

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. <b>C Name of organization</b> ADVENTIST HEALTHCARE, INC Doing Business As	<b>D Employer identification number</b> 52-1532556
	See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1801 RESEARCH BOULEVARD 400	<b>E Telephone number</b> 301 351 3030
	City or town, state or country, and ZIP + 4 ROCKVILLE, MD 20850-3184	<b>G Gross receipts \$</b> 649,883,381.
	<b>F Name and address of principal officer:</b> WILLIAM G. ROBERTSON SAME AS C ABOVE	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶

**I Tax-exempt status:**  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

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

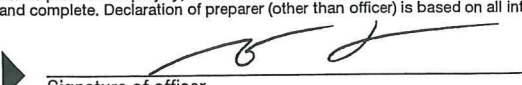
**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** 1983 **M State of legal domicile:** MD

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	8116
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	686,619.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-114,155.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,493,730.	3,705,193.
	9 Program service revenue (Part VIII, line 2g)	608,387,968.	636,868,481.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,085,172.	2,499,855.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,916,066.	1,687,902.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	619,882,936.	644,761,431.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,700,275.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		283,329,591.	295,535,311.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,060,134.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			331,530,858.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	285,029,866.	628,738,019.	
19 Revenue less expenses. Subtract line 18 from line 12	334,853,070.	16,023,412.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 659,244,478.	End of Year 633,852,730.
	21 Total liabilities (Part X, line 26)	510,249,202.	452,269,574.
	22 Net assets or fund balances. Subtract line 21 from line 20	148,995,276.	181,583,156.

**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 ▶  Date 11/15/10

Signature of officer

**JAMES G. LEE, SR. VICE PRESIDENT AND CFO**  
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	Phone no. ▶ 301-315-3338

ADVENTIST HEALTHCARE, INC  
1801 RESEARCH BLVD #400  
ROCKVILLE, MD 20850

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL, AND SPIRITUAL HEALING.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 409,460,864. including grants of \$ ) (Revenue \$ 543,315,438. ) PROGRAM SERVICES ACOMPLISHMENTS. THE MISSION OF ADVENTIST HEALTHCARE IS TO DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING. IN MEETING THIS MISSION AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. AS A LOCALLY BASED, NON-PROFIT ORGANIZATION, IN ROCKVILLE, MARYLAND, WE ARE DEDICATED TO THE GENERAL GOOD HEALTH OF THE COMMUNITY IN WHICH WE ARE INVESTED. OUR PRIMARY SERVICE AREAS ARE THE WASHINGTON, D.C. METROPOLITAN AREA AND NORTHWESTERN NEW JERSEY. CONT'D ON SCHEDULE O

4b (Code: ) (Expenses \$ 11,620,733. including grants of \$ ) (Revenue \$ 23,283,250. ) SHARED SERVICES SEE SCHEDULE O

4c (Code: ) (Expenses \$ 56,913,878. including grants of \$ ) (Revenue \$ 73,795,030. ) BEHAVIORIAL HEALTH POTOMAC RIDGE BEHAVIORIAL HEALTH MENTAL ILLNESS CAN HAPPEN TO A CHILD, A BROTHER, A GRANDPARENT, OR A CO-WORKER. IT CAN HAPPEN TO SOMEONE FROM ANY BACKGROUND. IT CAN OCCUR AT ANY STAGE OF LIFE, FROM CHILDHOOD TO OLD AGE. NO COMMUNITY IS UNAFFECTED BY MENTAL ILLNESSES; NO SCHOOL OR WORKPLACE IS UNTOUCHED. IN FACT, THE INCIDENCE OF MENTAL ILLNESS IS MORE COMMON THAN HEART DISEASE AND CANCER, COMBINED. THERE IS SOMETHING ELSE THAT MOST PEOPLE DO NOT REALIZE - MENTAL ILLNESS IS A TREATABLE DISEASE. POTOMAC RIDGE BEHAVIORIAL HEALTH IN MARYLAND IS ONE OF THE MOST VALUABLE

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

4e Total program service expenses \$ 477,995,475.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	X	

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b.

Form 990 (2009)

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<b>2</b>	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? .....		X
<b>3</b>	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? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? .....	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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 .....		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? .....	X	
<b>10b</b>	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	X	
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official .....	X	
<b>15b</b>	b Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	X	
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	X	

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed ▶ MD
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ JAMES G. LEE - 301 315 3025 1801 RESEARCH BOULEVARD, SUITE 400, ROCKVILLE, MD 20850

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

**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID E. WEIGLEY CHAIR	4.00	X					8,056.	0.	0.	
J. NEVILLE HARCOTMBE VICE CHAIR	4.00	X					0.	0.	0.	
WILLIAM G. ROBERTSON SECRETARY, PRESIDEN &CEO	40.00	X		X			1,043,223.	0.	37,295.	
ELAINE L. ARTHUR MEMBER	4.00	X					0.	0.	0.	
SETH T. BARDU MEMBER	4.00	X					1,300.	0.	0.	
RUTH E. BULGER, PHD MEMBER	4.00	X					0.	0.	0.	
CHARLES L. CHEATHAM MEMBER	4.00	X					0.	0.	0.	
NORTON A. ELSON, MD MEMBER	4.00	X					67,467.	0.	0.	
MARK E. GRIFFIN MEMBER	4.00	X					0.	0.	0.	
SCOTT MCCLURE, ESQ MEMBER	4.00	X					0.	0.	0.	
WILLIAM K. MILLER MEMBER	4.00	X					0.	0.	0.	
JEFFERY J. PARGAMENT, ESQ MEMBER	4.00	X					0.	0.	0.	
FRANK J. PEREZ MEMBER	4.00	X					0.	0.	0.	
MARTA BRITO PEREZ MEMBER	4.00	X					0.	0.	0.	
PETER H. PLAMONDON JR. MEMBER	4.00	X					0.	0.	0.	
DAVID C. STUMP, MD MEMBER	4.00	X					0.	0.	0.	
ROBIN THOMASHAUER MEMBER	4.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week	(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			
STEPHEN L. TUCK, MD MEMBER	4.00	X						0.	0.	0.
EDMUND F. HODGE EXE. VP & CAO	40.00			X				654,355.	0.	28,623.
JAMES G. LEE SR. VP & CFO	40.00			X				503,952.	0.	23,493.
GAUROV DAYAL VP & CHIEF MEDICAL OFFIC	40.00			X				452,595.	0.	31,110.
SUSAN L. GLOVER VP & CHIEF QUALITY OFFIC	40.00			X				380,381.	0.	29,943.
DENNIS D. HANSEN PRESIDENT, SGAH	40.00				X			567,867.	0.	33,077.
JERE D STOCKS PRESIDENT, WAH	40.00				X			534,263.	0.	22,858.
GENE C. MILTON PRESIDENT OF HRMC	40.00				X			391,198.	0.	58,007.
HISAKO MAKO THOMPSON PRESIDENT, ABH	40.00				X			290,715.	0.	17,478.
KENNETH B. DESTEFANO VP & GENERAL COUNSEL	40.00					X		431,191.	0.	27,507.
<b>1b Total</b>								6,686,387.	0.	410,582.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **272**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PHNS INC P.O. BOX 671001, DALLAS, TX 75267	IT SERVICES	33,511,018.
QUEST DIAGNOSTICS 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151	CLININCAL LAB SERVICES	7,173,535.
FIRST COLONIAL ANESTHESIA ASSOC 1901 RESEARCH BLVD, ROCKVILLE, MD 20850	MEDICAL SERVICES	3,295,922.
HOSPITAL HOUSEKEEPING SYSTEM, LTD P.O. BOX, SAN ANTONIO, TX 78293-0826	HOUSEKEEPING SERVICES	2,430,128.
DECO RECOVERY MANAGEMENT, LLC, 8603 COMMERCE DRIVE, SUITE #6, EASTON, MD 21601	COLLECTION SERVICES	1,993,359.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION



<b>Part VIII</b>		<b>Statement of Revenue</b>		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>	2,675,806.					
	<b>e</b> Government grants (contributions)	<b>1e</b>	377,026.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	652,361.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			3,705,193.				
	<b>Program Service Revenue</b>			<b>Business Code</b>				
<b>2 a</b> WOMEN AND CHILDREN			900099	220,040,839.	220,040,839.			
<b>b</b> CARDIAC			900099	123,840,646.	123,840,646.			
<b>c</b> BEHAVIORAL HEALTH			900099	48,579,379.	48,579,379.			
<b>d</b> ONCOLOGY			900099	31,921,487.	31,921,487.			
<b>e</b> OCCUPATIONAL/SPEECH/PH			900099	18,514,939.	18,514,939.			
<b>f</b> All other program service revenue			900099	193,971,191.	193,284,572.	686,619.		
<b>g Total.</b> Add lines 2a-2f				636,868,481.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,499,855.	2,499,855.			
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross Rents		(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses			4,673,040.			
		<b>c</b> Rental income or (loss)			4,789,819.			
		<b>d</b> Net rental income or (loss)			-116,779.			-116,779.
	<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
		<b>b</b> Less: direct expenses	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>			424,811.				
	<b>b</b> Less: cost of goods sold	<b>b</b>		332,131.				
	<b>c</b> Net income or (loss) from sales of inventory			92,680.			92,680.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11 a</b> INTEREST SWAP		900099		940,968.	940,968.			
<b>b</b> OTHER INCOME FROM SUBS		900099		736,971.	736,971.			
<b>c</b> NON OPERATING INCOME G		900099		34,062.	34,062.			
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d				1,712,001.				
<b>12 Total revenue.</b> See instructions.				644,761,431.	640,393,718.	686,619.	-24,099.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	1,671,850.	1,671,850.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	7,096,969.		7,096,969.	
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 .....	239,709,028.	212,386,021.	25,620,976.	1,702,031.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	6,833,773.	6,035,335.	757,421.	41,017.
9 Other employee benefits .....	23,566,478.	16,599,832.	6,821,952.	144,694.
10 Payroll taxes .....	18,329,063.	15,549,394.	2,664,106.	115,563.
11 Fees for services (non-employees):				
a Management .....	6,990,129.	6,895,927.	94,202.	
b Legal .....	1,358,548.	17,500.	1,299,759.	41,289.
c Accounting .....	541,246.	217.	514,245.	26,784.
d Lobbying .....	321,357.		321,357.	
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	2,649,206.		2,649,206.	
g Other .....	5,484,263.	946,137.	3,935,087.	603,039.
12 Advertising and promotion .....	1,653,666.	28,196.	1,625,470.	
13 Office expenses .....	61,367,514.	55,150,307.	6,025,231.	191,976.
14 Information technology .....	25,155,215.	156,679.	24,998,536.	
15 Royalties .....				
16 Occupancy .....	27,080,410.	21,954,988.	5,035,739.	89,683.
17 Travel .....	2,286,143.	1,495,187.	745,917.	45,039.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	505,433.	238,036.	263,245.	4,152.
20 Interest .....	6,290,875.	60,213.	6,230,662.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	26,311,040.	26,022,260.	288,780.	
23 Insurance .....	5,193,564.		5,193,564.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEDICAL SUPPLIES .....	71,217,675.	71,185,600.	32,042.	33.
b PURCHASED SERVICES .....	36,608,535.	32,727,013.	3,865,128.	16,394.
c BAD DEBT .....	33,627,585.	174,471.	33,453,114.	0.
d CONTRACT LABOR .....	8,920,671.	8,479,551.	404,448.	36,672.
e ALL OTHER EXPENSES .....	6,928,724.	101,275.	6,827,449.	0.
f All other expenses .....	1,039,059.	119,486.	917,805.	1,768.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	628,738,019.	477,995,475.	147,682,410.	3,060,134.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	83,263.	<b>1</b>	57,251.	
	<b>2</b> Savings and temporary cash investments .....	17,212,808.	<b>2</b>	21,466,999.	
	<b>3</b> Pledges and grants receivable, net .....	329,394.	<b>3</b>	401,062.	
	<b>4</b> Accounts receivable, net .....	93,353,916.	<b>4</b>	78,515,466.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	46,396,016.	<b>7</b>	8,153,935.	
	<b>8</b> Inventories for sale or use .....	8,166,302.	<b>8</b>	8,566,095.	
	<b>9</b> Prepaid expenses and deferred charges .....	3,733,899.	<b>9</b>	6,364,937.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 619,521,281.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 299,349,918.	302,341,776.	<b>10c</b> 320,171,363.	
	<b>11</b> Investments - publicly traded securities .....	115,001,827.	<b>11</b>	108,119,972.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	1,239,849.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	7,525,739.	<b>13</b>	9,685,395.	
	<b>14</b> Intangible assets .....	6,060,554.	<b>14</b>	6,196,899.	
	<b>15</b> Other assets. See Part IV, line 11 .....	59,038,984.	<b>15</b>	64,913,507.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	659,244,478.	<b>16</b>	633,852,730.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	102,896,815.	<b>17</b>	93,498,829.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....	235,243,410.	<b>20</b>	220,417,465.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	119,328,110.	<b>23</b>	42,462,208.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	20,000,000.	<b>24</b>	71,900,000.	
<b>25</b> Other liabilities. Complete Part X of Schedule D .....	32,780,867.	<b>25</b>	23,991,072.		
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	510,249,202.	<b>26</b>	452,269,574.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	145,467,936.	<b>27</b>	177,553,329.	
	<b>28</b> Temporarily restricted net assets .....	3,527,340.	<b>28</b>	4,029,827.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	148,995,276.	<b>33</b>	181,583,156.		
<b>34</b> Total liabilities and net assets/fund balances .....	659,244,478.	<b>34</b>	633,852,730.		

