609,635	(512,305)
Other unrestricted net asset activity	<u>(494,344)</u>	<u>(1,762,971)</u>
Increase in net assets without donor restrictions from continuing operations	22,242,387	28,663,040
Loss from discontinued operations	<u>-</u>	<u>(2,661,722)</u>
Increase in net assets without donor restrictions	<u>22,242,387</u>	<u>26,001,318</u>
Net Assets With Donor Restrictions		
Restricted gifts and donations	4,077,505	4,933,934
Net assets released from restriction for purchase of property and equipment	(2,656,339)	(1,152,590)
Net assets released from restriction used for operations	(3,519,841)	(2,480,828)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	(69,836)	18,397
Change in discount of pledges receivable and provision for doubtful pledges	(508,987)	11,309
Donor restricted investment income	<u>37,584</u>	<u>10,234</u>
(Decrease) increase in net assets with donor restrictions	<u>(2,639,914)</u>	<u>1,340,456</u>
Increase in net assets	19,602,473	27,341,774
Net Assets, Beginning	<u>425,217,600</u>	<u>397,875,826</u>
Net Assets, Ending	<u>\$ 444,820,073</u>	<u>\$ 425,217,600</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows

Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Cash Flows from Operating Activities		
Increase in net assets	\$ 19,602,473	\$ 27,341,774
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for doubtful collections	-	31,782,541
Depreciation and amortization	38,120,194	36,453,533
Amortization of deferred financing costs	212,496	200,349
Deferred compensation plan liability adjustment	(1,609,635)	512,305
Restricted contributions and grants	(1,151,766)	(3,782,795)
Earnings recognized from unconsolidated subsidiaries and affiliates	(1,943,590)	(2,040,340)
Amortization of physician income guarantees	26,348	9,105
Net realized loss (gain) on investments	3,128,140	(3,628,355)
Change in net unrealized losses (gains) on investments other than trading securities	3,582,832	(2,582,625)
Change in net unrealized gain on derivative financial instrument	(700,697)	(700,697)
Change in value of beneficial interest in trusts and charitable gift annuity	69,836	(18,397)
Change in discount on pledges receivable and provision for doubtful pledges	508,987	(11,309)
Loss on disposal of BH&WS Eastern Shore	-	2,911,706
Changes in assets and liabilities:		
Patient accounts receivable	(1,546,625)	(33,960,881)
Other receivables	3,947,778	(836,069)
Inventories, prepaid expenses and other current assets	113,996	514,096
Accounts payable and accrued expenses	(186,791)	2,880,926
Accrued compensation and related items	(104,879)	2,408,992
Interest payable	28,371	7,725,904
Estimated self-insured professional liability	2,462,540	1,397,042
Due to third party payors	2,162,617	(846,625)
Other noncurrent assets and liabilities	397,341	(3,415,492)
Net cash provided by operating activities	<u>67,119,966</u>	<u>62,314,688</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows
Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Cash Flows from Investing Activities		
Purchase of property and equipment	\$ (159,276,923)	\$ (105,592,446)
Increase in investments and investments in unconsolidated subsidiaries	(4,779,492)	(3,959,138)
Additions to land held for healthcare development	(2,309,960)	(6,675,741)
Proceeds from sale of land for healthcare development	4,565,265	7,721,976
Distributions from investments in unconsolidated subsidiaries	2,524,000	321,113
Purchase of investment in unconsolidated subsidiary	(1,182,000)	(674,626)
Decrease in trustee held funds and restricted cash	106,506,583	26,520,312
	<u>(53,952,527)</u>	<u>(82,338,550)</u>
Net cash used in investing activities		
Cash Flows from Financing Activities		
Payment of financing costs	-	(423,227)
Proceeds from issuance of bonds	-	40,000,000
Repayments on long-term obligations, net	(13,360,724)	(12,818,901)
Proceeds from restricted contributions and grants	1,151,766	3,782,795
	<u>(12,208,958)</u>	<u>30,540,667</u>
Net cash (used in) provided by financing activities		
Net increase in cash and cash equivalents	958,481	10,516,805
Cash and Cash Equivalents, Beginning	<u>40,714,884</u>	<u>30,198,079</u>
Cash and Cash Equivalents, Ending	<u>\$ 41,673,365</u>	<u>\$ 40,714,884</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 12,464,520</u>	<u>\$ 4,138,018</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Capital lease obligation incurred for equipment	<u>\$ 3,203,212</u>	<u>\$ 469,249</u>
Land contributed to investment in unconsolidated subsidiary	<u>\$ 1,153,672</u>	<u>\$ -</u>
Construction payable for property and equipment	<u>\$ 33,038,715</u>	<u>\$ 14,828,539</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2018 and 2017

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 266-bed acute care hospital located in Rockville, Maryland. Effective August 1, 2018, Behavioral Health & Wellness Services ("BH&WS") became 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. BH&WS - Eastern Shore was an acute care and residential mental health resource for children and adolescents, which had 15 acute care psychiatric beds and 59 residential treatment rooms. In November 2016, AHC made the decision to discontinue the operations of the BH&WS - Eastern Shore location. See Note 3 for further details.

Washington Adventist Hospital ("WAH") is a 236-bed acute care hospital located in Takoma Park, Maryland.

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 32-bed rehabilitation facility.

Adventist HealthCare Imaging ("Imaging") operates seven clinical sites and provides inpatient and outpatient imaging services at SGMC and WAH.

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, psychiatry and endocrinology practices. The termination was effective July 2018, at which time AHC began operating the primary care, psychiatry and endocrinology practices. The remaining specialty care practices will continue to be operated by MFA, with the respective operating results recorded in SGMC and WAH. CIS also includes the administration needed to facilitate the coordination of patient care across conditions, providers and settings.

The Other Health Services 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.

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.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2018 and 2017

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 non clinical assistance to homebound patients who cannot perform certain daily activities on their own.

The Urgent Care operating division 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. The operating division started in October 2013 when Adventist HealthCare Urgent Care Centers, Inc. ("Urgent Care"), a Maryland non-profit corporation and Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital Centra Care, a Florida non-profit corporation, entered into a management services and license agreement to establish free standing urgent care centers in Montgomery and Prince Georges County, Maryland. This agreement was terminated effective October 10, 2017 and going forward an unrelated third party will assist in management of these centers.

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 450 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., Shady Grove Medical Center Foundation, Inc., and Adventist Behavioral Health & Wellness Services 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. The Adventist Behavioral Health & Wellness Services Foundation, Inc. (BH&WS Foundation) was dissolved in 2018 and its assets were transferred to Shady Grove Medical Center Foundation, Inc. The transfer had no impact on net assets with donor restriction as the amounts will be used in accordance with the donors intended restriction.

All of the operating divisions and controlled entities mentioned above are tax-exempt under Section 501(c)(3) of the IRC.

Principles of Consolidation

The consolidated financial statements for 2018 and 2017 include the accounts of AHC, the controlling parent, SGM, WAH, Rehab, Imaging, CIS, LWS, CCPL, the Support Center, the Lourie Center, AHCS, Urgent Care, OHQA, ACO 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.

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through April 30, 2019, the date the consolidated financial statements were issued.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

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Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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 Commission 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 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 Global Budget Revenue Agreements with the HSCRC for SGMC, WAH and Shady Grove Germantown Emergency Center. The agreements set a 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.

The 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 undercharges of \$1,289,841 and \$3,043,105 as of December 31, 2018 and 2017, 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, 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.

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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 2018 and 2017.

BH&WS-Rockville is subject to HSCRC rate setting. For 2017 and the period January 1, 2018 through July 31, 2018, BH&WS-Rockville did not enter into a Global Budget Revenue Agreement. Instead, BH&WS-Rockville continues to generate charging authority based on the volume of services it provides to patients. Unit rates are set for all payors, however Medicare and Medicaid are not required to reimburse at HSCRC rates. Services provided to Medicare beneficiaries are reimbursed under the Inpatient Psychiatric Facility Prospective Payment System. Services provided to Medicaid patients are cost-settled for outpatient services and reimbursed for inpatient services at a rate of 94 percent of charges (as set forth in the Code of Maryland Regulations 10.09.06.09). Effective August 1, 2018, BH&WS became a department of SGMC and is reimbursed under their Global Budget Revenue Agreement.

Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and certificates of deposit purchased with original maturities of less than 90 days, excluding assets whose use is limited.

Patient Accounts Receivable

The Corporation assesses collectability on patient contracts prior to the recognition of net patient service revenues. Patient accounts receivable are reported at their net realizable value. Accounts are written off through bad debt expense when the Corporation has exhausted all collection efforts and determines accounts are impaired based on changes in patient credit worthiness. Patient accounts receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed earlier.

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.

Assets Whose Use Is Limited

Assets whose use is limited includes assets held by bond trustees under trust indentures, assets set aside as required by the Corporation's self-funded professional liability trust, and assets set aside for deferred compensation agreements. Amounts available to meet current liabilities of the Corporation have been reclassified as current assets in the accompanying consolidated balance sheets.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

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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 gains and losses on investments, write-downs of the cost basis of investments due to an other-than-temporary decline in fair value, interest, and dividends) is included in the determination of revenues in excess of expenses from continuing operations unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the determination of revenues in excess of expenses from continuing operations unless the investments are trading securities. 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. Equipment under capital leases is amortized on the straight-line method over the shorter period of the lease term or estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the accompanying consolidated statements of operations.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. 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 2018 or 2017.

Adventist HealthCare, Inc. and Controlled Entities

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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 \$218,792 in 2018 and \$221,457 in 2017. Accumulated amortization of intangible assets was \$3,826,808 and \$3,608,016 as of December 31, 2018 and 2017, 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.

Goodwill related to BH&WS Eastern Shore of \$411,579 was written off in 2017 related to the closure of this location (Note 3) and is included in loss from discontinued operations in the accompanying consolidated statements of operations.

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, 2018 and 2017 totaled \$4,850,301 and \$5,062,797, respectively, and are included in the consolidated balance sheets as a reduction of bonds payable.

Amortization expense was \$212,496 and \$200,349 in 2018 and 2017, respectively, and is included as a component of interest expense in the consolidated statements of operations. Accumulated amortization of deferred financing costs was \$3,074,318 and \$2,861,822 at December 31, 2018 and 2017, respectively, and is included as a component of bonds payable in the consolidated balance sheets.

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.

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 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 in the transaction price, were not significant in 2018 or 2017.

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.

Adventist HealthCare, Inc. and Controlled Entities

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Derivative Financial Instruments

The Corporation has an interest rate swap agreement, which is considered a derivative financial instrument, to manage its interest rate exposure on certain long-term obligations (Note 12). The interest rate swap agreement is reported at fair value in the accompanying consolidated balance sheets. The interest rate swap agreement is not designated as a cash flow hedge. Changes in fair value are reported as a component of other non-operating income (expense).

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 includes 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.

Net assets with donor restrictions includes 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 \$6,176,180 in 2018 and \$3,633,418 in 2017.

Net assets with donor restrictions includes those whose use by the Corporation has been limited by donors to specific purposes in the amount of \$4,907,290 and \$7,547,204 as of December 31, 2018 and 2017, respectively. Net assets with donor restrictions that have been restricted by donors to investments to be held in perpetuity was \$341,421 as of December 31, 2018 and 2017.

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.

Adventist HealthCare, Inc. and Controlled Entities

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Measure of Operations

The consolidated statements of operations reflects all changes in net assets without donor restrictions, including changes from both operating and non-operating 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. Non-operating 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 loss from discontinued operations, the change in net unrealized gains and losses on investments other than trading securities, the effective portion of the net unrealized gain (loss) 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), and other unrestricted net asset activity.

Net Patient Service Revenue

Net patient service revenues are 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.

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. 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 FASB 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.

Adventist HealthCare, Inc. and Controlled Entities

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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.

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 2018 or 2017.

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.

The Corporation maintains records to identify and monitor the level of charity care it provides. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the Corporation amounted to approximately \$8,958,000 in 2018 and \$7,748,000 in 2017.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

Reclassifications

Certain amounts relating to 2017 have been reclassified to conform to the 2018 reporting format.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

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2. Adoption of Accounting Standards

Revenue Recognition

In 2018, the Corporation adopted the Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, using the modified retrospective approach. ASU No. 2014-09 supersedes the revenue recognition requirements in *Topic 605, Revenue Recognition*, and most industry specific guidance. The core principle under ASU No. 2014-09 is that revenues are recognized to depict the transfer of promised goods or services to customers (patients) in an amount that reflects the consideration at which the entity expects to be entitled in exchange for those goods or services. Additionally, ASU No. 2014-09 requires enhanced disclosures of revenue arrangements.

The Corporation applied the modified retrospective approach to all contracts when adopting ASU No. 2014-09. As a result of the adoption, what was previously classified as the provision for doubtful collections in the consolidated statements of operations is now reflected as implicit price concessions, as defined in Topic 606, and therefore included as a reduction of net patient service revenues. For changes in transaction price related to changes in patient circumstances, the Corporation will prospectively recognize those amounts as a provision for bad debts within operating expenses on the consolidated statements of operations. For periods prior to January 1, 2018, the provision for doubtful collections has been presented consistent with the previous revenue recognition standards that required separate presentation of these amounts as a component of net patient service revenue. Additionally, as a result of the adoption of ASU No. 2014-09, the allowance for doubtful collections of approximately \$22,487,000 as of January 1, 2018 became a component of patient accounts receivable.

Not-for-Profit Financial Statement Presentation

In August 2016, FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. In 2018, the Corporation adopted ASU No. 2016-14, and has applied the changes retrospectively to all periods presented, except for the disclosures around liquidity and availability of resources and analysis of expenses by nature and function. These disclosures have been presented for 2018 only, as allowed by ASU No. 2016-14. The new standard changes the following aspects of the consolidated financial statements:

- The unrestricted net assets class has been renamed Net Assets Without Donor Restrictions;
- The temporarily and permanently restricted net asset classes have been combined into a single net asset class called Net Assets With Donor Restrictions;
- The financial statements include a disclosure about liquidity and availability of resources at December 31, 2018 (Note 17); and
- The functional expense disclosure for 2018 includes expenses reported both by nature and function (Note 18).

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Financial Instruments

During January 2016, the FASB issued ASU No. 2016-01, *Recognition and Measurement of Financial Assets and Financial Liabilities*. ASU No. 2016-01 was issued to enhance the reporting model for financial instruments in financial statements. The provisions of ASU No. 2016-01 require marketable equity securities to be reported at fair value with changes in fair value recognized within the performance indicator, establishes a qualitative factor in evaluating impairment on equity investments without readily determinable fair values, and eliminates the requirement to disclose the fair value on financial instruments measured at amortized cost. The Corporation will be required to adopt the guidance in ASU No. 2016-01 for the year ending December 31, 2019. The Corporation is currently assessing the impact that ASU No. 2016-01 will have on its consolidated financial statements.

Statement of Cash Flows

During August 2016, the FASB issued ASU No. 2016-15, *Classification of Certain Cash Receipts and Cash Payments*. ASU No. 2016-15 addresses eight cash flow issues with specific guidance on how certain cash receipts and cash payments should be presented on the statement of cash flows. The Corporation will be required to adopt the guidance in ASU No. 2016-15 for the year ending December 31, 2019. The Corporation is currently assessing the impact that ASU No. 2016-15 will have on its consolidated statements of cash flows.

Restricted Cash

During November 2016, the FASB issued ASU No. 2016-18, *Statement of Cash Flows (Topic 30), Restricted Cash*. ASU No. 2016-18 requires that a statement of cash flows explain the change during the period in the total cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts showing on the statement of cash flows. The Corporation will be required to retroactively adopt the guidance in ASU No. 2016-18, with transition provisions, for the year ending December 31, 2019. The Corporation is currently assessing the impact that ASU No. 2016-18 will have on its consolidated financial statements.