**Part XI Financial Statements and Reporting**

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

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization <b>ADVENTIST HEALTHCARE, INC</b>	Employer identification number 52-1532556
--	--

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

**Name of the organization**

ADVENTIST HEALTHCARE, INC

**Employer identification number**

52-1532556

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

<b>Name of organization</b>  ADVENTIST HEALTHCARE, INC	<b>Employer identification number</b>  52-1532556
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 563,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 111,987.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 377,026.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  ADVENTIST HEALTHCARE, INC	<b>Employer identification number</b>  52-1532556
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 32,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 129,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  ADVENTIST HEALTHCARE, INC	<b>Employer identification number</b>  52-1532556
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
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<b>Name of organization</b>  ADVENTIST HEALTHCARE, INC	<b>Employer identification number</b>  52-1532556
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization <p align="center">ADVENTIST HEALTHCARE, INC</p>	Employer identification number <p align="center">52-1532556</p>
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ 0.
- 3 Volunteer hours ..... 0.

**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 ..... ▶ \$ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ 0.
- 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 payments were made. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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					

Schedule C (Form 990 or 990-EZ) 2009



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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		39,285.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		312,357.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? If "Yes," describe in Part IV .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			351,642.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

DURING 2009, ADVENTIST HEALTHCARE, INC. CONTINUED ITS LOBBYING ACTIVITIES

FROM PRIOR YEARS. ADVENTIST HEALTHCARE WAS INVOLVED IN DIRECT CONTACT AND

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

INCLUDED DISCUSSIONS WITH MONTGOMERY COUNTY COUNCIL OFFICIALS ABOUT

VARIOUS COUNTY HEALTH CARE MATTERS, PARTICULARLY REVOLVING AROUND THE

LOCAL HEALTH CARE SAFETY NET AND ISSUES OF ACCESS TO CARE. CONTACT WITH

**Part IV** Supplemental Information (continued)

LEGISLATORS AND LOBBYING ON ISSUES AT THE STATE LEVEL ALSO TOOK PLACE,  
 PARTICULARLY AROUND ISSUES OF PUBLIC HEALTH AND ACCESS TO HEALTH CARE  
 SERVICES. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WAS ENGAGED IN  
 LOBBYING AROUND APPROPRIATIONS FOR ESTABLISHING A NURSE TRAINING  
 PROFESSIONAL DEVELOPMENT CENTER IN MARYLAND AND SUPPORT FOR EDUCATING OUR  
 CLINICAL STAFF ON THE IMPLEMENTATION OF AN EXTENSIVE ORGANIZATIONWIDE  
 MEDICAL RECORD INITIATIVE.

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

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

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

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

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		9,712,065.		9,712,065.
<b>b</b> Buildings		316,659,427.	156,780,352.	159,879,075.
<b>c</b> Leasehold improvements		14,663,419.	10,424,469.	4,238,950.
<b>d</b> Equipment		131,543,615.	95,702,789.	35,840,826.
<b>e</b> Other		146,942,755.	36,442,308.	110,500,447.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				320,171,363.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
CURR PORTION-TRUSTEE HELD FUND	7,725,755.
INVESTMENT IN LAND - CLARKSBURG	38,463,726.
DEFERRED COMPENSATION FUND	1,295,649.
CONTRIBUTION RECEIVABLE-CRT	587,005.
INVESTMENT IN LAND - WAH RELOCATION	11,297,122.
SECURITY DEPOSIT	225,422.
INVESTMENT: UNCONSOLIDATED SUB	1,727,004.
INVESTMENT: DRCC	792,070.
INVESTMENT: IFORMED LLC	2,799,754.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	64,913,507.

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

1. (a) Description of liability	(b) Amount	
Federal income taxes		
CONSTANT MATURITY SWAP LIAB	898,607.	
INTREST RATE SWAPS LIABILITY	7,250,016.	
DEFERRED COMPENSATION	1,295,649.	
PROFESSIONAL LIABILITY INS: SE	9,557,613.	
LONG TERM LIABILITY	1,762,622.	
COMPLIANCE LIAB. RESERVE	3,226,565.	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	23,991,072.	

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

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

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

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

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

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

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

**Part XIV Supplemental Information**

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

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>7 Charity Care and Certain Other Community Benefits at Cost</b>						
<b>Charity Care and Means-Tested Government Programs</b>						
<b>a</b> Charity care at cost (from Worksheets 1 and 2) .....			14,380,167.		14,380,167.	2.29%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) .....			33,504,879.		33,504,879.	5.33%
<b>d Total</b> Charity Care and Means-Tested Government Programs ...			47,885,046.		47,885,046.	7.62%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			13,105,652.	2,148,033.	10,957,619.	1.74%
<b>f</b> Health professions education (from Worksheet 5) .....			2,201,924.	25,188.	2,176,736.	.35%
<b>g</b> Subsidized health services (from Worksheet 6) .....			37,502,506.	11,809,623.	25,692,883.	4.09%
<b>h</b> Research (from Worksheet 7) .....			1,638,113.	668,301.	969,812.	.15%
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) .....			1,671,850.		1,671,850.	.27%
<b>j Total.</b> Other Benefits .....			56,120,045.	14,651,145.	41,468,900.	6.60%
<b>k Total.</b> Add lines 7d and 7j .....			104,005,091.	14,651,145.	89,353,946.	14.22%



**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(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		49,244.		49,244.	.01%
2	Economic development		7,766.		7,766.	.00%
3	Community support		36,190.		36,190.	.01%
4	Environmental improvements		5,009.		5,009.	.00%
5	Leadership development and training for community members		14,547.		14,547.	.00%
6	Coalition building		87,340.	500.	86,840.	.01%
7	Community health improvement advocacy		76,978.		76,978.	.01%
8	Workforce development		51,800.		51,800.	.01%
9	Other		592,549.		592,549.	.09%
10	<b>Total</b>		921,423.	500.	920,923.	.14%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) .....	181,861,447.
6	Enter Medicare allowable costs of care relating to payments on line 5 .....	136,777,948.
7	Subtract line 6 from line 5. This is the surplus or (shortfall) .....	45,083,499.
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="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	GERMANTOWN OUTPATIENT				
2	IMAGING	OUTPATIENT IMAGING CENTER	50.00%		50.00%
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

**Part V Facility Information**

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ADVENTIST BEHAVIORAL HEALTH AT ANNE ARUN 14 ROMIG DRIVE CROWNSVILLE, MD 21032									BEHAVIORAL TREATMENT FACILITY
ADVENTIST BEHAVIORAL HEALTH AT EASTERN S 821 FIELDCREST ROAD CAMBRIDGE, MD 21613									BEHAVIORAL TREATMENT FACILITY
ADVENTIST REHABILITATION HOSPITAL OF MAR 9909 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	X								REHAB HOSPITAL. SEE SCH H PART VI
BRADFORD OAKS NURSING AND REHABILITATION 7520 SURRATTS ROAD CLINTON, MD 20735									SKILLED NURSING HOME. SEE SCH H PART VI
FAIRLAND NURSING & REHAB CENTER 2101 FAIRLAND ROAD SILVER SPRING, MD 20904									SKILLED NURSING HOME. SEE SCH H PART VI
GLADE VALLEY NURSING AND REHABILITATION 56 WEST FREDERICK STREET WALKERSVILLE, MD 21793									SKILLED NURSING HOME. SEE SCH H PART VI
HACKETTSTOWN REGIONAL MEDICAL CENTER 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840	X	X					X		SEE SCH H PART VI
POTOMAC RIDGE BEHAVIORAL HEALTH 14901 BROSCART ROAD ROCKVILLE, MD 20850	X								BEHAVIORAL HOSPITAL
REGINALD S. LOURIE CENTER FOR INFANTS AN 12301 ACADEMY WAY ROCKVILLE, MD 20852									INFANT AND YOUNG CHILDREN DEVELOPMENT CARE
SHADY GROVE ADVENTIST EMERGENCY CENTER 19731 GERMANTOWN ROAD GERMANTOWN, MD 20874							X		FREE STANDING ER CENTER
SHADY GROVE ADVENTIST HOSPITAL 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	X	X					X		
SHADY GROVE ADVENTIST RADIATION ONCOLOGY 40 WEST GUDE DR ROCKVILLE, MD 20850									OUTPATIENT CANCER TREATMENT CENTER
SHADY GROVE NURSING HOME AND REHABILITAT 9701 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850									SKILLED NURSING HOME. SEE SCH H PART VI
SLIGO CREEK NURSING & REHABILITATION CEN 7525 CARROLL AVENUE TAKOMA PARK, MD 20912									SKILLED NURSING HOME. SEE SCH H PART VI
SPRINGBROOK ADVENTIST NURSING AND REHABI 12325 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20904									SKILLED NURSING HOME. SEE SCH H PART VI
WASHINGTON ADVENTIST HOSPITAL 7600 CARROLL AVENUE TAKOMA PARK, MD 20912	X	X					X		

Part VI Supplemental Information

Complete this part to provide the following information.

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

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

PATIENTS, AHC ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME. OUR

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

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

CARE TO THOSE WHO ARE UNABLE TO PAY FOR THAT CARE. IN GENERAL, AHC HAS 5

LEVELS OF FINANCIAL ASSISTANCE. THEY ARE AS FOLLOW:

- ANNUAL INCOME <= 2.0X OF FPL, 0% PATIENT PAID
- ANNUAL INCOME > 2.0X AND <= 2.25X OF FPL, 50% PATIENT PAID
- ANNUAL INCOME > 2.25X AND <= 2.5X OF FPL, 60% PATIENT PAID
- ANNUAL INCOME > 2.5X AND <= 2.75X OF FPL, 70% PATIENT PAID
- ANNUAL INCOME >2.75X AND <= 3.0X OF FPL, 80% PATIENT PAID

PART I, LINE 6A: NONE

PART I, LINE 7: MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD

FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT

ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO

UNCOMPENSATED CARE.

FOR THE REPORTING OF COMMUNITY BENEFIT, AHC USED MEDICARE'S COST REPORT

METHODOLOGY OF COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS USED TO

**Part VI Supplemental Information**

REDUCE THE YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST.

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

ADMINISTRATIVE DEDUCTION TO COST.

IN ADDITION, AHC ALSO CONSIDERED GOVERNMENT ASSESSMENTS THROUGH THE

STATE'S HEALTH SERVICE COST REGULATORY AGENCY AND OTHER RELATED STATE

GOVERNMENT AGENCIES.

AHC COMPUTED THE COMMUNITY BENEFITS BY ITS HOSPITAL FACILITIES AND

AGGREGATED THE TOTAL.

PART I, LINE 7G: SUBSIDIZED HEALTH SERVICES INCLUDED PAYMENTS FOR

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

HOSPITALISTS, EMERGENCY ON-CALL, OFF-CAMPUS EMERGENCY CENTER, AND WOMEN'S

AND CHILDREN'S SERVICES SUBSIDIES.

PART I, LINE 7F: PATIENT ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE

DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF

INDIVIDUAL ACCOUNTS. THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS

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

PAYOR CLASSIFICATIONS, AND APPLICATION OF HISTORICAL WRITE-OFF

PERCENTAGES.

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

DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF

INDIVIDUAL ACCOUNTS. THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS

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

**Part VI Supplemental Information**

PAYOR CLASSIFICATIONS AND APPLICATION OF HISTORICAL WRITE-OFF PERCENTAGES.

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

COLLECTION EFFORTS PROVIDE INFORMATION THAT HELPS US DETERMINE AN ACCOUNT

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

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

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

THAT WERE SUBSEQUENTLY RECLASSIFIED AS CHARITY CARE. WE THEN MULTIPLIED

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

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

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

FROM MEDICARE REIMBURSEMENT METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE

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

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

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

OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS. THERE

SHOULD BE NO SHORTFALL AND COUNT TOWARD COMMUNITY BENEFIT.

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

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

PROVIDING BAD DEBT, CHARITY AND ADMINISTRATIVE DEDUCTIONS. SINCE THE

MARYLAND'S COST REGULATION COMMISSION AND RELATED AGENCIES ALSO ASSESS

HOSPITAL PROVIDERS TO SUBSIDIZE MEDICAID AND DISPROPORTION SHARE HOSPITAL

PROVIDERS, THESE ASSESSMENTS ARE ALSO COUNTED TOWARD COMMUNITY BENEFITS.

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

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

**Part VI Supplemental Information**

FINANCIAL STATUS. OUR FINANCIAL ASSISTANCE POLICY ENCOURAGES THE PATIENT AND THEIR REPRESENTATIVE TO COOPERATE WITH AND AVAIL THEMSELVES OF ALL AVAILABLE PROGRAMS (INCLUDING MEDICAID, WORKERS COMPENSATION, AND STATE AND LOCAL PROGRAMS) WHICH MIGHT PROVIDE COVERAGE. OUR REGISTRATION, FINANCIAL COUNSELOR, CUSTOMER SERVICE, AND COLLECTION STAFF WOULD BE THOROUGHLY FAMILIAR WITH THE CRITERIA AND PROCESS OF FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE PROCESS AND COLLECTION PROTOCOL ARE WELL DEFINED WITH MANAGERS AVAILABLE TO GUIDE AND HANDLE EXCEPTION SITUATIONS. OUTSOURCED AGENCIES AND COLLECTIONS FIRMS ARE EXPECTED TO ADHERE TO AHC'S POLICY WITHOUT EXCEPTIONS. BAD DEBT, CHARITY AND ADMINISTRATIVE WRITEOFF ARE CLEARLY DEFINED WITH PRE-DETERMINED AUTHORIZATION LEVELS DEPENDING ON THE MAGNITUDE GRANTED. AHC ALSO REVISES ITS FINANCIAL ASSISTANCE POLICY AS FEDERAL GOVERNMENT AND/OR STATE GOVERNMENT REVISE THEIR POVERTY GUIDELINES. OVERALL, AHC EXPECTS ITS STAFF TO TREAT ITS PATIENTS WITH DIGNITY AND RESPECT, AS IF THEY WOULD LIKE TO BE TREATED.