Lease Accounting

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. ASU No. 2016-02 was issued to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. Under the provisions of ASU No. 2016-02, a lessee is required to recognize a right-to-use asset and lease liability, initially measured at the present value of the lease payments, in the balance sheet. In addition, lessees are required to provide qualitative and quantitative disclosures that enable users to understand more about the nature of the Corporation's leasing activities. The Corporation will be required to retrospectively adopt the guidance in ASU No. 2016-02 for the year ending December 31, 2019. The Corporation is currently assessing the impact that ASU No. 2016-02 will have on its consolidated financial statements.

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.

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Notes to Consolidated Financial Statements

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3. Discontinued Operations

On March 31, 2016, the Corporation sold the operating assets of Hackettstown Regional Medical Center ("HRMC") and HRMC Foundation to an unrelated third party, and discontinued the operations of the facility. The Corporation received net proceeds from the sale of approximately \$44,500,000, which was net of a contribution paid by the Corporation of \$2,500,000 to the HRMC Foundation. During 2017, the Corporation recorded a gain from discontinued operations of \$249,984 related to the final settlement of receivables and payables that existed at the time of sale. The amount is included in the net loss from discontinued operations in the accompanying consolidated statements of operations.

During 2016, AHC discontinued operations at the BH&WS - Eastern Shore facility and made the decision to no longer provide services on Maryland's eastern shore. During 2017, the Corporation recorded a loss from discontinued operations of \$2,911,706, which is included in the net loss from discontinued operations in the accompanying consolidated statements of operations. The majority of the property and equipment was disposed of as a result of the closure and a loss of approximately \$1,611,000 was recognized in 2017 and included in the loss from discontinued operations in the accompanying consolidated statements of operations. In addition, goodwill of approximately \$412,000 related to BH&WS Eastern Shore was written off and included in the loss from discontinued operations in the accompanying consolidated statements of operations in 2017.

4. Net Patient Service Revenues

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 and WAH 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.

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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.

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 year ended December 31, 2018 are as follows:

Global budget revenue	\$ 636,611,309
Rehabilitation services	46,385,493
Physician practice services	30,529,693
Imaging services	29,948,092
Home health services	28,779,161
Other health services	<u>7,049,672</u>
Total	<u><u>\$ 779,303,420</u></u>

Net patient service revenues disaggregated by payor for the years ended December 31, 2018 and 2017 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, 2018	<u>\$ 292,876,720</u>	<u>\$ 85,066,955</u>	<u>\$ 368,341,417</u>	<u>\$ 33,018,328</u>	<u>\$ 779,303,420</u>
December 31, 2017	<u>\$ 287,729,217</u>	<u>\$ 80,722,260</u>	<u>\$ 371,203,570</u>	<u>\$ 30,399,079</u>	<u>\$ 770,054,126</u>

5. Investments

Short-Term Investments

The Corporation's short-term investments at December 31, 2018 and 2017 are comprised of the following:

	<u>2018</u>	<u>2017</u>
Cash and cash equivalents	\$ 4,671,466	\$ 827,792
Fixed income:		
Corporate bonds	70,694,426	72,558,705
Asset backed securities	58,864,628	34,501,068
U.S. government securities, U.S. treasury notes	36,563,482	61,937,170
Mutual funds:		
Equity, balanced	16,628,693	17,575,243
Equity, growth	<u>8,647,093</u>	<u>10,403,051</u>
Total	<u><u>\$ 196,069,788</u></u>	<u><u>\$ 197,803,029</u></u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2018 and 2017

Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2018 and 2017 is set forth in the following tables:

	<u>2018</u>	<u>2017</u>
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks:		
Cash and cash equivalents	\$ 55,754,102	\$ 56,604,016
U.S. government securities:		
U.S. treasury notes	82,672,276	166,238,057
U.S. government agency notes	<u>2,355,520</u>	<u>23,234,629</u>
Total	140,781,898	246,076,702
Less funds held for current liabilities	<u>1,777,498</u>	<u>1,744,132</u>
Noncurrent portion of assets held under trust indentures and capital lease purchase financing facilities	<u>\$ 139,004,400</u>	<u>\$ 244,332,570</u>
Professional liability trust fund:		
Cash and cash equivalents	\$ 1,133,693	\$ 228,643
Mutual funds:		
Equity, balanced	-	801,545
Equity, large value	3,618,514	3,869,027
Equity, growth	1,179,972	1,137,927
Fixed income, intermediate	3,907,005	3,912,844
Fixed income, multi-sector	921,591	960,543
Fixed income, short-term	<u>2,163,217</u>	<u>2,147,726</u>
Total	12,923,992	13,058,255
Less funds held for current liabilities	<u>1,795,731</u>	<u>1,179,664</u>
Noncurrent portion of professional liability trust fund	<u>\$ 11,128,261</u>	<u>\$ 11,878,591</u>
Deferred compensation fund:		
Mutual funds:		
Equity, growth	\$ 203,128	\$ 1,403,371
Equity, large value	226,707	-
Equity, midcap value	111,635	-
Equity, other	313,022	-
Fixed income, intermediate	<u>445,594</u>	<u>-</u>
Total	<u>\$ 1,300,086</u>	<u>\$ 1,403,371</u>

The indenture requirements of certain tax exempt financings provide for the establishment and maintenance of various accounts with a trustee (Note 10). 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, 2018 and 2017

The composition of trustee held and escrow funds at December 31, 2018 and 2017 is as follows:

	<u>2018</u>	<u>2017</u>
Debt service reserve funds	\$ 28,401,140	\$ 28,224,212
Principal and interest funds	17,902,335	29,448,690
Project fund	<u>94,478,423</u>	<u>188,403,800</u>
Total	<u>\$ 140,781,898</u>	<u>\$ 246,076,702</u>

Unrestricted investment income and gains and losses for investments, assets whose use is limited, and cash and cash equivalents are comprised of the following in 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Investment income:		
Interest and dividends, net	\$ 5,292,594	\$ 4,555,234
Interest on trustee held funds	120,511	48,913
Net realized (losses) gains on sale of investments	<u>(3,128,140)</u>	<u>3,628,355</u>
Total	<u>\$ 2,284,965</u>	<u>\$ 8,232,502</u>
Other changes in net assets without donor restriction,		
Change in net unrealized gains and losses on investments other than trading securities	<u>\$ (3,582,832)</u>	<u>\$ 2,582,625</u>

6. Fair Value Measurements and Financial Instruments

Fair Value Measurements

The Corporation measures its short-term investments, assets whose use is limited, investments, beneficial interest in trusts, and derivative financial 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, 2018 and 2017

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:

	2018				
	Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value					
Assets:					
Cash and cash equivalents	\$ 62,449,848	\$ 62,449,848	\$ 62,449,848	\$ -	\$ -
Mutual funds:					
Fixed income, intermediate	4,352,599	4,352,599	4,352,599	-	-
Fixed income, multi -sector	921,591	921,591	921,591	-	-
Fixed income, short-term	2,163,217	2,163,217	2,163,217	-	-
Equity, growth	10,030,193	10,030,193	10,030,193	-	-
Equity, large value	3,845,221	3,845,221	3,845,221	-	-
Equity, balanced	16,628,693	16,628,693	16,628,693	-	-
Equity, mid value	111,635	111,635	111,635	-	-
Equity, other	313,022	313,022	313,022	-	-
U.S. government securities:					
U.S. treasury notes	119,235,758	119,235,758	-	119,235,758	-
U.S. government agency notes	2,355,520	2,355,520	-	2,355,520	-
Asset backed securities	58,864,628	58,864,628	-	58,864,628	-
Corporate bonds and other debt securities	70,694,426	70,694,426	-	70,694,426	-
Beneficial interest in trusts	977,231	977,231	-	-	977,231
	<u>\$ 352,943,582</u>	<u>\$ 352,943,582</u>	<u>\$ 100,816,019</u>	<u>\$ 251,150,332</u>	<u>\$ 977,231</u>
Liabilities,					
Derivative financial instrument	\$ 503,251	\$ 503,251	\$ -	\$ 503,251	\$ -
Disclosed at Fair Value					
Cash and cash equivalents	\$ 41,673,363	\$ 41,673,363	\$ 41,673,363	\$ -	\$ -
Pledges receivable	3,219,172	3,219,172	-	-	-
Long-term debt, excluding capital leases (Note 11):					
Fixed rate revenue bonds	523,782,204	576,452,087	-	576,452,087	-
Variable rate revenue bonds	21,985,000	21,985,000	-	21,985,000	-
Note payable	22,089,282	22,089,282	-	-	22,089,282