PART VI, LINE 2: ADVENTIST HEALTHCARE ("AHC") COLLABORATES WITH ALL FIVE COUNTY HOSPITALS, AN AREA INSURER, A LOCAL NOT-FOR-PROFIT ORGANIZATION, THE COUNTY'S DHHS, AND THE OFFICE OF A COUNCIL MEMBER TO ADDRESS THE HEALTH CARE NEEDS OF THE COMMUNITY. AHC'S EXECUTIVES ARE ACTIVE PARTICIPANTS OF THE HEALTHY MONTGOMERY STEERING COMMITTEE. THE IMPROVEMENT PROCESS INCLUDES DATA COLLECTION, IDENTIFICATION OF AREAS FOR IMPROVEMENT, PRIORITY-SETTING, COLLABORATIVE EFFORTS AND MONITORING THE SUCCESS OF THE IMPROVEMENT. WE ARE DEVELOPING A DATA DEPOSITORY THROUGH INTRADEPARTMENTAL COLLABORATION IN THE DHHS. POPULATION-BASED DATA, HEALTH SERVICES UTILIZATION, SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH INCLUDING SOCIO-ECONOMIC STATUS, SOCIAL ISOLATION, HOUSING AND AIR QUALITY ARE STORED IN THE HEALTHY MONTGOMERY WEBSITE THAT ENABLE ESTIMATES

**Part VI Supplemental Information**

FOR STANDARDIZED METRICS TO BE DERIVED FOR SMALL SUB-GROUPS WITHIN THE  
 COUNTY, INCLUDING COMBINATION OF GENDER, AGE, RACE, AND ETHNICITY-SPECIFIC  
 CATEGORY RESULTS. WE ARE ALSO MAKING CONNECTIONS WITH NEARBY COUNTIES TO  
 SHARE OUR INFORMATION AND MAKE IT AVAILABLE FOR ASSESSMENT PURPOSES.

PART VI, LINE 3: AHC EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS  
 ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE IN MANY WAYS. THEY INCLUDE,  
 BUT ARE NOT LIMITED TO THE FOLLOWING: (1) AHC HAS FINANCIAL ASSISTANCE  
 SIGNAGE IN ALL ITS FACILITIES, ON ALL PATIENT STATEMENTS AND ON OUR  
 HOSPITALS' WEBSITE; (2) PATIENTS THAT ARE REGISTERED AS SELF PAY OR WITH  
 NO INSURANCE, ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND  
 GIVEN A CHARITY APPLICATION; (3) WHEN GOING THROUGH THE MEDICAID  
 ELIGIBILITY SCREENING, SELF PAY PATIENTS ARE GIVEN A CHARITY APPLICATION  
 DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT QUALIFY FOR  
 MEDICAID; (4) WHEN PATIENTS WITH A BALANCE CONTACT THE COLLECTION  
 DEPARTMENT AND EXPRESS FINANCIAL HARDSHIP, CUSTOMER SERVICE REPS AND SELF  
 PAY COLLECTORS WILL MAIL A CHARITY APPLICATION TO THE PATIENT; AND (5)  
 RESIDENTS THAT PARTICIPATE IN OUR COMMUNITY PROGRAMS, SUCH AS BREAST  
 CANCER, MATERNITY, ETC., ARE INFORMED OF AHC'S CHARITY PROGRAM PRIOR TO  
 RECEIVING SERVICES.

PART VI, LINE 4: AHC SERVICE AREAS ARE SITUATED IN THE  
 WASHINGTON/BALTIMORE METROPOLITAN AREA, WHICH EXPERIENCED SIGNIFICANT  
 POPULATION GROWTH OVER 10% IN THE PAST DECADE. SPECIFICALLY, WASHINGTON  
 ADVENTIST HOSPITAL (WAH) DRAWS PATIENTS FROM AREAS SUCH AS SILVER SPRING,  
 TAKOMA PARK, GAITHERSBURG, POTOMAC, ROCKVILLE, DISTRICT OF COLUMBIA AND  
 THEIR SURROUNDING AREAS. SHADY GROVE ADVENTIST HOSPITAL (SGAH) DRAWS ITS  
 PATIENTS FROM ROCKVILLE, GAITHERSBURG, SILVER SPRING, GERMANTOWN,



**Part VI Supplemental Information**

FREDERICK, AND NORTH AND EAST OF THE DISTRICT OF COLUMBIA. THESE COMMUNITIES ARE RICH AND DIVERSE WITH GROWING PROPORTIONS OF ETHNIC RESIDENTS, MANY OF WHOM ARE FOREIGN-BORN. IN FACT, NEARLY 30% OF MONTGOMERY COUNTY RESIDENTS WERE BORN OUTSIDE OF THE UNITED STATES. THE COUNTY HAS A STRONG AND GROWING REPRESENTATION OF ASIAN AMERICANS, CONTINENTAL AFRICANS, LATIN AMERICANS, AND AFRICAN AMERICANS. THE DIVERSITY WITHIN THESE GROUPS IS TREMENDOUS.

PART VI, LINE 5: AHC WORKS JOINTLY WITH STATE AND COUNTY AGENCIES TO COORDINATE DISASTER PREPAREDNESS POLICIES AND PROCEDURES IN THE EVENT OF A LARGE STAGE DISASTER AFFECTING THE METROPOLITAN WASHINGTON DC AREA. WE ROUTINELY CONDUCT EMERGENCY EXERCISES TO COORDINATE OUR ACTIVITIES WITH GOVERNMENT AND OTHER HEALTH PROVIDERS.

AHC ALSO SPONSORS A SPRING CONFERENCE WHERE LOCAL COMMUNITY STAKEHOLDERS ARE INVITED FOR A 1 DAY SEMINAR TO EDUCATE AND BUILD RELATIONSHIPS TO FOSTER A COLLABORATIVE ENVIRONEMNT.

AHC'S EXECUTIVES ACTIVELY PARTICIPATE IN COUNTY, STATE AND NATIONAL LEVELS IN WORKFORCE DEVELOPMENT, COMMUNITY SUPPORT, ECONOMIC DEVELOPMENT AND ENVIRONMENTAL IMPROVEMENTS.

PART VI, LINE 6: AS MENTIONED IN OUR PLAN ASSESSMENT SESSION, AHC SPONSORS THE DEVELOPMENT OF A LOCAL COMMUNITY HEALTH DATA DEPOSITORY.

WITHIN OUR LONG-TERM STRATEGIC PLAN, AHC IS PLANNING TO BUILD A NEW ACUTE CARE HOSPITAL ABOUT 20 MILES FROM SHADY GROVE ADVENTIST HOSPITAL. IT IS INTENDED TO BE A JOINT VENTURE WITH ANOTHER NOT-FOR-PROFIT HEALTH SYSTEM

**Part VI** Supplemental Information

TO ADDRESS THE POPULATION GROWTH IN THIS AREA.

AHC IS ALSO WORKING ON THE REPLACEMENT OF OUR WASHINGTON ADVENTIST

HOSPITAL AT A LOCATION ABOUT 6 MILES AWAY FROM THE CURRENT LOCATION. WE

BELIEVE THE PROJECT WILL ADD EMPLOYMENT TO THE AREA WHILE IMPROVING THE

EFFICIENCY OF OUR HEALTH SERVICE DELIVERY.

PART VI, LINE 7: AHC IS AN INTEGRATED HEALTH DELIVERY SYSTEM WITH

ACUTE HOSPITALS, REHAB AND BEHAVIORAL HEALTH HOSPITALS, NURSING HOMES,

HOME HEALTH AGENCIES, GROUP HOME, PHYSICIAN PRACTICES, AND FOR PROFIT

HEALTH RELATED ENTITIES. AHC EXPECTS OUR OPERATING DIVISION TO BE

EFFICIENT IN HEALTH SERVICES DELIVERY AND INVOLVD IN THE LOCAL COMMUNITY

WHILE THE OVERALL PLANNING AND INVOLVEMENT IN THE COMMUNITY ARE

COORDINATED THROUGH THE CORPORATE OFFICE. THE PURPOSE IS NOT TO CREATE

REDUNDANCY AND INEFFECTIVE USES OF RESOURCES.

PART VI, LINE 8, 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.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC

**Employer identification number**

52-1532556

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501-(C)-(3)	7,500.	0.			CURING HEART DISEASE
BLACK ROCK CENTER FOR THE ARTS 12901 TOWN COMMONS DRIVE GERMANTOWN, MD 20874	52-2010744		13,500.	0.			COMMUNITY PARTNERSHIP FUND
CASA DE MARYLAND, INC. 310 TULIP AVE. TAKOMA PARK, MD 20912	52-1372972		250,000.	0.			COMMUNITY SERVICES
COLUMBIA UNION COLLEGE 7600 FLOWER AVENUE TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	5,000.	0.			EDUCATION SUPPORT
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS ROAD COLUMBIA, MD 21045	52-0664576		5,000.	0.			CULTURAL STUDIES
COLUMBIA UNION HEALTHCARE CORP 5427 TWIN KNOLLS ROAD COLUMBIA, MD 21045	14-1900373	501-(C)-(3)	66,944.	0.			HOSPITAL DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) 2009

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC

**Employer identification number**

52-1532556

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the 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
CORRIDOR CITIES TRANSITWAY COALITION INC - 4 PROFESSIONAL DR#132 - GAITHERSBURG, MD 20879	26-1652863		10,000.	0.			COMMUNITY SERVICES
FOUNDATION OF THE NATL STUDENT NURSES - 45 MAIN ST. STE.#606 - BROOKLYN, NY 11201	13-3123125		7,500.	0.			NURSING SCHOLARSHIPS
GENERAL CONFERENCE OF SDA 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-0643036	501-(C)-(3)	6,970.	0.			EBSCO LIBRARY
GERMANTOWN OKTOBERFEST P.O. BOX 23 GERMANTOWN, MD 20875	52-1691275		5,000.	0.			COMMUNITY PARTNERSHIP FUND
GREATER SILVER SPRING 8601 GEORGIA AVENUE SILVER SPRING, MD 20910	52-1813227	501-(C)-(3)	12,900.	0.			PROMOTE HEALTH SERVICE
IMPACT SILVER SPRING 1313 EAST-WEST HWY SILVER SPRING, MD 20910	52-2164844	501-(C)-(3)	10,000.	0.			LEADERSHIP DEVELOPMENT
JOHN HOPKINS UNIVERSITY 9601 MEDICAL CENTER DR. ROCKVILLE, MD 20850	52-0595110		6,446.	0.			GOVERNMENT COMMUNITY SERVICES
KETTERING ADVENTIST HEALTHCARE 3535 SOUTHERN BLVD KETTERING, OH 45429	31-1051688	501-(C)-(3)	97,600.	0.			HEALTHCARE SERVICES

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
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Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the 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
MARCH OF DIMES 2700 S QUINCY ST. STE.220 ARLINGTON, VA 22206	13-1846366		6,000.	0.			COMMUNITY PARTNERSHIP FUND
MARYLAND HEALTHCARE EDUCATION INSTITUTE - 6820 DEERPATH ROAD - ELKRIDGE, MD 21075	52-9001664	501-(C)-(6)	300,000.	0.			HEALTHCARE EDUCATION
MARY'S CENTER FOR MATERNAL & CHILDCARE - 9913 KENTDALE DRIVE - POTOMAC, MD 20854	52-1594116	501-(C)-(3)	252,500.	0.			HEALTHCARE FOR UNINSURED
MENTAL HEALTH ASSOCIATION 1000 TWINBROOK PARKWAY ROCKVILLE, MD 20850	52-0681147		7,500.	0.			SUPPORT MENTAL WELLNESS
MOBILE MEDICAL CARE INC. 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814	23-7022588	501-(C)-(3)	304,167.	0.			FREE/LOWCOST HEALTHCARE
MONTGOMERY COUNTY BUSINESS ROUNDTABLE - 451 HUNGERFORD ROAD - ROCKVILLE, MD 20850	41-2047342	501-(C)-(3)	12,000.	0.			COMMUNICATIONS
MONTGOMERY COUNTY CHAMBER OF COMMERCE - 51 MONROE STREET - ROCKVILLE, MD 20850	52-0735621	501-(C)-(3)	8,000.	0.			PROMOTE MONTGOMERY CARE
MONTGOMERY HOSPICE 1355 PICCARD DR. ROCKVILLE, MD 20850	52-1664426		5,000.	0.			COMMUNITY PARTNERSHIP FUND

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC

**Employer identification number**

52-1532556

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH AMERICAN DIVISION OF SEVENTH-DAY - 12501 OLD COLUMBIA PIKE - SILVER SPRING, MD 20904	20-3164300		10,000.	0.			SPONSORSHIP FOR MINISTRIES
PSI-PHILANTHROPIC SERVICE FOR INSTITUTION - 12501 OLD COLUMBIA PIKE - SILVER SPRING, MD 20904	52-0643036		11,604.	0.			EDUCATION SUPPORT
POTOMAC RIDGE BEHAVIORAL HEALTH FOUNDATION - 14901 BROSCHARD RD. - ROCKVILLE, MD 20850	20-5479860		5,000.	0.			TREATMENT CENTER FOR GIRLS
PRINCE GEORGE'S COUNTY HEALTH DEPT 4601 PRESIDENTS DRIVE LANHAM, MD 20706	52-2046026		8,000.	0.			PROMOTE PHYSICAL ACT
SALISBURY UNIVERSITY FOUNDATION P.O. BOX 2655 SALISBURY, MD 21802	52-1127396	501-(C)-(3)	20,000.	0.			EDUCATION
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION - 1801 RESEARCH BLVD - ROCKVILLE, MD 20850	52-1216429	501-(C)-(3)	10,000.	0.			GENERAL SUPPORT
SISTER TO SISTER EVERYONE HAS A HEART - 4701 WILLARD AVE. STE. 223 - CHEVY CHASE, MD 20815	52-2276395	501-(C)-(3)	20,000.	0.			PREVENT HEART DISEASE
STRATHMORE HALL FOUNDATION INC. 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	10,000.	0.			PROMOTE PERFORMING A

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC

**Employer identification number**

52-1532556

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the 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
UNIVERSITY OF MARYLAND FOUNDATION, INC. - 3300 METZEROTT RD. - ADELPHI, MD 20783	52-1125663		5,000.	0.			EDUCATION SUPPORT
WASHINGTON ADVENTIST HOSPITAL FOUNDATION - 1801 RESEARCH BLVD - ROCKVILLE, MD 20850	52-1692158	501-(C)-(3)	10,000.	0.			GENERAL SUPPORT
URBAN INSTITUTE 2100 M STREET, NW WASHINGTON, DC 20037	52-0880375		25,000.	0.			COUNTY COMMUNITY HEALTH



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....		X
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	X	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	X	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....		X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....		X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....		