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

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	2017				
	Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value					
Assets:					
Cash and cash equivalents	\$ 58,471,764	\$ 58,471,764	\$ 58,471,764	\$ -	\$ -
Mutual funds:					
Fixed income, intermediate	3,970,702	3,970,702	3,970,702	-	-
Fixed income, multi -sector	960,543	960,543	960,543	-	-
Fixed income, short-term	2,147,726	2,147,726	2,147,726	-	-
Equity, growth	12,960,164	12,960,164	12,960,164	-	-
Equity, large value	3,887,685	3,887,685	3,887,685	-	-
Equity, balanced	18,376,788	18,376,788	18,376,788	-	-
U.S. government securities:					
U.S. treasury notes	228,175,227	228,175,227	-	228,175,227	-
U.S. government agency notes	23,234,629	23,234,629	-	23,234,629	-
Asset backed securities	34,501,068	34,501,068	-	34,501,068	-
Corporate bonds and other debt securities	72,558,705	72,558,705	-	72,558,705	-
Beneficial interest in trusts	1,052,891	1,052,891	-	-	1,052,891
	<u>\$ 460,297,892</u>	<u>\$ 460,297,892</u>	<u>\$ 100,775,372</u>	<u>\$ 358,469,629</u>	<u>\$ 1,052,891</u>
Liabilities,					
Derivative financial instrument	<u>\$ 1,145,303</u>	<u>\$ 1,145,303</u>	<u>\$ -</u>	<u>\$ 1,145,303</u>	<u>\$ -</u>
Disclosed at Fair Value					
Cash and cash equivalents	\$ 40,714,884	\$ 40,714,884	\$ 40,714,884	\$ -	\$ -
Pledges receivable	4,333,990	4,181,880	-	-	-
Long-term debt, excluding capital leases (Note 11):					
Fixed rate revenue bonds	526,076,559	578,746,439	-	578,746,439	-
Variable rate revenue bonds	22,985,000	22,985,000	-	22,985,000	-
Note payable	22,861,750	22,861,750	-	-	22,861,750
Secured line of credit	3,500,000	3,500,000	-	-	3,500,000

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2018 and 2017

The following table presents the fair value measurements for beneficial interest in trusts that have unobservable inputs at December 31, 2018 and 2017:

Balance, December 31, 2016	\$ 1,310,686
Distributions	(276,192)
Increase in value, included in changes in net assets with donor restrictions	<u>18,397</u>
Balance, December 31, 2017	1,052,891
Distributions	(5,824)
Decrease in value, included in changes in net assets with donor restrictions	<u>(69,836)</u>
Balance, December 31, 2018	<u>\$ 977,231</u>

The following represents a reconciliation of the assets reported at fair value included in the fair value table within the accompanying consolidated balance sheets at December 31:

	<u>2018</u>	<u>2017</u>
Short-term investments (Note 4)	\$ 196,069,788	\$ 197,803,029
Assets whose use is limited (Note 4):		
Current portion	3,573,229	2,923,796
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	139,004,400	244,332,570
Professional liability trust fund	11,128,261	11,878,591
Deferred compensation fund	1,300,086	1,403,371
Investments held by foundations	890,587	903,644
Beneficial interest in trusts	<u>977,231</u>	<u>1,052,891</u>
	<u>\$ 352,943,582</u>	<u>\$ 460,297,892</u>

The Corporation did not have any financial assets or financial liabilities measured at fair value.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value and for financial instruments disclosed at fair value. There have been no changes in methodologies used at December 31, 2018 and 2017.

Cash and cash equivalents: The carrying amounts approximate fair value because of the short maturity of these financial instruments.

Mutual funds: Valued based on quoted market prices.

U.S. government securities, asset backed securities, corporate bonds and other debt securities: Valued based on estimated quoted market prices of similar securities.

Beneficial interest in trusts: Beneficial interest in trusts are valued based on the fair value of the trusts underlying assets which represents a proxy for discounted present value of future cash flows. Beneficial interest in trusts are included in deposits and other noncurrent assets in the accompanying consolidated balance sheets.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

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Pledges receivable: Valued based on the original pledge amount, adjusted by a discount rate that a market participant would demand and an evaluation of uncollectible pledges. Pledges receivables are included in prepaid expenses and other current assets and deposits and other noncurrent assets in the accompanying consolidated balance sheets.

Long-term debt: The fair value of the fixed rate debt is estimated based on market data provided by the Corporation's financial consultants. Fair values of the remaining long-term debt are considered to approximate their carrying amounts in the 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.

7. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment and accumulated depreciation and amortization at December 31, 2018 and 2017 consist of the following:

	<u>2018</u>	<u>2017</u>
Land and improvements	\$ 31,408,104	\$ 32,566,971
Buildings and improvements	469,717,964	457,474,313
Office furniture and equipment	201,151,320	194,126,065
Computer software and hardware	137,906,569	133,864,945
Equipment under capital leases	27,952,929	24,749,717
Total	868,136,886	842,782,011
Less accumulated depreciation and amortization	<u>(512,122,004)</u>	<u>(474,343,085)</u>
Total	356,014,882	368,438,926
Construction in progress	<u>296,867,837</u>	<u>143,170,869</u>
	<u>\$ 652,882,719</u>	<u>\$ 511,609,795</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 2018 and 2017, the Corporation incurred interest expense, including amortization expense related to deferred financing costs, of approximately \$12,679,000 and \$12,064,000, respectively, of which approximately \$727,400 was capitalized in 2018 and \$1,711,000 was capitalized in 2017. Investment earnings of approximately \$13,000 and \$12,000 were offset against capitalized interest in 2018 and 2017, respectively.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

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Depreciation expense, including amortization of equipment under capital leases, was approximately \$38,264,000 in 2018 and \$36,604,000 in 2017. Accumulated amortization of equipment under capital lease as of December 31, 2018 and 2017 was approximately \$21,515,000 and \$20,314,000, respectively.

Construction in progress as of December 31, 2018 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were approximately \$90,487,000 at December 31, 2018. The cost of these projects is expected to be funded through the project fund established through bond proceeds as well as transfers from the Corporation's related foundations and operations.

8. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries include the following at December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Investment in healthcare entities	\$ 6,417,119	\$ 6,447,367
Investment in Premier	9,831,206	8,409,290
Investments held by foundations	809,672	808,588
Total	<u>\$ 17,057,997</u>	<u>\$ 15,665,245</u>

Investment in Healthcare Entities

The Corporation recognized earnings of \$521,675 and \$258,193 during 2018 and 2017, 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 WAH. The Corporation has a 50 percent ownership interest in White-Oak.

The Corporation has invested \$259,100 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 \$3,884,672 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.

Adventist HealthCare, Inc. and Controlled Entities

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Summarized financial information related to these entities is presented below:

	<u>2018</u>	<u>2017</u>
Net revenue	\$ 18,786,903	\$ 17,682,566
Revenues in excess of expenses	1,919,276	958,934
Total assets	49,884,592	30,265,624
Total liabilities	24,630,109	15,478,915

Investment in Premier

The Corporation is a partner in Premier, Inc. ("Premier"), a health care system group purchasing organization. In 2013, the Corporation recorded its Premier investment under the cost method of accounting. In October 2013, Premier converted from a privately held company to a public company through the issuance of an Initial Public Offering. At the time of conversion, the Corporation was issued 493,810 Class B common units of which 78,946 units were sold.