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

Schedule J (Form 990) 2009

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM G. ROBERTSON	(i)	711,329.	95,797.	236,097.	0.	37,295.	1,080,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EDMUND F. HODGE	(i)	401,996.	72,694.	179,665.	0.	28,623.	682,978.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES G. LEE	(i)	366,193.	54,704.	83,055.	0.	23,493.	527,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GAUROV DAYAL	(i)	316,196.	37,200.	99,199.	0.	31,110.	483,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSAN L. GLOVER	(i)	252,355.	72,281.	55,745.	0.	29,943.	410,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DENNIS D. HANSEN	(i)	388,270.	70,194.	109,403.	0.	33,077.	600,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JERE D STOCKS	(i)	407,237.	9,574.	117,452.	0.	22,858.	557,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GENE C. MILTON	(i)	307,694.	40,878.	42,626.	0.	35,285.	426,483.	0.
	(ii)	0.	0.	0.	0.	22,722.	22,722.	0.
HISAKO MAKO THOMPSON	(i)	229,668.	3,861.	57,186.	0.	17,478.	308,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KENNETH B. DESTEFANO	(i)	271,776.	76,910.	82,505.	0.	27,507.	458,698.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHLEEN H. DYER	(i)	232,834.	88,375.	42,030.	0.	21,085.	384,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RONALD K. BENFIELD	(i)	243,626.	33,645.	55,856.	0.	35,325.	368,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELYSE KAPLAN	(i)	250,786.	42,382.	46,841.	0.	17,223.	357,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAULA WIDERLITE	(i)	229,880.	36,696.	56,873.	0.	27,558.	351,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A: ADVENTIST HEALTHCARE OWNS TWO COUNTRY CLUB MEMBERSHIPS WITH

A LOCAL COUNTRY CLUB IN ROCKVILLE, MARYLAND. ONE IS USED EXCLUSIVELY FOR

BUSINESS GROUP MEETINGS BY THE COMPANY. NO EXECUTIVE IS ALLOWED TO USE IT

FOR PERSONAL ENJOYMENTS. ANOTHER ACCOUNT IS USED EXCLUSIVELY BY MR.

KENNETH B. DESTEFANO, VICE PRESIDENT AND GENERAL COUNSEL. EACH MONTHLY

CLUB USAGE STATEMENT IS REVIEWED AND APPROVED BY KENNETH B. DESTEFANO PRIOR

TO DISBURSEMENT BY THE COMPANY. ALL EXPENDITURES ARE REPORTED AS TAXABLE

INCOME TO MR DESTEFANO AND SUBJECT TO W-2 REPORTING WITHOUT GROSS-UP

PAYMENTS. ADVENTIST HEALTHCARE HAS NO INTENTION TO EXTEND THIS BENEFIT TO

OTHER EXECUTIVES, AND THEREFORE NO WRITTEN POLICY IS ESTABLISHED FOR THIS

USAGE EXCEPTION.

PART I, LINE 4B: INCLUDES A 2009 LUMP-SUM TAXABLE PAYMENT MADE AS A RESULT

OF TAX LAW CHANGES THAT AFFECTED THE ADMINISTRATION OF ADVENTIST

HEALTHCARE'S CAPITAL ACCUMULATION ACCOUNT ("CAA") PLAN ESTABLISHED PURSUANT

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

WILLIAM G. ROBERTSON - \$178,883

EDMUND F. HODGE - \$92,163

**Part III Supplemental Information**

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

JAMES G. LEE - \$78,979

GAUROV DAYAL - \$66,126

SUSAN L. GLOVER - \$45,409

DENNIS D. HANSEN - \$85,602

JERE D. STOCKS - \$92,952

GENE C MILTON - \$35,331

HISAKO MAKI THOMPSON - \$43,902

KENNETH B. DESTEFANO - \$51,352

KATHLEEN H. DYER - \$37,767

RONALD K. BENFIELD - \$43,871

ELYSE KAPLAN - \$42,344

PAULA WIDERLITE - \$42,108

COMPENSATION DEFINED: THE COMPENSATION REPORTED FOR THE

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

\*\*BASE COMPENSATION - INCLUDES NONDISCRETIONARY PAYMENTS, AGREED UPON IN

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

SERVICES (SUCH AS SALARY OR FEES).

**Part III Supplemental Information**

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

\*\*INCENTIVE COMPENSATION - INCLUDES PAYMENTS BASED ON SATISFACTION OF

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

EMPLOYEE AND CUSTOMER ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND

FINANCIAL PERFORMANCE, AMONG OTHER THINGS.

\*\*OTHER REPORTABLE COMPENSATION - INCLUDES CERTAIN CUMULATIVE LUMP-SUM

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

ADMINISTRATION OF ADVENTIST HEALTHCARE'S CAPITAL ACCUMULATION ACCOUNT

("CAA") PLAN ESTABLISHED PURSUANT TO SECTION 457(F) OF THE INTERNAL REVENUE

CODE. IN ADDITION, "OTHER REPORTABLE COMPENSATION" INCLUDES LONG-TERM

DISABILITY COVERAGE, CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED PAID TIME

OFF (PTO) HOURS, IMPUTED VALUE OF LIFE INSURANCE BENEFITS, COUNTRY CLUB

USAGE (ONE EXECUTIVE ONLY), AND SEVERANCE, AS APPLICABLE. "OTHER

REPORTABLE COMPENSATION" ALSO INCLUDES THE FOLLOWING, AS APPROVED BY THE

BOARD COMPENSATION COMMITTEE:

\*TAXABLE ALLOWANCE FOR SPECIAL CIRCUMSTANCE (OUT-OF-STATE COMMUTE) --EDMUND

F. HODGE

**Part III Supplemental Information**

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

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

SUCH AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE, LIFE

INSURANCE, BASE CONTRIBUTIONS TO RETIREMENT PLANS, MATCHING OF EMPLOYEES'

RETIREMENT CONTRIBUTIONS, ETC.

**PAY PRACTICE - ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL**

OF ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL

COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE

RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE'S IRS

FORM 990 AS IF PAID DIRECTLY BY SUCH AFFILIATE.

**INDEPENDENT GUIDELINES - WHEN SETTING COMPENSATION FOR THE "OFFICERS,**

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

ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFE GUARDS

EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE

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

EMPLOYEES" IS ENTIRELY SET BY AN INDEPENDENT COMMITTEE OF ADVENTIST

HEALTHCARE'S BOARD OF TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING

BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN

**Part III Supplemental Information**

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization <p style="text-align: center;">ADVENTIST HEALTHCARE, INC</p>	Employer Identification number <p style="text-align: center;">52-1532556</p>
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**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN H. DYER VP & CHIEF INFO. OFFICER	40.00					X		363,239.	0.	21,085.
RONALD K. BENFIELD VP & CFO, SGAH	40.00					X		333,127.	0.	35,325.
ELYSE KAPLAN VP & HUMAN RESOURCES	40.00					X		340,009.	0.	17,223.
PAULA WIDERLITE VP, SYSTEM STRATEGY	40.00					X		323,449.	0.	27,558.



**Supplemental Information on Tax-Exempt Bonds**  
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**  
▶ **Attach to Form 990. See separate instructions.**

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

**Part I Bond Issues** SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A</b> MHHEFA (SERIES 2003A)	52-0936091	574217JE6	02/15/03	1,335,000.	REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)		X	X	
<b>B</b> MHHEFA (SERIES 2003A)	52-0936091	574217JF3	02/15/03	1,415,000.	REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)		X	X	
<b>C</b> MHHEFA (SERIES 2003A)	52-0936091	574217JC0	02/15/03	4,300,000.	REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)		X	X	
<b>D</b> MHHEFA (SERIES 2003A)	52-0936091	574217JD8	02/15/03	2,490,000.	REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)		X	X	
<b>E</b> MHHEFA (SERIES 2003A)	52-0936091	574217JG1	02/15/03	13,385,000.	REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)		X	X	

**Part II Proceeds**

	A		B		C		D		E	
<b>1</b> Total proceeds of issue .....	22,650,376.									
<b>2</b> Gross proceeds in reserve funds .....	2,282,582.									
<b>3</b> Proceeds in refunding or defeasance escrows .....										
<b>4</b> Other unspent proceeds .....										
<b>5</b> Issuance costs from proceeds .....	452,000.									
<b>6</b> Working capital expenditures from proceeds .....										
<b>7</b> Capital expenditures from proceeds .....										
<b>8</b> Year of substantial completion .....	1982									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>9</b> Were the bonds issued as part of a current refunding issue? ...	X									
<b>10</b> Were the bonds issued as part of an advance refunding issue? .....		X								
<b>11</b> Has the final allocation of proceeds been made? .....	X									
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

**Part III Private Business Use**

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

**Supplemental Information on Tax-Exempt Bonds**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).  
▶ Attach to Form 990. See separate instructions.

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

<b>Part I Bond Issues</b>		SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS							
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A</b> MHFEFA (SERIES 2003B)	52-0936091	574217JH9	02/27/03	39,560,000.	RENOVATIONS AT MARYLAND HOSPITALS		X	X	
<b>B</b> MHFEFA (SERIES 2004A)	52-0936091	574217TE5	09/14/04	50,000,000.	SGAH LAND ACQUISITION AND VARIOUS RENOVATIONS AND EQUI		X	X	
<b>C</b> MHFEFA (SERIES 2005)	52-0936091	574217VS1	12/20/05	142,590,000.	SGAH TOWER, QUALIFYING CONSTRUCTION, EQUIP FOR MD H		X	X	
<b>D</b>									
<b>E</b>									

<b>Part II Proceeds</b>											
		A		B		C		D		E	
<b>1</b>	Total proceeds of issue .....	39,583,516.		50,039,636.		144,026,250.					
<b>2</b>	Gross proceeds in reserve funds .....	2,074,504.									
<b>3</b>	Proceeds in refunding or defeasance escrows .....										
<b>4</b>	Other unspent proceeds .....										
<b>5</b>	Issuance costs from proceeds .....	785,471.		575,065.		1,263,474.					
<b>6</b>	Working capital expenditures from proceeds .....										
<b>7</b>	Capital expenditures from proceeds .....	31,812,240.		49,779,071.		74,134,253.					
<b>8</b>	Year of substantial completion .....	2003		2005		2007					
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>9</b>	Were the bonds issued as part of a current refunding issue? ...		X		X		X				
<b>10</b>	Were the bonds issued as part of an advance refunding issue? .....		X		X		X				
<b>11</b>	Has the final allocation of proceeds been made? .....	X		X		X					
<b>12</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X					

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

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

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? .....	X									
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? ...	X									
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? .....	X									
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X									

**Part IV Arbitrage**

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

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

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? .....	X		X		X					
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? ...	X		X		X					
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? .....	X		X		X					
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		1.61 %		1.77 %		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		.00 %		.00 %		%		%
<b>6</b> Total of lines 4 and 5 .....		%		1.61 %		1.77 %		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X		X		X					

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		X		X		X				
<b>2</b> Is the bond issue a variable rate issue? .....	X		X		X					
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? .....		X		X		X				
<b>b</b> Name of provider .....	N/A		N/A		DEUTSCHE BANK/MORGAN STANLEY					
<b>c</b> Term of hedge .....					30.0000000					
<b>4a</b> Were gross proceeds invested in a GIC? .....		X		X		X				
<b>b</b> Name of provider .....	N/A		N/A							
<b>c</b> Term of GIC .....										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X				
<b>6</b> Did the bond issue qualify for an exception to rebate? .....		X		X		X				

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2009**

**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. ▶ See separate instructions.**

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JEFFERY J. PARGAMENT, ESQ	TRUSTEE	236,968	LABOR LAW		X

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

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

PHYSICAL MENTAL AND SPIRITUAL HEALING.

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

HEALTH CARE RESOURCES IN THE REGION, REACHING OUT TO PEOPLE LIVING WITH

ONE OF LIFE'S MOST CHALLENGING DISORDERS - MENTAL ILLNESS, BUT, ONE

THAT IS EXTRAORDINARILY TREATABLE.

POTOMAC RIDGE BEHAVIORAL HEALTH (PRBH) IS A COMPREHENSIVE NETWORK OF

MENTAL HEALTH FACILITIES PROVIDING CARE TO MENTALLY ILL INDIVIDUALS

ACROSS THEIR LIFE SPAN. WITH LOCATIONS IN MONTGOMERY AND ANNE ARUNDEL

COUNTIES IN MARYLAND AND ON THE EASTERN SHORE OF MARYLAND, PRBH OFFERS

A BROAD RANGE OF SERVICES SUCH AS ACUTE CARE, RESIDENTIAL TREATMENT,

SPECIAL EDUCATION AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY

PROGRAMS, INTENSIVE OUTPATIENT SERVICES AND COMMUNITY-BASED RESIDENTIAL

SERVICES.

PRBH IS PART OF ADVENTIST HEALTHCARE BEHAVIORAL HEALTH SERVICES, WHICH

INCLUDES THE BEHAVIORAL HEALTH UNIT AT WASHINGTON ADVENTIST HOSPITAL IN

TAKOMA PARK, MARYLAND, AND THE REGINALD S. LOURIE CENTER FOR INFANTS

AND YOUNG CHILDREN IN ROCKVILLE, MARYLAND.