The remaining 414,864 Class B common units held by the Corporation are exchangeable for Class A common stock over a 7-year quarterly vesting period. The Corporation recognized a gain of \$1,421,915 and \$1,782,147 during 2018 and 2017, respectively, based on the market value of the units available for exchange. In addition, the Corporation recognized earnings of \$669,776 and \$707,426 during 2018 and 2017, respectively, related to distributions. Both the gain and the distributions are included in other revenue in the accompanying consolidated statements of operations.

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.

9. 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 \$28,250,000. The Corporation's portion of the proceeds was \$25,101,980. As of December 31, 2015, the Corporation received \$13,225,064 of their portion of the purchase price, with the additional proceeds being held in escrow to be received upon the completion of certain infrastructure improvements to the property, for which the Corporation and Cabin Branch are collectively responsible. Those infrastructure improvements were completed during 2017, and the Corporation received the remaining proceeds from the escrow as reimbursement for the infrastructure improvements made to the property.

Adventist HealthCare, Inc. and Controlled Entities

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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 \$1,330,000 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 \$7,250,792. The Corporation's share of \$4,565,265 was received in November and December of 2018.

The total proceeds received related to the parcels of land sold by the Corporation through December 31, 2018 was \$30,997,245. No gain or loss was recognized on the sale of the parcels of land as of December 31, 2018 and 2017. Total remaining land held for healthcare development in Clarksburg as of December 31, 2018 and 2017, was \$45,404,765 and \$47,660,070, respectively.

10. Short-Term Financing

The Corporation has a \$3,000,000 unsecured line of credit with a commercial bank, with interest at LIBOR plus 1.50 percent (4 percent at December 31, 2018). There were no borrowings outstanding under this line of credit as of December 31, 2018 or 2017.

11. Long-Term Obligations

Long-term obligations as of December 31, 2018 and 2017 are comprised of the following:

	<u>2018</u>	<u>2017</u>
Fixed rate revenue bonds	\$ 523,782,204	\$ 526,076,559
Variable rate revenue bonds	21,985,000	22,985,000
Secured lines of credit	-	3,500,000
Note payable	22,089,282	22,861,750
Other long-term liabilities	<u>14,092,321</u>	<u>16,683,010</u>
Total obligations	581,948,807	592,106,319
Plus bond premium	10,144,766	10,507,079
Less:		
Current maturities	(9,151,220)	(13,019,860)
Deferred financing costs	<u>(4,850,301)</u>	<u>(5,062,797)</u>
Noncurrent portion of long-term obligations, net	<u>\$ 578,092,052</u>	<u>\$ 584,530,741</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2018 and 2017

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>2018</u>	<u>2017</u>
Adventist Healthcare, Inc.:				
Series 2011A	\$ 57,205,000	5-6.25%	\$ 57,205,000	\$ 57,205,000
Series 2013	15,623,500	3.21%	8,342,204	9,886,559
Series 2014A	24,280,000	3.56%	22,090,000	22,840,000
Series 2016A	269,750,000	5.00%	269,750,000	269,750,000
Series 2016B	126,395,000	3.23%	126,395,000	126,395,000
Series 2017	40,000,000	2.77%	40,000,000	40,000,000
Total			<u>\$ 523,782,204</u>	<u>\$ 526,076,559</u>

The above bond issues are subject to trust indentures which impose various covenants on SGMC, WAH, 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, 2018 and 2017. 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 \$21,985,000 and \$22,985,000 as of December 31, 2018 and 2017, respectively. The Series 2014B Bonds bear interest at a variable rate of one month LIBOR plus 2.3 percent (4.8 percent at December 31, 2018). 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, 2018 and 2017.

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, WAH, HRMC, BH&WS and Rehab.

Secured Lines of Credit

The Corporation had a secured line of credit for \$16,000,000 that bore interest at LIBOR plus 2.00 percent and expired on June 30, 2018. The balance on the line of credit was \$3,500,000 at December 31, 2017.

Note Payable

In December 2014, the corporation entered into a taxable term note for \$25,000,000 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 (4.95 percent as of December 31, 2018). The amortization on the note extends to December 18, 2034, however, the note matures on December 18, 2024. As of December 31, 2018 and 2017, the outstanding balance was \$22,089,282 and \$22,861,750, respectively.

Adventist HealthCare, Inc. and Controlled Entities

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Other Long-Term Liabilities

This category consists of several capital lease obligations and notes payable on various types of medical and IT equipment. The financed equipment serves as security on these leases. Interest rates on these other long-term liabilities range from 2.70 percent - 3.40 percent.

Scheduled principal repayments of long-term obligations at December 31, 2018 are as follows:

Years ending December 31:	
2019	\$ 9,151,220
2020	14,996,059
2021	13,934,044
2022	14,354,419
2023	13,271,324
Thereafter	<u>516,241,741</u>
Total	<u>\$ 581,948,807</u>

12. Derivative Financial Instrument

The Corporation has an interest rate swap agreement, which is considered a derivative financial instrument. The agreement is for a notional amount of \$50,880,000 and requires the Corporation to pay a fixed interest rate of 3.457 percent while receiving variable interest rates based upon 67 percent of LIBOR, maturing January 2021. The agreement was entered into in order to manage interest rate exposure. The principal objective of the swap agreement is to minimize the risks associated with financing activities by reducing the impact of changes in interest rates on its debt portfolio. The notional amount of the swap agreement is used to measure the interest to be paid or received and does not represent the amount of exposure to credit loss. Exposure to credit loss is limited to the receivable, if any, which may be generated as a result of the swap agreement. The interest rate swap agreement is reported at fair value in the consolidated balance sheets. At December 31, 2018 and 2017, the fair value of the Corporation's derivative financial instrument was \$503,251 and \$1,145,303, respectively.

During 2016, the Corporation terminated one of its interest rate swap agreements with a notional amount of \$78,000,000 that was designated as a cash flow hedge with the counterparty for \$16,875,000. The Corporation borrowed the termination fee, which was included as a component of the proceeds for the 2016B bonds. No gain or loss was recognized on the termination of the swap. As of December 31, 2018 and 2017, \$11,606,149 and \$12,288,864, respectively, remained in net assets without donor restriction and is being amortized over the remaining term of the hedge, or through January 2035.

The net cash paid or received under the swap agreement is recognized as either an adjustment to interest expense or other income. The net cash paid under the interest rate swap agreement was \$582,142 in 2018 and \$928,616 in 2017. The remaining amounts for 2018 and 2017 are reported as a component of other income (expense) in the accompanying consolidated statements of operations, which is related to the swap agreement that does not qualify for hedge accounting.

The fair value of the interest rate swap agreement is estimated to be the amount the Corporation would receive or pay to terminate the swap agreements at the reporting date and was based on information supplied by an independent third party valuation agent (Note 5). Additionally, the fair value reflects a credit risk adjustment required under accounting principles generally accepted in the United States of America. Gains or losses resulting from the interest rate swap agreement are entirely recognized as a component of revenues in excess of expenses from continuing operations. The impact on the consolidated statements of operations were gains of \$642,052 in 2018 and \$964,909 in 2017.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2018 and 2017

On October 3, 2008, the counterparty for the Corporation's fixed pay swap maturing in January 2035, Lehman Brothers, Inc., commenced proceedings under Chapter 11 of the Bankruptcy Code. This action triggered an Event of Default under the ISDA Master Agreement in effect with said party and gave the Corporation the right to terminate the transaction.

On October 16, 2008, the Corporation terminated this agreement and concurrently entered into an agreement with a new counterparty that assumed all existing terms and conditions of the original agreement. The termination of the original swap agreement resulted in a loss of \$472,023 which is included in net assets without donor restriction in the consolidated balance sheets. This loss is being amortized over the remaining term of the designated period of the hedge, or through January 2035. As of December 31, 2018 and 2017, accumulated amortization of \$201,632 and \$161,837, respectively, is included in other changes in net assets without donor restriction and interest expense in the consolidated statements of operations and changes in net assets.