ADVENTIST HEALTHCARE BEHAVIORAL HEALTH SERVICES IS THE LARGEST PROVIDER

OF MENTAL HEALTH CARE IN MONTGOMERY COUNTY AND THE SECOND LARGEST

PROVIDER OF MENTAL HEALTH SERVICES IN MARYLAND. IN 2008, PRBH PROVIDED

\$184,251 IN UNCOMPENSATED MENTAL HEALTH CARE ACROSS ITS THREE

LOCATIONS. PRBH'S FACILITIES OFFER A TOTAL OF 122 ACUTE CARE BEDS, 152

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

RESIDENTIAL TREATMENT CENTER BEDS, 32 GROUP HOME BEDS AND A FULL

CONTINUUM OF OUTPATIENT SERVICES.

MONTGOMERY COUNTY

POTOMAC RIDGE BEHAVIORAL HEALTH AT ROCKVILLE IS A NON-PROFIT, JOINT

COMMISSION ACCREDITED, 87-BED ACUTE PSYCHIATRIC AND DUAL DIAGNOSIS

(PSYCHIATRIC AND SUBSTANCE ABUSE) TREATMENT FACILITY IN ROCKVILLE,

MARYLAND.

COUPLED WITH AN ADDITIONAL 83-BED RESIDENTIAL TREATMENT CENTER FOR

ADOLESCENTS AND VARIOUS OUTPATIENT SERVICES, POTOMAC RIDGE BEHAVIORAL

HEALTH IS THE LARGEST PROVIDER OF MENTAL HEALTH SERVICES IN MONTGOMERY

COUNTY. POTOMAC RIDGE BEHAVIORAL HEALTH ALSO PROVIDES OUTPATIENT

CHEMICAL DEPENDENCY SERVICES FOR ADOLESCENTS AND ADULTS AND OPERATES A

PARTIAL HOSPITAL PROGRAM FOR ADOLESCENTS.

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

SCHOOL APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION, IS

HOUSED AT THE POTOMAC RIDGE BEHAVIORAL HEALTH CAMPUS AND SERVES

ADOLESCENTS FROM ACROSS THE STATE OF MARYLAND. IN 2008, PRBH CARED FOR

8,673 PATIENTS ACROSS ITS ENTITIES.

THE BEHAVIORAL HEALTH UNIT AT WASHINGTON ADVENTIST HOSPITAL HAS FOUR

ADOLESCENT AND 36 ADULT ACUTE CARE BEDS, IN ADDITION TO PARTIAL

HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS. THE REGINALD S.

LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN PROVIDES FIVE CORE

SERVICES TO BENEFIT INFANTS, CHILDREN AND THEIR FAMILIES: THE

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PARENT-CHILD CLINICAL SERVICES PROGRAM; LOURIE CENTER SCHOOL;

THERAPEUTIC NURSERY PROGRAM; EARLY HEAD START; AND THE BEFORE AND AFTER

SCHOOL PROGRAM.

PRBH IS COMMITTED TO SERVING AS A MENTAL HEALTH EDUCATION RESOURCE TO

FAMILIES AND BEHAVIORAL HEALTH SPECIALISTS IN THE COMMUNITIES IN WHICH

IT SERVES. THE ORGANIZATION HAS DEDICATED SIGNIFICANT RESOURCES TO

PROVIDING FREE EDUCATIONAL WORKSHOPS FOR CONSUMERS AS WELL AS

CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS. PRBH HELD TWO SYMPOSIA

IN 2008 TO EDUCATE CLINICIANS ABOUT SELF-INJURING BEHAVIORS AMONG

ADOLESCENTS AND ADOLESCENT SEX OFFENDERS, RESPECTIVELY.

PRBH ALSO SPONSORS AND SUPPORTS COMMUNITY ORGANIZATIONS SUCH AS THE

MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY (MHA) AND THE NATIONAL

ALLIANCE ON MENTAL ILLNESS (NAMI). IN 2008, PRBH PROVIDED FINANCIAL

SUPPORT FOR A NUMBER OF MHA EVENTS, INCLUDING THE ANNUAL LEGISLATIVE

BREAKFAST AND SEVERAL CONTINUING EDUCATION SEMINARS. IN MAY 2008, PRBH

WAS A SILVER SPONSOR OF NAMI'S WALK-A-THON TO HELP RAISE AWARENESS OF

MENTAL ILLNESS.

ADDITIONALLY, PRBH'S EMPLOYEES HAVE GENEROUSLY OFFERED THEIR EXPERTISE

VIA PARTICIPATION IN HEALTH FAIRS AND SPEAKING ENGAGEMENTS TO BENEFIT

THE COMMUNITY. EMPLOYEES OF PRBH'S CHEMICAL DEPENDENCY DEPARTMENT AT

THE ROCKVILLE CAMPUS HAVE ALSO PROVIDED IN-SCHOOL SUBSTANCE ABUSE

EVALUATIONS FOR STUDENTS AND EDUCATIONAL SERVICES FOR STUDENTS AT

GEORGE MASON UNIVERSITY.



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ANNE ARUNDEL COUNTY

POTOMAC RIDGE BEHAVIORAL HEALTH AT ANNE ARUNDEL HAS PROVIDED MENTAL

HEALTH SERVICES FOR ADOLESCENTS SINCE 2002. LOCATED IN CROWNSVILLE,

MARYLAND., OUTSIDE OF ANNAPOLIS, POTOMAC RIDGE AT ANNE ARUNDEL OFFERS

28 ADOLESCENT RESIDENTIAL TREATMENT BEDS, A GROUP HOME FOR 16

ADOLESCENT MALES, AND A SPECIAL AND GENERAL EDUCATION SCHOOL FOR

ADOLESCENTS WITH EMOTIONAL AND BEHAVIORAL DISABILITIES. THESE THREE

PROGRAMS ARE LOCATED ON THE GROUNDS OF THE FORMER CROWNSVILLE HOSPITAL

CENTER.

THE 28-BED RESIDENTIAL TREATMENT CENTER (RTC) IS ONE OF THE MOST

CLINICALLY UNIQUE PROGRAMS IN MARYLAND. IT IS CONSIDERED A HIGH

SECURITY, HIGH LEVEL OF INTENSITY RTC. BY EMPLOYING RESEARCH-BASED BEST

PRACTICES FOR THIS COGNITIVELY IMPAIRED POPULATION, THE ANNE ARUNDEL

STAFF DELIVERS TREMENDOUS OUTCOMES FOR THE RESIDENTS.

THE 16-BED GROUP HOME FOR ADOLESCENT MALES PROVIDES TREATMENT IN A

SMALL, AGE-APPROPRIATE FAMILY STYLE SETTING. THE GROUP HOME SERVES

ADOLESCENTS WHO DO NOT REQUIRE THE ACUTE SERVICES OF INPATIENT

HOSPITALIZATION OR RESIDENTIAL TREATMENT CENTER

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

GRADES EIGHT - 12 IN A HIGHLY-STRUCTURED SETTING THAT ENABLES AND

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

PROVIDE EDUCATION FOR EVEN THE MOST CHALLENGING YOUTH UTILIZING A

POSITIVE BEHAVIORAL APPROACH AND PHILOSOPHY.

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EASTERN SHORE OF MARYLAND

POTOMAC RIDGE BEHAVIORAL HEALTH AT THE EASTERN SHORE IS THE REGION'S

ONLY ACUTE CARE AND RESIDENTIAL MENTAL HEALTH RESOURCE FOR CHILDREN AND

ADOLESCENTS.

AS WITH ALL OTHER POTOMAC RIDGE BEHAVIORAL HEALTH FACILITIES, EASTERN

SHORE IS FREE OF MECHANICAL RESTRAINTS, AND EMPLOYEES ARE BEING TRAINED

IN THE MANDT SYSTEM. THE MANDT SYSTEM IS AN EVIDENCE-BASED APPROACH

THAT FOCUSES ON RELATIONSHIP BUILDING AND TREATING OTHERS WITH DIGNITY

AND RESPECT IN ORDER TO CORRECT DIFFICULT BEHAVIOR IN YOUTH WITHOUT THE

USE OF RESTRAINT.

POTOMAC RIDGE BEHAVIORAL HEALTH AT THE EASTERN SHORE HAS A

ONE-OF-A-KIND PROGRAM IN THE STATE OF MARYLAND FOR LOW-FUNCTIONING

ADOLESCENTS WITH IQS BETWEEN 50 AND 70. THIS IS THE ONLY PROGRAM IN THE

STATE TO ADDRESS THE SPECIAL CLINICAL AND THERAPEUTIC NEEDS OF THIS

POPULATION.

IN 2008, EMPLOYEES AT PRBH'S EASTERN SHORE CAMPUS SUPPORTED A

FUNDRAISING EVENT FOR THE MARYLAND COALITION OF FAMILIES FOR CHILDREN'S

MENTAL HEALTH.

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

MEMBERSHIP BODY WITH RESERVE POWERS. MID-ATLANTIC ADVENTIST HEALTHCARE,

INC. IS THE SOLE CORPORATE MEMBER OF ADVENTIST HEALTHCARE, AND IT HAS

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AUTHORITY TO APPROVE BOARD MEMBERS OF ADVENTIST HEALTHCARE, INC.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF TRUSTEES APPROVES ALL

ACTIONS OF MANAGEMENT.

FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD OF TRUSTEES APPROVES ALL

ACTIONS OF MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED AT A

REGULARLY SCHEDULED BOARD MEETING BY THE FULL MEMBERSHIP OF THE BOARD OF

TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C: PURSUANT TO THE ORGANIZATIONS

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

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

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

DISCLOSE ANY BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE

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

RESOURCES DEPARTMENT, CORPORATE INTEGRITY DEPARTMENT AND THE LEGAL

DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15: WHEN SETTING EXECUTIVE

COMPENSATION, THE ORGANIZATION FULLY COMPLIES WITH THE PROCEDURAL

SAFEGUARDS EMBEDDED IN THE IRS REGULATIONS. EXECUTIVE COMPENSATION IS

ENTIRELY SET BY A COMMITTEE OF THE BOARD OF TRUSTEES. IN SETTING

COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET

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COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION

CONSULTANT. TO ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH  
PERCENTILE OF THE NATURAL MARKET.

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

FORM 990 PAST XI LINE 2D

CONSOLIDATED BASIS AUDIT

THE BOARD OF TRUSTEES REQUIRES AHC TO HAVE AUDITED CONSOLIDATED

FINANCIAL STATEMENTS FOR AHC AND ITS CONTROLLED ENTITIES. THE BOARD

RENEWES THE ENGAGEMENT OF THE INDEPENDENT AUDITORS EVERY THREE YEARS.

OUR AUDITORS COMMUNICATED WITH THE BOARD ON AUDIT PLANNING, INDUSTRY

DEVELOPMENT, NEW TECHNICAL PRONOUNCEMENTS, AND AUDIT FINDINGS ON A

REGULAR BASIS.

AHC AND ITS CONTROLLED ENTITIES (EXCLUDING REINALD S. LOURIE CENTER FOR

INFANTS AND YOUNG CHILDREN, INC. (LOURIE CENTER)) ARE NOT SUBJECT TO

A-133 AUDIT IN 2009. LOURIE CENTER IS EXCLUDED FOR A-133 WAS DUE TO

FISCAL YEAR CHANGE TRANSITION. EFFECTIVE 2010, AHC AND ITS CONTROLLED

ENTITIES WILL BE SUBJECT TO A-133 AUDIT.

SCHEDULE K, SUPPLEMENTAL INFORMATION: PART III COLUMN A: THE SERIES 2003A

BONDS WERE USED EXCLUSIVELY TO REFUND BONDS ISSUED PRIOR TO JANUARY 1,

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2003.

PART III COLUMN D: INFORMATION IS PROVIDED WITH RESPECT TO THE SERIES 2005A

BONDS ONLY. THE SERIES 2005B BONDS WERE ISSUED EXCLUSIVELY TO REFUND THREE

SEPARATE ISSUES OF BONDS, EACH OF WHICH WAS ISSUED PRIOR TO JANUARY 1,

2003. AN ELECTION WAS MADE TO TREAT THE SERIES 2005A BONDS AND THE SERIES

2005B BONDS AS SEPARATE ISSUES PURSUANT TO SECTION 1.150-1(C) OF THE

REGULATIONS.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MHHEFA (SERIES 2003A)

(B) DESCRIPTION OF PURPOSE: REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)

(A) ISSUER NAME: MHHEFA (SERIES 2004A)

(F) DESCRIPTION OF PURPOSE:

SGAH LAND ACQUISITION AND VARIOUS RENOVATIONS AND EQUIPMENT PURCHASES FOR M

(A) ISSUER NAME: MHHEFA (SERIES 2005)

(F) DESCRIPTION OF PURPOSE:

SGAH TOWER, QUALIFYING CONSTRUCTION, EQUIP FOR MD HOSP, ADV REFUND S1995

(A) ISSUER NAME: MHHEFA (SERIES 2003A)

(B) DESCRIPTION OF PURPOSE: REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)

(A) ISSUER NAME: MHHEFA (SERIES 2003A)

(B) DESCRIPTION OF PURPOSE: REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)

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(A) ISSUER NAME: MHFEFA (SERIES 2003A)

(B) DESCRIPTION OF PURPOSE: REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)

(A) ISSUER NAME: MHFEFA (SERIES 2003A)

(B) DESCRIPTION OF PURPOSE: REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH)

PAGE 2 PART III 4A

PROGRAM SERVICES ACCOMPLISHMENTS CONT'D

COMPASSION IS REFLECTED IN OUR MISSION AND OUR ORGANIZATION

CONSISTENTLY PROVIDES HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE. IN

2009, WE PROVIDED OVER \$90 MILLION IN CHARITY AND OTHER FORMS OF

UNCOMPENSATED CARE, ONE OF THE HIGHEST LEVELS OFFERED BY ANY HOSPITAL

OR SYSTEM IN MARYLAND. TO MEET THE NEEDS OF OUR COMMUNITIES, ADVENTIST

HEALTHCARE CONTINUES TO INNOVATE AND EXPAND THE RANGE OF OUR SERVICES

TO BUILD ON THE STRONG FOUNDATION WE HAVE LAID FOR A HEALTHY, ENGAGED

COMMUNITY.