13. Leases

The Corporation has entered into various operating leases primarily for office space as well as certain equipment items. Rental expense for operating leases was \$21,065,136 in 2018 and \$20,924,709 in 2017. Future minimum payments under non-cancelable operating leases with initial terms of one year or more consist of the following during the years ending December 31:

Years ending December 31:	
2019	\$ 16,591,264
2020	16,374,128
2021	16,279,959
2022	14,556,651
2023	13,288,887
Thereafter	<u>27,120,705</u>
Total	<u>\$ 104,211,594</u>

The Corporation has also entered into various sub-lease agreements with tenants that occupy space in the Corporation's buildings. The terms of these sub-leases vary and extend through 2030. Rental income was \$4,119,236 in 2018 and \$3,303,484 in 2017, which has been reported as a component of other operating revenue in the consolidated statements of operations. Future rent payments expected to be received by the Corporation during the years ending December 31, are as follows:

Years ending December 31:	
2019	\$ 4,069,884
2020	3,803,687
2021	3,497,826
2022	2,853,887
2023	2,543,956
Thereafter	<u>1,221,807</u>
Total	<u>\$ 17,991,047</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2018 and 2017

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 twelve months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2 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 \$10,101,533 in 2018 and \$7,983,472 in 2017.

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 \$236,635 in 2018 and \$404,894 in 2017. In addition, a SERP liability adjustment was recorded for \$(1,609,635) in 2018 and \$512,305 in 2017, which was recognized in net assets without donor restriction in the consolidated statements of changes in net assets. At December 31, 2018 and 2017, the Corporation's liability for the SERP was \$2,418,405 and \$3,811,232, 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 \$1,305,693 in 2018 and \$1,451,249 in 2017. The Corporation's liability for the 457(F) plan at December 31, 2018 and 2017 was \$2,549,173 and \$2,792,809, 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.

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.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2018 and 2017

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, 2018, management determined that the fully-funded professional liability reserve reported at December 31, 2018 and 2017 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 \$16,725,085 and \$14,262,545 at December 31, 2018 and 2017, respectively. The discount rate used in determining these liabilities was 2.5 percent at both December 31, 2018 and 2017.

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, 2018 and 2017

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, 2018 and 2017, concentrations of gross receivables from third party payors and others are as follows:

	<u>2018</u>	<u>2017</u>
Medicare	22 %	22 %
Medicaid	12	11
Other third party payors	41	39
Self-pay and others	<u>25</u>	<u>28</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 sheet date, consist of the following at December 31, 2018:

Cash and cash equivalents	\$ 41,673,363
Short-term investments	196,069,788
Patient accounts receivable, net	94,756,571
Other receivables, net	12,096,855
Assets whose use is limited, Professional liability trust fund	<u>11,128,261</u>
Total	<u>\$ 355,724,838</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, 2018 and 2017

18. Functional Expenses

A summary of the Corporation's operating expenses by function for the year ended December 31, 2018 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	\$ 220,718,693	\$ 18,731,190	\$ 88,625,657	\$ 38,100,836	\$ -	\$ 366,176,376
Employee benefits and payroll taxes	47,966,466	3,553,383	13,110,485	7,591,278	-	72,221,612
Contract labor	32,343,445	245,199	2,963,787	202,224	-	35,754,655
Medical supplies	98,202,724	458,492	5,875,860	43,582	-	104,580,658
General and administrative	55,707,950	1,215,423	17,182,465	48,146,794	110,280	122,362,912
Building and maintenance	30,686,995	704,542	7,821,497	2,131,732	-	41,344,766
Insurance	4,741,326	105,956	1,861,698	2,404,029	-	9,113,009
Interest	8,724,197	-	530,114	2,696,971	-	11,951,282
Depreciation and amortization	22,503,068	314,415	4,087,192	11,215,519	-	38,120,194
Total	<u>\$ 521,594,864</u>	<u>\$ 25,328,600</u>	<u>\$ 142,058,755</u>	<u>\$ 112,532,965</u>	<u>\$ 110,280</u>	<u>\$ 801,625,464</u>

A summary of the Corporation's operating expenses by function for the year ended December 31, 2017 is as follows:

Hospital acute and ambulatory services	\$ 477,985,379
Home care services	24,328,504
Other health care services	181,539,007
Other, including general and administrative	103,568,758
Fundraising	<u>432,501</u>
Total	<u>\$ 787,854,149</u>

Adventist HealthCare, Inc. and Controlled Entities

 Consolidating Schedule, Balance Sheet
 December 31, 2018

	Shady Grove Medical Center	Washington Adventist Hospital	Rehabilitation	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Lourie Center	Adventist Home Care Services	Urgent Care Centers	One Health Quality Alliance	Adventist HealthCare, Inc. Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Assets																
Current Assets																
Cash and cash equivalents	\$ 182,612,390	\$ (82,157,324)	\$ 20,072,440	\$ (24,230,924)	\$ (29,940,781)	\$ 1,685,186	\$ (21,382,805)	\$ -	\$ 46,658,182	\$ (451,313)	\$ 7,191,925	\$ (11,901,913)	\$ (2,487,527)	\$ 2,664,011	\$ -	\$ 41,673,365
Short-term investments	-	-	-	-	-	-	196,069,788	-	196,069,788	-	-	-	-	-	-	196,069,788
Assets whose use is limited	-	-	-	-	-	-	3,573,229	-	3,573,229	-	-	-	-	-	-	3,573,229
Patient accounts receivable	48,097,132	35,284,511	4,262,325	2,696,448	546,306	(14,875)	150	-	90,871,997	-	4,193,208	(308,634)	-	-	-	94,756,571
Other receivables	2,083,734	2,510,501	166,744	1,003,076	34,022	798,858	3,492,336	(683,262)	9,406,009	1,918,131	18,652	(312)	-	754,375	-	12,096,855
Inventories	4,432,488	3,967,065	93,906	619	112	117,172	-	-	8,611,362	-	-	513	-	-	-	8,611,875
Prepaid expenses and other current assets	687,700	854,188	118,300	44,066	171,330	230,077	6,147,365	-	8,253,026	1,764	67,425	59,288	(43,549)	-	-	8,337,954
Total current assets	237,913,444	(39,541,059)	24,713,715	(20,486,715)	(29,189,011)	2,816,418	187,900,063	(683,262)	363,443,593	1,468,582	11,471,210	(12,151,058)	(2,531,076)	3,418,386	-	365,119,637
Property and Equipment, Net	181,704,217	338,552,541	10,085,146	13,206,429	1,233,186	173,563	98,603,604	-	643,558,686	1,495,807	1,366,009	6,462,217	-	-	-	652,882,719
Assets Whose Use is Limited																
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	1,344,871	133,753,946	448,290	100,731	-	-	3,350,382	-	138,998,220	6,180	-	-	-	-	-	139,004,400
Professional liability trust fund	-	-	-	-	-	-	11,128,261	-	11,128,261	-	-	-	-	-	-	11,128,261
Deferred compensation fund	-	-	-	-	-	-	1,300,086	-	1,300,086	-	-	-	-	-	-	1,300,086
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisitions	332,232	-	57,408	-	-	-	-	-	389,640	777,092	-	-	-	346,061	-	1,512,793
Investments and Investments in Unconsolidated Subsidiaries	(1,943,527)	1,175,657	-	-	-	-	17,016,195	-	16,248,325	-	-	-	-	809,672	-	17,057,997
Land Held for Healthcare Development	-	-	-	-	-	-	45,404,765	-	45,404,765	-	-	-	-	-	-	45,404,765
Intangible Assets, Net	1,704,030	-	813,286	5,435,091	-	22,732	-	-	7,975,139	-	152,550	-	-	-	-	8,127,689
Deposits and Other Noncurrent Assets	1,615,718	31,351	43,000	15,687	46,717	32,756	789,965	-	2,575,194	5,052	30,828	200,582	-	1,781,087	-	4,592,743
Total assets	\$ 422,670,985	\$ 433,972,436	\$ 36,160,845	\$ (1,728,777)	\$ (27,909,108)	\$ 3,045,469	\$ 365,493,321	\$ (683,262)	\$ 1,231,021,909	\$ 3,752,713	\$ 13,020,597	\$ (5,488,259)	\$ (2,531,076)	\$ 6,355,206	\$ -	\$ 1,246,131,090

Adventist HealthCare, Inc. and Controlled Entities

 Consolidating Schedule, Balance Sheet
 December 31, 2018

	Shady Grove Medical Center	Washington Adventist Hospital	Rehabilitation	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Lourie Center	Adventist Home Care Services	Urgent Care Centers	One Health Quality Alliance	Adventist HealthCare, Inc. Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Liabilities and Net Assets																
Current Liabilities																
Accounts payable and accrued expenses	\$ 32,130,575	\$ 17,384,711	\$ 1,893,421	\$ 1,282,761	\$ 869,924	\$ 886,261	\$ 29,922,155	\$ -	\$ 84,369,808	\$ 499,577	\$ 1,066,116	\$ 341,694	\$ 340,710	\$ 13,488	\$ -	86,631,393
Accrued compensation and related items	14,117,306	8,383,654	2,614,517	199,308	437,812	208,569	9,415,433	(683,262)	34,693,337	490,232	1,647,869	313,819	10,310	-	-	37,155,567
Interest payable	-	-	-	-	-	-	9,775,665	-	9,775,665	-	-	-	-	-	-	9,775,665
Due to third party payors	11,780,733	8,258,811	(126,072)	-	-	-	67,547	-	19,981,019	-	-	-	-	-	-	19,981,019
Estimated self-insured professional liability	-	-	-	-	-	-	1,795,731	-	1,795,731	-	-	-	-	-	-	1,795,731
Current maturities of long-term obligations	1,612,067	3,960,463	-	1,206,459	-	-	2,195,074	-	8,974,063	-	-	177,157	-	-	-	9,151,220
Total current liabilities	59,640,681	37,987,639	4,381,866	2,688,528	1,307,736	1,094,830	53,171,605	(683,262)	159,589,623	989,809	2,713,985	832,670	351,020	13,488	-	164,490,595
Construction Payable	353,406	32,424,036	209,217	813	-	-	51,243	-	33,038,715	-	-	-	-	-	-	33,038,715
Long-Term Obligations, Net																
Bonds payable	129,026,027	375,417,868	4,296,188	-	-	-	37,974,168	-	546,714,251	-	-	(14,343)	-	-	-	546,699,908
Notes payable	-	-	-	-	-	-	17,053,821	-	17,053,821	-	-	4,242,136	-	-	-	21,295,957
Capital lease obligations	2,457,686	943,513	-	2,946,866	-	-	3,655,614	-	10,003,679	-	-	92,508	-	-	-	10,096,187
Derivative Financial Instrument	-	-	-	-	-	-	503,251	-	503,251	-	-	-	-	-	-	503,251
Other Liabilities	1,595,969	-	277,920	-	528,057	-	7,807,506	-	10,209,452	-	-	-	-	47,598	-	10,257,050
Estimated Self-Insured Professional Liability	-	-	-	-	-	-	14,929,354	-	14,929,354	-	-	-	-	-	-	14,929,354
Total liabilities	193,073,769	446,773,056	9,165,191	5,636,207	1,835,793	1,094,830	135,146,562	(683,262)	792,042,146	989,809	2,713,985	5,152,971	351,020	61,086	-	801,311,017
Net Assets (Deficit)																
Net assets (deficit) without donor restrictions	229,814,202	(13,534,110)	26,964,989	(7,364,984)	(29,744,901)	1,950,639	229,614,802	-	437,700,637	2,467,142	10,306,612	(10,641,230)	(2,882,096)	2,620,297	-	439,571,362
Net assets (deficit) with donor restrictions	(216,986)	733,490	30,665	-	-	-	731,957	-	1,279,126	295,762	-	-	-	3,673,823	-	5,248,711
Total net assets (deficit)	229,597,216	(12,800,620)	26,995,654	(7,364,984)	(29,744,901)	1,950,639	230,346,759	-	438,979,763	2,762,904	10,306,612	(10,641,230)	(2,882,096)	6,294,120	-	444,820,073
Total liabilities and net assets (deficit)	\$ 422,670,985	\$ 433,972,436	\$ 36,160,845	\$ (1,728,777)	\$ (27,909,108)	\$ 3,045,469	\$ 365,493,321	\$ (683,262)	\$ 1,231,021,909	\$ 3,752,713	\$ 13,020,597	\$ (5,488,259)	\$ (2,531,076)	\$ 6,355,206	\$ -	\$ 1,246,131,090