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

EXCELLENT PROGRAMS AND WIDE-RANGING SERVICES TO MEET DIVERSE

POPULATIONS AS WE STRIVE TO:

1.MAINTAIN AND GROW CURRENT SERVICES

2.EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE

3.PROMOTE HEALTH AND WELLNESS

4.ELIMINATE HEALTH DISPARITIES

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MAINTAIN AND GROW CURRENT SERVICES

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

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

SERVICES SUPPORTING COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR

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

QUALITY PROGRAMS THAT PROMOTE HEALTHY CHILDREN, ENCOURAGE HEALTHY

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

BUILD HEALTHIER COMMUNITIES.

ENHANCEMENTS TO OUR COMPREHENSIVE INPATIENT AND OUTPATIENT CANCER CARE

SERVICES AT WASHINGTON ADVENTIST AND SHADY GROVE ADVENTIST HOSPITALS

ENSURE THAT WE CONTINUE TO PROVIDE THE LATEST DIAGNOSTIC AND TREATMENT

SERVICES THAT ARE DELIVERED WITH COMPASSION AND A DEEP UNDERSTANDING OF

THE UNIQUE DEMANDS OF CANCER. BOTH INPATIENT AND OUTPATIENT SERVICES

ARE AVAILABLE TO ACCOMMODATE A RANGE OF PATIENT NEEDS AND PREFERENCES.

WE CARE FOR THE WHOLE PATIENT BY OFFERING EDUCATIONAL PROGRAMS AND

SPECIAL SERVICES SUCH AS NUTRITION COUNSELING, STRESS MANAGEMENT,

FITNESS PROGRAMS, SUPPORT GROUPS AND SMOKING CESSATION PROGRAMS, AS

WELL AS THE AMERICAN CANCER SOCIETY PROGRAMS, "REACH TO RECOVERY" AND

"LOOK GOOD, FEEL BETTER."

WASHINGTON ADVENTIST HOSPITAL HAS BEEN PROVIDING FULL-SERVICE MEDICAL

AND SURGICAL CARE TO THE RESIDENTS OF EASTERN MONTGOMERY COUNTY,

WESTERN PRINCE GEORGE'S COUNTY AND WASHINGTON, D.C. FOR MORE THAN 100

YEARS. WHILE WASHINGTON ADVENTIST'S HISTORY REFLECTS THE SPECIAL CARE

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IT HAS PROVIDED FOR GENERATIONS OF FAMILIES, OF SPECIAL NOTE IS THE  
 CARDIOVASCULAR INSTITUTE AT WASHINGTON ADVENTIST HOSPITAL. THE HOSPITAL  
 WAS THE FIRST IN THE GREATER D.C. AREA TO PERFORM NUMEROUS CARDIAC  
 PROCEDURES DATING FROM ITS FIRST HEART PROCEDURE IN 1962, INCLUDING  
 MITRAL VALVULOPLASTY AND A NUMBER OF SOPHISTICATED TYPES OF  
 ECHOCARDIOGRAPHY.

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

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



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ENSURING MATERNAL AND INFANT HEALTH IS A MAJOR PUBLIC HEALTH GOAL, AND

YET THERE ARE SIGNIFICANT DISPARITIES THAT EXIST AT THE BEGINNING OF

LIFE. IN RESPONSE, SHADY GROVE ADVENTIST HOSPITAL AND WASHINGTON

ADVENTIST HOSPITAL ARE ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S

MATERNITY PARTNERSHIP PROGRAM, WHICH PROVIDES PRENATAL CARE AND

MATERNITY SERVICES TO LOW-INCOME, UNINSURED PREGNANT WOMEN. IN 2008,

ACCESS TO HEALTH CARE SERVICES FOR UPCOUNTY RESIDENTS EXPANDED FURTHER

WITH THE OPENING OF SHADY GROVE'S PRENATAL CENTER IN GERMANTOWN. THIS

CLINIC PROVIDES FREE PRENATAL CARE TO ABOUT 200 COUNTY RESIDENTS EACH

YEAR WHO ARE UNINSURED OR UNDER INSURED. THE PARTNERSHIP OF WASHINGTON

ADVENTIST HOSPITAL WITH MARY'S CENTER FOR MATERNAL AND CHILD CARE AT

ITS NEW PRIMARY CARE CENTER IN THE LONG BRANCH AREA OF MONTGOMERY

COUNTY ALSO DEMONSTRATES HOW IMPROVED ACCESS TO FAMILY MEDICAL CARE

LEADS TO HEALTHY FAMILIES AND SAFER COMMUNITIES.

OUR PARTNERSHIPS WITH MOBILEMED, MARY'S CENTER IN SILVER SPRING, THE

MERCY HEALTH CLINIC IN GAITHERSBURG AND OTHERS HAVE HELPED TO ESTABLISH

CLINICS FOR LOW-INCOME, UNINSURED INDIVIDUALS. 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. WE PROVIDE THE VOLUNTEERS, SPACE AND COMMUNITY OUTREACH NECESSARY

TO SUPPORT THE WORK OF MOBILEMED'S THREE MOBILE VANS AND 20 CLINICS,

WHICH SERVE PEOPLE IN BETHESDA, GAITHERSBURG, POTOMAC, ROCKVILLE AND

SILVER SPRING. MOBILEMED FILLS THE HEALTH CARE NEEDS OF COMMUNITIES

THAT NEED THEM, BRINGING THOSE SERVICES DIRECTLY TO THEM.

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ADVENTIST HEALTHCARE IS ALSO SEEKING TO FILL THE HEALTH CARE NEEDS OF

THE UNDERSERVED AND RAPIDLY GROWING COMMUNITIES LOCATED IN UPPER

MONTGOMERY COUNTY AND LOWER FREDERICK COUNTY, MARYLAND. OUR PROPOSED

CLARKSBURG COMMUNITY HOSPITAL (CCH) WILL BE A NEW, ACUTE CARE GENERAL

HOSPITAL THAT WILL PROVIDE GENERAL MEDICAL/SURGICAL, INTENSIVE

/CRITICAL CARE AND PEDIATRIC SERVICES IN A STATE-OF-THE-ART HOSPITAL

FACILITY. THIS NEW FIVE-STORY, 86-BED HOSPITAL WILL OPTIMIZE AND

COMPLEMENT CURRENT HEALTH SERVICES LOCATED IN THAT AREA. IN ADDITION,

OUR COMMITMENT TO CHARITY CARE AND THE DEVELOPMENT OF PROGRAMS AND

SERVICES TO MEET THE NEEDS OF UNINSURED AND UNDER-SERVED INDIVIDUALS

WILL CONTINUE AT CCH.

IN THE EAST COUNTY AREA OF MONTGOMERY COUNTY, ADVENTIST HEALTHCARE IS

ACTIVELY SEEKING TO RELOCATE WASHINGTON ADVENTIST HOSPITAL TO THE WHITE

OAK/CALVERTON AREA. THE COMBINED RELOCATION OF THE HOSPITAL AND REUSE

OF THE TAKOMA PARK CAMPUS FOR HEALTH CARE AND COMMUNITY SERVICES IS

PART OF WASHINGTON ADVENTIST HOSPITAL'S VISION FOR EXPANDED ACCESS

(WWW.EXPANDEDHEALTHACCESS.COM), A MULTI-PART INITIATIVE DESIGNED TO

IMPROVE THE HOSPITAL'S ABILITY TO MEET THE NEEDS OF THE COMMUNITY.

THE NEW HOSPITAL WILL HAVE PRIVATE ROOMS, STATE-OF-THE-ART EQUIPMENT

AND TECHNOLOGY AND MORE SPACE FOR CLINICAL SERVICES, INCLUDING CARDIAC

CARE, EMERGENCY MEDICINE, ONCOLOGY SERVICES, BEHAVIORAL HEALTH CARE AND

OTHER MEDICAL SERVICES.

PROMOTE HEALTH AND WELLNESS

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

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

CARDIAC AND VASCULAR DISEASE

ADVENTIST HEALTHCARE IS A LEADER IN THE DIAGNOSIS AND TREATMENT OF  
HEART DISEASE AND IS COMMITTED TO IMPROVING THE HEART HEALTH OF THE  
COMMUNITIES WE SERVE, PROVIDING OUTREACH AND SCREENINGS OF MORE THAN  
15,000 INDIVIDUALS. THE HEART CENTERS AT BOTH THE WASHINGTON ADVENTIST  
HOSPITAL AND SHADY GROVE ADVENTIST HOSPITAL PARTNER WITH SEVERAL  
COMMUNITY GROUPS AND NATIONAL ORGANIZATIONS IN PROVIDING A WIDE ARRAY  
OF COMMUNITY EDUCATION AND HEALTH SCREENING TO HELP IDENTIFY  
INDIVIDUALS RISK LEVEL OF HEART AND VASCULAR DISEASE AND STROKE AND  
DIRECT THEM TO THE BEST WAY TO REDUCE THAT RISK. SOME SPOTLIGHTS OF  
THESE PROGRAMS ARE THE ANNUAL "LEGS FOR LIFE" SCREENING PROGRAM AT BOTH  
WASHINGTON ADVENTIST HOSPITAL AND SHADY GROVE ADVENTIST HOSPITAL  
CAMPUSES AS PART OF THE NATIONAL EFFORT PROMOTED BY "THE SOCIETY FOR

VASCULAR & INTERVENTIONAL RADIOLOGISTS," AND AS THE MAIN SPONSOR OF THE

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"SISTER TO SISTER" ANNUAL EVENT, IN ADDITION TO NUMEROUS PROGRAMS WITH  
THE AMERICAN HEART ASSOCIATION. ALL THESE EVENTS PROVIDE FREE SCREENING  
AND TESTING AND ARE OPEN TO THE PUBLIC.

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PROGRAM SERVICES ACCOMPLISHMENTS CONT'D

CANCER EDUCATION, PREVENTION AND SCREENINGS

THE BREAST CANCER SCREENING PROGRAM AT WASHINGTON ADVENTIST HOSPITAL

HELPS LOW-INCOME, UNINSURED WOMEN AGES 40 AND OLDER IN MONTGOMERY AND

PRINCE GEORGE'S COUNTIES TO FIGHT AND DEFEAT BREAST CANCER. IN

PARTNERSHIP WITH THE MONTGOMERY COUNTY WOMEN'S CANCER CONTROL PROGRAM

AND THE STATE OF MARYLAND BREAST AND CERVICAL DIAGNOSIS AND TREATMENT

PROGRAM, OUR PROGRAM OFFERS A CONTINUUM OF CARE TO PATIENTS INCLUDING

SCREENINGS AND INDIVIDUAL PATIENT EDUCATION, INSTRUCTION ON BREAST

SELF-EXAMINATIONS AND ACCESS TO TREATMENT. ALL PATIENTS DIAGNOSED WITH

BREAST CANCER ARE CASE MANAGED FROM DIAGNOSIS THROUGH TREATMENT AND

BEYOND. DIAGNOSED PATIENTS ARE ALSO RECOMMENDED TO THE SUPPORT GROUP AT

WASHINGTON ADVENTIST HOSPITAL AS WELL AS THE LOOK GOOD FEEL BETTER

PROGRAM. THE LOW-INCOME BREAST CANCER PROGRAM ANNUALLY SERVES MORE THAN

1,600 WOMEN WITH FREE MAMMOGRAPHY AND PROVIDES EDUCATION TO MORE THAN

2,500 WOMEN ON THE IMPORTANCE OF MAMMOGRAPHY AND EARLY DETECTION.

THE COLORECTAL CANCER SCREENING PROGRAM, SUPPORTED BY THE CIGARETTE

RESTITUTION FUND, PROVIDES EDUCATION, OUTREACH, AND FREE SCREENINGS TO

ELIGIBLE MEN AND WOMEN RESIDING IN MONTGOMERY COUNTY. THE GOAL OF THE

COLORECTAL CANCER SCREENING PROGRAM IS TO TARGET MEN AND WOMEN WHO ARE

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CONSIDERED TO BE "AT-RISK" FOR COLORECTAL CANCER. THIS INCLUDES PERSONS

WHO ARE AGES 50 AND OLDER, MEDICALLY UNINSURED OR UNDERINSURED, AND WHO

ARE LOW INCOME. AFRICAN AMERICANS AND HISPANIC/LATINOS HAVE BEEN

IDENTIFIED AS OUR MAIN TARGET POPULATIONS AS DATA REVEAL HIGH

COLORECTAL CANCER DIAGNOSIS RATES IN PEOPLE OF THESE MINORITY GROUPS.

PROGRAM COORDINATORS FOR THE SCREENING PROGRAM ARE CONTINUALLY OUT IN

THE COMMUNITY PROMOTING THE PROGRAM AND PROVIDING OUTREACH TO

FAITH-BASED SETTINGS (CHURCHES AND SYNAGOGUES), SOUP KITCHENS, AREA

SHELTERS, COMMUNITY CENTERS, AND WORK SITES. IT IS OUR GOAL TO

INCREASE AWARENESS WITHIN THE COMMUNITY OF THE CANCER RISK AND THE

BENEFITS OF EARLY DETECTION AND SCREENING.

IN ADDITION, ADVENTIST HEALTHCARE HOLDS FREE COMMUNITY CANCER SCREENING

DAYS THROUGH WASHINGTON ADVENTIST AND SHADY GROVE ADVENTIST HOSPITALS.

THE ANNUAL OUTREACH PROGRAM IS AN OPPORTUNITY FOR PEOPLE TO RECEIVE

FREE, IMPORTANT TESTS FOR CERTAIN TYPES OF CANCER THROUGH THE HEALTH &

WELLNESS DEPARTMENT AT ADVENTIST HEALTHCARE.