Adventist Healthcare, Inc. and Controlled Entities

Consolidating Schedule, Statement of Operations

Year Ended December 31, 2018

	Shady Grove Medical Center	Washington Adventist Hospital	Rehabilitation	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Lourie Center	Adventist Home Care Services	Urgent Care Centers	One Health Quality Alliance	Adventist HealthCare, Inc. Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Revenues																
Net patient service revenue	\$ 404,818,916	\$ 253,697,595	\$ 48,666,804	\$ 29,948,092	\$ 7,886,017	\$ (41,535)	\$ -	\$ (65,406)	\$ 744,910,483	\$ 717,277	\$ 28,779,161	\$ 5,182,835	\$ -	\$ -	\$ (286,336)	\$ 779,303,420
Other revenues	15,008,872	4,695,223	3,119,495	1,854,609	233,699	7,168,688	7,819,392	(11,135,186)	28,764,792	12,710,970	215,965	-	85,500	2,777,792	(3,308,430)	41,246,589
Total revenues	419,827,788	258,392,818	51,786,299	31,802,701	8,119,716	7,127,153	7,819,392	(11,200,592)	773,675,275	13,428,247	28,995,126	5,182,835	85,500	2,777,792	(3,594,766)	820,550,009
Expenses																
Salaries and wages	148,110,347	97,872,374	29,028,695	16,287,966	7,776,511	2,295,400	38,100,836	(2,048,427)	337,423,702	6,548,261	18,731,190	3,262,553	210,670	-	-	366,176,376
Employee benefits	31,921,792	17,437,143	5,804,010	3,009,470	685,153	450,746	7,591,278	(382,511)	66,517,081	1,527,731	3,553,383	585,438	37,979	-	-	72,221,612
Contract labor	20,980,936	15,115,343	322,674	(2,248,878)	81,394	694,156	202,224	(2,843)	35,145,006	285,461	245,199	10,452	114,583	-	(46,046)	35,754,655
Medical supplies	54,490,762	44,537,216	1,639,077	1,416,802	605,702	809,118	43,582	(79,042)	103,463,217	280,328	458,492	379,621	(1,000)	-	-	104,580,658
General and administrative	35,842,391	26,915,696	3,331,841	4,429,747	2,889,252	1,358,564	48,223,224	(6,048,123)	116,942,592	3,245,725	1,254,129	1,213,774	183,718	3,044,385	(3,521,411)	122,362,912
Building and maintenance	25,234,406	7,849,674	1,542,810	3,549,330	1,021,547	512,106	2,131,732	(2,639,646)	39,201,959	357,401	704,542	1,103,591	300	-	(23,027)	41,344,766
Insurance	3,147,493	2,432,553	160,885	605,410	134,214	5,292	2,404,029	-	8,889,876	10,043	105,956	107,134	-	-	-	9,113,009
Interest	6,351,767	2,372,430	189,289	137,882	-	-	2,696,971	-	11,748,339	-	-	202,943	-	-	-	11,951,282
Depreciation and amortization	17,110,236	5,575,038	1,029,626	2,160,536	133,962	68,495	11,215,519	-	37,293,412	166,142	314,415	346,225	-	-	-	38,120,194
IT depreciation	6,346,694	3,800,194	504,704	93,264	-	29,937	(10,856,857)	-	(82,064)	-	82,064	-	-	-	-	-
IT services	21,497,046	12,668,073	2,174,818	1,214,810	123,200	139,121	(38,533,220)	-	(716,152)	-	716,152	-	-	-	-	-
Shared services	18,691,906	10,391,475	1,590,376	483,451	736,414	71,502	(32,714,132)	-	(749,008)	301,934	399,334	52,022	-	-	(4,282)	-
Management fees	9,940,544	5,716,347	1,417,193	494,120	492,538	145,592	(19,571,018)	-	(1,364,684)	338,708	875,479	150,497	-	-	-	-
Total expenses	399,666,320	252,683,556	48,735,998	31,633,910	14,679,887	6,580,029	10,934,168	(11,200,592)	753,713,276	13,061,734	27,440,335	7,414,250	546,250	3,044,385	(3,594,766)	801,625,464
Income (loss) from operations	20,161,468	5,709,262	3,050,301	168,791	(6,560,171)	547,124	(3,114,776)	-	19,961,999	366,513	1,554,791	(2,231,415)	(460,750)	(266,593)	-	18,924,545
Other Income (Expense)																
Investment income	1,006,301	8,338	94,453	-	-	6,048	1,114,259	-	2,229,399	11,086	35,454	-	-	9,026	-	2,284,965
Other income (expense)	(242,074)	(154,218)	(9,628)	-	-	-	549,302	-	143,382	-	-	-	-	-	-	143,382
Total other income (expense)	764,227	(145,880)	84,825	-	-	6,048	1,663,561	-	2,372,781	11,086	35,454	-	-	9,026	-	2,428,347
Revenues in excess of (less than) expenses from continuing operations	20,925,695	5,563,382	3,135,126	168,791	(6,560,171)	553,172	(1,451,215)	-	22,334,780	377,599	1,590,245	(2,231,415)	(460,750)	(257,567)	-	21,352,892
Change in net unrealized (losses) gains on investments other than trading securities	(1,980,445)	345,649	(174,375)	-	-	(10,573)	(1,980,322)	-	(3,800,066)	(7,250)	(67,497)	-	-	291,981	-	(3,582,832)
Change in net unrealized gain on derivative financial instrument	-	-	-	-	-	-	700,697	-	700,697	-	-	-	-	-	-	700,697
Transfers from (to) subsidiaries	(1,170,945)	-	4,243	-	-	-	(59,028)	-	(1,225,730)	-	-	-	-	-	1,225,730	-
Net assets released from restriction for purchase of property and equipment	1,025,625	1,600,817	28,535	-	-	-	-	-	2,654,977	1,362	-	-	-	-	-	2,656,339
Deferred compensation plan liability adjustment	-	-	-	-	-	-	1,609,635	-	1,609,635	-	-	-	-	-	-	1,609,635
Other unrestricted net asset activity	-	(55)	(619,155)	-	-	-	2,381,444	-	1,762,234	-	(1,030,848)	-	-	-	(1,225,730)	(494,344)
Increase (decrease) in net assets (deficit) without donor restrictions	\$ 18,799,930	\$ 7,509,793	\$ 2,374,374	\$ 168,791	\$ (6,560,171)	\$ 542,599	\$ 1,201,211	\$ -	\$ 24,036,527	\$ 371,711	\$ 491,900	\$ (2,231,415)	\$ (460,750)	\$ 34,414	\$ -	\$ 22,242,387

Adventist HealthCare, Inc. - Foundations

Combining Schedule, Balance Sheet

December 31, 2018

	Shady Grove Medical Center Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Behavioral Health & Wellness Services Foundation, Inc.	Eliminating Entries	Combined Adventist HealthCare, Inc. Foundations
Assets					
Current Assets					
Cash and cash equivalents	\$ 2,006,674	\$ 657,337	\$ -	\$ -	\$ 2,664,011
Current portion of pledges receivable, less allowance for doubtful pledges	234,283	520,092	-	-	754,375
Total current assets	2,240,957	1,177,429	-	-	3,418,386
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisitions	-	346,061	-	-	346,061
Investments	809,672	-	-	-	809,672
Beneficial Interest in Trusts	130,915	424,287	-	-	555,202
Noncurrent Portion of Pledges Receivable	224,777	1,001,108	-	-	1,225,885
Total assets	<u>\$ 3,406,321</u>	<u>\$ 2,948,885</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,355,206</u>
Liabilities and Net Assets					
Current Liabilities					
Accounts payable and accrued expenses	\$ 13,488	\$ -	\$ -	\$ -	\$ 13,488
Liability to Charitable Gift Annuity	47,598	-	-	-	47,598
Total liabilities	61,086	-	-	-	61,086
Net Assets					
Net assets without donor restrictions	2,403,339	216,958	-	-	2,620,297
Net assets with donor restrictions	941,896	2,731,927	-	-	3,673,823
Total net assets	3,345,235	2,948,885	-	-	6,294,120
Total liabilities and net assets	<u>\$ 3,406,321</u>	<u>\$ 2,948,885</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,355,206</u>

Adventist HealthCare, Inc. - Foundations

 Combining Schedule, Statement of Operations and Changes in Net Assets
 Year Ended December 31, 2018

	Shady Grove Medical Center Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Behavioral Health & Wellness Services Foundation, Inc.	Eliminating Entries	Combined Adventist HealthCare, Inc. Foundations
Changes in Net Assets Without Donor Restrictions					
Revenues, Gains, And Other Support					
Contributions, net	\$ 251,989	\$ 82,531	\$ -	\$ -	\$ 334,520
Investment income	9,026	-	-	-	9,026
Net assets released from restrictions	870,665	1,572,607	-	-	2,443,272
	<u>1,131,680</u>	<u>1,655,138</u>	<u>-</u>	<u>-</u>	<u>2,786,818</u>
Total revenues, gains, and other support					
Expenses					
General and administrative expenses	35,471	55,848	-	-	91,319
In-kind gifts expended	-	18,961	-	-	18,961
	<u>35,471</u>	<u>74,809</u>	<u>-</u>	<u>-</u>	<u>110,280</u>
Total expenses before transfers to the hospitals					
Transfers to the hospitals	1,329,873	1,604,232	-	-	2,934,105
	<u>1,365,344</u>	<u>1,679,041</u>	<u>-</u>	<u>-</u>	<u>3,044,385</u>
Total expenses					
Revenues less than expenses	(233,664)	(23,903)	-	-	(257,567)
Transfer from (to) Foundations	147,510	-	(147,510)	-	-
Change in net unrealized gains (losses) on investments other than trading securities	327,405	(35,424)	-	-	291,981
	<u>241,251</u>	<u>(59,327)</u>	<u>(147,510)</u>	<u>-</u>	<u>34,414</u>
Increase (decrease) in net assets without donor restrictions					
Net assets without donor restrictions, beginning	2,162,088	276,285	147,510	-	2,585,883
	<u>\$ 2,403,339</u>	<u>\$ 216,958</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,620,297</u>
Net assets without donor restrictions, ending					
Changes in Net Assets With Donor Restrictions					
Contributions, net	\$ 253,325	\$ 514,370	\$ -	\$ -	767,695
Net assets released from restrictions	(870,665)	(1,572,607)	-	-	(2,443,272)
Change in value of beneficial interest in trusts	5,824	(6,875)	-	-	(1,051)
Change in discount of pledges receivable and provision for doubtful pledges	(522,186)	13,199	-	-	(508,987)
Transfer from (to) Foundations	181,781	-	(181,781)	-	-
Investment income (loss) and unrealized gains (losses) on investments	(2,069)	39,653	-	-	37,584
	<u>(953,990)</u>	<u>(1,012,260)</u>	<u>(181,781)</u>	<u>-</u>	<u>(2,148,031)</u>
Decrease in net assets with donor restrictions					
Net assets with donor restrictions, beginning	1,895,886	3,744,187	181,781	-	5,821,854
	<u>\$ 941,896</u>	<u>\$ 2,731,927</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,673,823</u>
Net assets with donor restrictions, ending					