HEALTH MINISTRY

THE HEALTH MINISTRY OUTREACH OF ADVENTIST HEALTHCARE WORKS WITH MORE

THAN 19 COMMUNITY ORGANIZATIONS AND MORE THAN 65 CONGREGATIONS OF ALL

FAITHS, HELPING THEM THROUGH CLASSES AND HEALTH EVENTS TO TRAIN AND

SUPPORT FAITH COMMUNITY (PARISH) NURSES WHO WILL DIRECTLY PROVIDE

SUPPORT AND CARE AT THE LOCAL COMMUNITY LEVEL. ADVENTIST HEALTHCARE IS

ALSO THE SITE OF THE ADVENTIST HEALTHCARE-CLINICAL PASTORAL EDUCATION

PROGRAM, AN INTERFAITH PROFESSIONAL EDUCATION FOR THEOLOGICAL STUDENTS

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AND MINISTERS INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS. SINCE

2005, MORE STUDENTS HAVE GRADUATED FROM THE AHC-CPE PROGRAM, CLINICALLY

TRAINED CHAPLAINS WHO NOW SERVE AS STAFF AND DIRECTORS OF AREA HEALTH

CARE INSTITUTIONS. CPE GRADUATES WORK IN DIVERSE HEALTHCARE

INSTITUTIONS SUCH AS: GENERAL AND ACUTE CARE, UNIVERSITY, CHILDREN'S,

PSYCHIATRIC, MILITARY, VA, GERIATRIC CENTERS, HOSPICES, PARISHES,

MENTAL HEALTH FACILITIES, CORRECTIONAL INSTITUTIONS, AND A VARIETY OF

OTHER SETTINGS.

COMMUNITY HEALTH EDUCATION

OUR ACUTE CARE HOSPITALS NOT ONLY TREAT ILLNESS AND DISEASE, WE ALSO

PROMOTE HEALTH AND WELLNESS THROUGH OUR EXTENSIVE HEALTH & WELLNESS

PROGRAMS. THESE HEALTH EDUCATION CLASSES, SCREENING EVENTS, SUPPORT

GROUPS, AND SPECIAL PROGRAMS AND EVENTS ARE DEDICATED TO PROMOTING

PHYSICAL, EMOTIONAL AND SPIRITUAL HEALTH AND HEALING TO OUR COMMUNITY.

WE PROVIDE A BROAD RANGE OF COMMUNITY EDUCATION PROGRAMS AND OFFERS

PREVENTIVE PROGRAMS AND SCREENINGS THAT TARGET SPECIAL POPULATIONS

INCLUDING CHILDREN, MEN, WOMEN, THE ELDERLY AND MINORITIES.

IN ADDITION TO THE DIRECT SERVICES OFFERED TO THE COMMUNITY, HEALTH &

WELLNESS COLLABORATES WITH MULTIPLE ORGANIZATIONS INCLUDING:

ADVENTIST COMMUNITY SERVICES

AMERICAN HEART ASSOCIATION

AMERICAN LUNG ASSOCIATION

AVON FOUNDATION

SUSAN G. KOMEN FOUNDATION

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MONTGOMERY COUNTY HEALTH AND HUMAN SERVICES

LATINO HEALTH INITIATIVE

AFRICAN AMERICAN HEALTH PROGRAM

ASIAN AMERICAN HEALTH INITIATIVE

MONTGOMERY COUNTY FIRE AND RESCUE SERVICES

HEALTHY KIDS CAMPAIGN

SISTER TO SISTER FOUNDATION

GROWS (GRASS ROOTS ORGANIZATIONS FOR WELL-BEING OF SENIORS)

AFRICAN IMMIGRANT AND REFUGEE FOUNDATION

PRIMARY CARE COALITION

MOBILE MED

COLLABORATION COUNCIL

MONTGOMERY COUNTY CANCER CRUSADE

UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH

MONTGOMERY COUNTY FIRE RESCUE

THESE PARTNERSHIPS HELP IMPROVE COMMUNITY HEALTH AND WELL-BEING. THESE

AND OTHER SERVICES AUGMENT AN ARRAY OF PROGRAMS, CLASSES, SCREENINGS,

HEALTH FAIRS, AND OTHER EFFORTS DESIGNED TO PROMOTE HEALTH AND WELLNESS

TO BUILD AND SUSTAIN THE HEALTHY COMMUNITIES IN WHICH WE LIVE AND WORK.

ELIMINATE HEALTH DISPARITIES

WHEN HELPING A PATIENT, A PROVIDER MAY FACE DIFFICULTIES TO DIAGNOSE

AND TREAT A PATIENT'S BOTH SPOKEN AND UNSPOKEN NEEDS. NO MATTER IF THE

PATIENT IS A CRYING TODDLER, AN ACTIVE SENIOR OR A YOUNG WOMAN WHO MAY

NOT UNDERSTAND THE PROVIDER'S LANGUAGE, ALL DESERVE THE OPPORTUNITY TO

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RECEIVE GOOD CARE. AMONG THE PROGRAMS WE DEVELOPED IS THE CENTER ON  
HEALTH DISPARITIES, WHICH WAS CREATED IN 2005 FROM A DEEP DESIRE TO  
PROVIDE QUALITY CARE TO ALL BY RECOGNIZING THE IMPORTANT ROLE OF  
COMMUNICATION BETWEEN A PATIENT AND A PROVIDER. THE CENTER SEEKS TO  
IDENTIFY, ADDRESS AND ELIMINATE HEALTH DISPARITIES AMONG VARIOUS  
POPULATIONS IN THE COMMUNITIES WE SERVE SO THAT HEALTH CARE IS PROVIDED  
IN A COMPASSIONATE AND SUCCESSFUL MANNER.

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

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

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THAT WILL ASSIST THOSE INDIVIDUALS IN BECOMING PART OF THE COMMUNITY.

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

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

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

IN ADDITION TO ACUTE CARE AND BEHAVIORAL HEALTH PROGRAMS, ADVENTIST

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HEALTHCARE INCLUDES THE SHARED CORPORATE SERVICES OF  
 CHARITY/UNCOMPENSATED CARE, NURSING HOMES, HOME HEALTH PROGRAMS, HEALTH  
 & WELLNESS INITIATIVES AND REHABILITATION SERVICES, AS WE PROMOTE A  
 MORE PATIENT- AND FAMILY-CENTERED PROGRAM OF CARE AND HEALING IN REGARD  
 FOR THE INDIVIDUAL.

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

RESPECT: WE RECOGNIZE THE INFINITE WORTH OF THE INDIVIDUAL AND CARE FOR  
 EACH ONE AS A WHOLE PERSON.

INTEGRITY: WE ARE ABOVE REPROACH IN EVERYTHING WE DO.

SERVICE: WE PROVIDE COMPASSIONATE AND ATTENTIVE CARE IN A MANNER THAT  
 INSPIRES CONFIDENCE.

EXCELLENCE: WE PROVIDE WORLD CLASS CLINICAL OUTCOMES IN AN ENVIRONMENT  
 THAT IS SAFE FOR BOTH OUR PATIENTS AND CARE GIVERS.

STEWARDSHIP: WE TAKE PERSONAL RESPONSIBILITY FOR THE EFFICIENT AND  
 EFFECTIVE ACCOMPLISHMENT OF OUR MISSION.

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

CHARITY AND UNCOMPENSATED CARE

THE MISSION OF ADVENTIST HEALTHCARE IS TO "DELIVER GOD'S CARE TO PEOPLE

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AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL

HEALING." IN MEETING THIS MISSION AND IN COMPLIANCE WITH STATE AND

FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR

ABILITY TO PAY.

ADVENTIST HEALTHCARE CONSISTENTLY PROVIDES HIGH LEVELS OF CHARITY AND

UNCOMPENSATED CARE AND LAST YEAR PROVIDED \$68 MILLION - OR 11% OF

REVENUE, IN CHARITY AND OTHER FORMS OF UNCOMPENSATED CARE, ONE OF THE

HIGHEST LEVELS OFFERED BY ANY HOSPITAL OR HEALTH SYSTEM IN MARYLAND.

NURSING HOMES (SEPARATE LEGAL ENTITIES MANAGED BY ADVENTIST

HEALTHCARE'S EXECUTIVE TEAM)

AS WE GROW OLDER, OUR PHYSICAL AND MENTAL ABILITIES CHANGE. THOUGH IT

IS NATURAL TO WANT TO CONTINUE TO BE AS INDEPENDENT AS POSSIBLE, THERE

MAY COME A TIME WHEN LIVING ON ONE'S OWN IS NO LONGER THE SAFEST OR

BEST CHOICE. TO ADDRESS THE UNIQUE SITUATIONS AND NEEDS THAT COME WITH

AGING, ADVENTIST HEALTHCARE OFFERS A COMPREHENSIVE RANGE OF SENIOR

SERVICES THROUGH ITS ADVENTIST SENIOR LIVING SERVICES NURSING AND

REHABILITATION CENTERS.

A NURSING AND REHABILITATION CENTER IS A PLACE FOR PEOPLE WHO DO NOT

NEED TO BE IN A HOSPITAL BUT CAN NO LONGER BE CARED FOR AT HOME BECAUSE

THEY NEED PERSONAL OR MEDICAL CARE. ADVENTIST HEALTHCARE INCLUDES SHADY

GROVE NURSING & REHABILITATION CENTER, SLIGO CREEK NURSING &

REHABILITATION CENTER, SPRINGBROOK NURSING & REHABILITATION CENTER,

FAIRLAND NURSING & REHABILITATION CENTER AND BRADFORD OAKS NURSING &

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REHABILITATION CENTER AND GLADE VALLEY NURSING & REHABILITATION CENTER

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

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

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

A COMMITTED TEAM OF VOLUNTEERS SUPPORT OUR RESIDENTS. WE ENCOURAGE  
FAMILIES OF OUR RESIDENTS TO JOIN THE VOLUNTEER TEAM, GET INVOLVED IN  
OUR COMMUNITY AND TO BECOME ACTIVE MEMBERS OF OUR FAMILY COUNCIL-A  
SUPPORT AND ADVISORY GROUP. VOLUNTEERS AND FAMILIES HELP WITH

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EVERYTHING FROM LETTER WRITING TO HOLIDAY PARTIES. RELIGIOUS SERVICES

FROM A VARIETY OF DENOMINATIONS ARE ALSO OFFERED. WE STRIVE TO PROMOTE

SUCH COMFORTS OF HOME AS ATTRACTIVE ARTWORK AND INVITING COMMON AREAS.

SECURITY SYSTEMS, SMOKE ALARMS, SPRINKLER SYSTEMS AND A 24-HOUR CALL

SYSTEM GIVE OUR RESIDENTS A SENSE OF SECURITY.

ADVENTIST HEALTHCARE ALSO HAS COMPREHENSIVE NURSING AND REHABILITATION

CENTERS THAT PROVIDE STATE-OF-ART CARE FOR PATIENTS WITH MORE

SPECIALIZED NEEDS:

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SHARED SERVICES

GLADE VALLEY NURSING & REHABILITATION CENTER, A 124-BED FACILITY

LOCATED IN WALKERSVILLE, MARYLAND, ALSO FEATURES HAVENCOURT, A 36-BED

ALZHEIMER'S CARE UNIT THAT OFFERS SECURITY, COMFORT AND CARE FOR LOVED

ONES WHO SUFFER FROM DEMENTIA. PROFESSIONALLY TRAINED STAFF CAN ALSO

MANAGE CHALLENGING BEHAVIORS, WHILE AT THE SAME TIME ENRICHING THE

LIVES OF EACH RESIDENT. AT GLADE VALLEY NURSING AND REHABILITATION

CENTER, A TEAM OF SKILLED NURSES AND GERIATRIC NURSING ASSISTANTS

PROVIDES AROUND-THE-CLOCK NURSING AND PERSONAL CARE ASSISTANCE TO EACH

RESIDENT. PSYCHIATRIC COUNSELING SERVICES, X-RAY AND ELECTRO-CARDIOGRAM

(EKG) SERVICES ARE ALSO AVAILABLE.

SHADY GROVE NURSING & REHABILITATION CENTER IS A 130-BED FACILITY

LOCATED IN MONTGOMERY COUNTY ON THE MEDICAL CAMPUS NEXT TO SHADY GROVE

ADVENTIST HOSPITAL IN THE HEART OF ROCKVILLE. A VARIETY OF OPTIONS FOR

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CARE ARE AVAILABLE TO LOVED ONES INCLUDING LONG TERM, SHORT TERM,  
HOSPICE, AND RESPITE CARE. LOCATED ON THE SHADY GROVE NURSING AND  
REHABILITATION CENTER CAMPUS IS KINGSHIRE MANOR ASSISTED LIVING. WITHIN  
KINGSHIRE MANOR, RESIDENTS RECEIVE PERSONAL CARE IN AN INTIMATE  
SETTING, WITH LICENSED NURSING STAFF AVAILABLE 24 HOURS A DAY. THE  
MEDICAL STAFF IS ABLE TO MANAGE AND ACCOMMODATE SPECIAL MEDICAL NEEDS,  
INCLUDING COLOSTOMY CARE AND TUBE FEEDING.  
SPRINGBROOK NURSING & REHABILITATION CENTER, A 91-BED FACILITY LOCATED  
IN SILVER SPRING, MARYLAND, IN-HOUSE DIALYSIS IN ADDITION TO THE SHORT  
TERM REHABILITATION AND LONG TERM CARE SERVICES, SPRINGBROOK FEATURES  
INPATIENT DIALYSIS RESIDENT CARE AND AN ON-SITE HEMODIALYSIS CENTER.  
THE CENTER PROVIDES DIALYSIS FOR SPRINGBROOK NURSING AND REHABILITATION  
CENTER RESIDENTS AND OUTPATIENT SERVICES FOR INDIVIDUALS IN THE  
COMMUNITY WHO REQUIRE ONGOING TREATMENT FOR END-STAGE RENAL DISEASE.  
WITH SERVICES PROVIDED SIX DAYS PER WEEK AND THREE SHIFTS PER DAY,  
PATIENTS CAN RECEIVE THE CARE THAT THEY NEED WITH THE ATTENTION THAT  
THEY DESERVE. THE DIALYSIS CENTER IS STAFFED BY CERTIFIED DIALYSIS  
TECHNICIANS AND REGISTERED DIALYSIS NURSES. WASHINGTON NEPHROLOGY  
ASSOCIATES PROVIDE PHYSICIAN MEDICAL COVERAGE. THERE IS A DIRECTOR OF  
NURSING, SOCIAL WORKER, AND REGISTERED DIETICIAN ON SITE. MEDICARE,  
MEDICAID, AND OTHER INSURANCES ARE ACCEPTED. CABLE TELEVISION AND  
INTERNET ACCESS ARE AT THE TREATMENT STATIONS. THERE ARE COMMUNITY  
EDUCATION SEMINARS HELD ON A REGULAR BASIS.

ADVENTIST HEALTHCARE'S NURSING AND REHABILITATION CENTERS ALSO INCLUDE  
SLIGO CREEK NURSING AND REHABILITATION CENTER, A 102-BED FACILITY

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LOCATED ADJACENT TO WASHINGTON ADVENTIST HOSPITAL IN TAKOMA PARK,  
MARYLAND; BRADFORD OAKS NURSING AND REHABILITATION CENTER, A 180-BED  
FACILITY LOCATED IN CLINTON, MARYLAND

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

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

FOR ANY NUMBER OF REASONS, RECEIVING CARE AT HOME-WHETHER FOR ONGOING  
TREATMENT OR RECOVERING AFTER A HOSPITAL STAY -- CAN LIFT A PATIENT'S  
SPIRITS AND RECOVERY. SINCE 1973, ADVENTIST HOME HEALTH, A MEMBER OF  
ADVENTIST HEALTHCARE, HAS BROUGHT HEALING HOME WITH COMPREHENSIVE  
SKILLED SERVICES AND COMPASSIONATE CARE. IN 1983 WE EXPANDED OUR HOME  
CARE DIVISION TO INCLUDE ADVENTIST HOME ASSISTANCE, WHICH PROVIDES  
PRIVATE DUTY NURSING SERVICES AND PERSONAL CARE FOR PATIENTS THAT  
REQUIRE ASSISTANCE TO STAY INDEPENDENT IN THEIR HOME. ADVENTIST CHOICE

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NURSING WAS ESTABLISHED IN 1995 TO OFFER A COST EFFECTIVE OPTION FOR  
PRIVATE DUTY AND SKILLED NURSING SERVICES.

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

OUR HOME HEALTH SERVICES INCLUDE:

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

REHABILITATION SERVICES: PHYSICAL THERAPY, OCCUPATIONAL THERAPY,  
SPEECH THERAPY

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

THE GOALS OF THE PROGRAMS ARE TO HELP PATIENTS RECOVER AND FUNCTION AS  
INDEPENDENTLY AS POSSIBLE IN THEIR HOMES. OUR NURSES, THERAPISTS AND  
SOCIAL WORKERS COLLABORATE WITH REFERRING PHYSICIANS AND PROVIDERS -  
AND WORK CLOSELY WITH FAMILIES - TO DEVELOP THE BEST COURSE OF HOME  
TREATMENT FOR PATIENTS. THE AIM IS TO INCREASE PATIENT AND CAREGIVER  
KNOWLEDGE OF THE DISEASE AND RECOVERY PROCESS; ENSURE THAT THE PATIENT  
AND CAREGIVER COMPLY WITH THE MEDICATION REGIMEN AND REHABILITATION

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PROGRAM; ASSIST HOSPITALS AND PHYSICIANS IN DECREASING A PATIENT'S

LENGTH OF STAY AND TO DECREASE THE INCIDENCE OF A PATIENT'S

HOSPITALIZATION AND NEED FOR EMERGENCY CARE.

ADULT NURSING SERVICES PROVIDE SUPPORT FOR COMMONLY TREATED CONDITIONS

SUCH AS DIABETES MELLITUS, CORONARY ARTERY DISEASE (CAD), CONGESTIVE

HEART FAILURE (CHF), CHRONIC OBSTRUCTIVE LUNG DISEASE (COPD), DECUBITUS

CARE, POST-SURGICAL WOUND CARE, OSTOMY CARE, FEEDING TUBES AND

INDWELLING URINARY CATHETERS. OUR ADULT NURSING SERVICES INCLUDE

ASSESSMENT OF THESE CONDITIONS, CARE AND INSTRUCTION ON THE MANAGEMENT

OF THESE CONDITIONS SO THAT PATIENTS AND FAMILIES OR CAREGIVERS CAN

FOLLOW THE MEDICAL PLAN AT HOME.

ADVENTIST HOME HEALTH HAS BEEN PROVIDING SERVICES TO NEW MOTHERS AND

NEWBORNS IN OUR COMMUNITY FOR OVER 20 YEARS. OUR PROGRAM IS AVAILABLE

TO MOTHERS PRIOR TO AND FOLLOWING DELIVERY AND THEIR HOSPITAL STAY, AND

INCLUDES PROMPT TELEPHONE REPORTS TO THE PHYSICIAN REGARDING

COMPLICATIONS. MATERNAL/CHILD SERVICES INCLUDE MATERNAL ASSESSMENT

SERVICES, NEWBORN ASSESSMENT SERVICES, AND MATERNAL/CHILD SPECIALTY

SERVICES. THESE INCLUDE A RANGE OF PRENATAL TO POST-NATAL AREAS RANGING

FROM ASSESSMENT AND TEACHING FOR HIGH-RISK OBSTETRIC PATIENTS TO

BREASTFEEDING ASSISTANCE PROVIDED BY CERTIFIED LACTATION CONSULTANTS.

PEDIATRIC NURSING BY EXPERIENCED PEDIATRIC REGISTERED NURSES PROVIDE

CARE FOR THE SMALLEST AMONG US WHO NEED SPECIAL - AND HIGHLY

SPECIALIZED - HEALTH CARE SERVICES. ADVENTIST HOME HEALTH HAS BEEN

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PROVIDING PEDIATRIC HOME CARE TO FAMILIES FOR MORE THAN 15 YEARS. EACH PATIENT RECEIVES AN INDIVIDUALIZED PLAN OF CARE DEVELOPED UNDER THE DIRECTION OF A PHYSICIAN. COMMONLY TREATED CONDITIONS INCLUDE OREMATURITY, BRONCHOPULMONARY DYSPLASIA (BPD), APNEA, REFLUX, CONGENITAL SYNDROMES, DEVELOPMENTAL DELAYS CARDIAC ANOMALIES, AND OTHER CONDITIONS IN ADDITION TO A TOTAL NURSING ASSESSMENT, INCLUDING GROWTH PARAMETERS, VITAL SIGNS AND PHYSICAL ASSESSMENT.

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

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

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INSTRUCTION SO THAT PATIENTS MAY RECOVER AT HOME.

QUALIFIED MEDICAL SOCIAL WORKERS OR SUPERVISED SOCIAL WORK ASSISTANTS

ARE AVAILABLE IN ACCORDANCE WITH THE PLAN OF CARE. MEDICAL SOCIAL

SERVICES INCLUDE: PREPARATION OF CLINICAL AND PROGRESS NOTES; WORKING

WITH THE PATIENT'S FAMILY; IDENTIFYING AND USING COMMUNITY RESOURCES;

PARTICIPATION IN DISCHARGE PLANNING. PATIENTS QUALIFYING FOR MEDICAL

SOCIAL SERVICES INCLUDE STROKE, CANCER, AIDS AND ALZHEIMER'S PATIENTS;

TERMINALLY ILL PATIENTS; AND THOSE WITH A HISTORY OF PSYCHIATRIC OR

EMOTIONAL PROBLEMS.

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NUTRITIONAL SCREENING AND SERVICES HELP TO IDENTIFY PATIENTS WHO ARE AT

RISK FOR POOR NUTRITIONAL HEALTH, AND TO IDENTIFY PATIENTS WHOSE

OVERALL NUTRITIONAL HEALTH COULD BE IMPROVED. NUTRITIONAL COUNSELING IS

ALSO PROVIDED. OUR STAFF USE A NUTRITIONAL SCREENING TOOL PATIENT

CLASSIFICATION SYSTEM TO ASSESS A PATIENT'S NUTRITIONAL CONDITION.

PATIENTS QUALIFYING FOR NUTRITIONAL SERVICES INCLUDE: DIABETIC

PATIENTS; THOSE WITH CANCER OR AIDS; PATIENTS WITH ORAL-MOTOR PROBLEMS

THAT COMPROMISE THE QUALITY OF FOOD INTAKE; THOSE WITH FEEDING TUBES

USED AS A PARTIAL OR SOLE SOURCE OF NUTRITIONAL SUPPORT.

ADVENTIST HOME HEALTH IS A STATE-LICENSED HOME HEALTH AGENCY AND IS

CERTIFIED BY MEDICARE. IT IS ACCREDITED BY THE COMMUNITY HEALTH

ACCREDITATION PROGRAM (CHAP), AN INDEPENDENT, NON-PROFIT ACCREDITING

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BODY WHOSE PURPOSE IS "TO OBJECTIVELY VALIDATE THE EXCELLENCE OF  
COMMUNITY HEALTH CARE PRACTICE THROUGH CONSISTENT MEASUREMENT OF THE  
DELIVERY OF QUALITY SERVICES."

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

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

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ADVENTIST REHAB OFFERS SPECIALIZED INPATIENT AND OUTPATIENT TREATMENT

FOR PERSONS WITH FUNCTIONAL LIMITATIONS, CARING FOR PATIENTS 18 AND

OLDER AND, UNDER SPECIAL CIRCUMSTANCES, EMANCIPATED MINORS. OUR MANY

REHABILITATION PROGRAMS AND SERVICES INCLUDE:

ACUTE INPATIENT REHABILITATION

SPINAL CORD INJURY

AMPUTEE PROGRAM STROKE

BRAIN INJURY

ORTHOPEDIC PROGRAMS

ORTHOPEDIC REHABILITATION

PROSTHETICS & ORTHOTICS

OUTPATIENT SERVICES

DRIVER REHABILITATION PROGRAM

LYMPHEDEMA THERAPY

JOINT REPLACEMENT PROGRAM

SEATING & MOBILITY CLINIC

LEE SILVERMAN VOICE TREATMENT (LSVT) SPEECH LANGUAGE & SWALLOWING

THERAPY

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND IS THE ONLY HOSPITAL IN

THE D.C. METROPOLITAN AREA AND THE THIRD IN THE NATION TO EARN A

SPECIALTY ACCREDITATION IN AMPUTEE REHABILITATION FROM THE COMMISSION

ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) INTERNATIONAL.

CARF INTRODUCED ITS AMPUTEE SPECIALTY STANDARDS IN JULY 2007 WITH INPUT

FROM THE AMPUTEE COALITION OF AMERICA (ACA), VETERANS HEALTH

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ADMINISTRATION, DEPARTMENT OF DEFENSE, AMERICAN ACADEMY OF ORTHOTISTS &  
PROSTHETISTS, AND PERSONS WITH LIMB LOSS. THE STANDARDS, WHICH BECAME  
EFFECTIVE IN JANUARY 2008, REQUIRE ACCREDITED AMPUTEE PROGRAMS TO  
PROVIDE A HOLISTIC, INTERDISCIPLINARY TEAM APPROACH TO CARE AND TO  
OFFER POST-CARE ASSISTANCE IN TRANSITIONING BACK TO THE COMMUNITY.  
  
OUR ACUTE INPATIENT REHABILITATION PROGRAM IS RUN BY A TEAM OF  
REHABILITATION EXPERTS WHO WILL GUIDE YOU ALONG A PRACTICAL AND  
PERSONAL TREATMENT PROGRAM FOCUSED ON INCREASING SELF-RELIANCE AND  
GAINING INDEPENDENCE. THE TEAM IS LED BY A PHYSIATRIST, A MEDICAL  
DOCTOR WHO SPECIALIZES IN PHYSICAL REHABILITATION. WE PROVIDE  
SPECIALIZED REHABILITATION NURSING 24 HOURS A DAY, SEVEN DAYS A WEEK.  
THERAPY SERVICES INCLUDE PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH  
LANGUAGE PATHOLOGY, AND RECREATIONAL THERAPY.  
  
THE SPINAL CORD INJURY PROGRAM ADDRESSES BOTH TRAUMATIC SPINAL CORD  
INJURIES RESULT FROM A FALL OR SOME KIND OF ACCIDENT, AND NON-TRAUMATIC  
SPINAL CORD INJURIES THAT RESULT FROM A STROKE AND DISRUPTION TO THE  
SPINAL CORD, TUMOR ON SPINAL CORD, OR INFECTION. AGAIN, A TEAM APPROACH  
TO PUT TOGETHER AN INTERDISCIPLINARY PLAN OF CARE HELPS THE PATIENT ON  
THE ROAD TO RECOVERY.

ADVENTIST REHABILITATION'S AMPUTEE PROGRAM UTILIZES AN  
INTERDISCIPLINARY TEAM APPROACH TO HELP POST-AMPUTEE PATIENTS TO ADJUST  
PHYSICALLY AND PSYCHOLOGICALLY AFTER THE LOSS OF A LIMB AND RESUME  
ACTIVE AND PRODUCTIVE LIVES. INDIVIDUALS MAY BE TREATED AS INPATIENTS

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OR OUTPATIENTS, DEPENDING ON THEIR PERSONAL NEEDS. PATIENTS WORK TO  
IMPROVE STRENGTH, COORDINATION AND ENDURANCE AND ALSO LEARN PROPER  
WOUND CARE. WHEN READY, OUR PATIENTS ARE PRESCRIBED PROSTHETIC DEVICES  
THAT ARE BOTH FUNCTIONAL AND COMFORTABLE TO WEAR. ONCE TINED WITH A NEW  
LIMB, THE PATIENT LEARNS TO USE THE PROSTHESIS WITH CONFIDENCE AND TO  
INCORPORATE IT INTO DAILY LIFE.

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

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OTHER PROGRAMS OFFERED INCLUDE A STROKE PROGRAM FOR RECOVERING STROKE

PATIENTS TO TAKE PART IN AN INTENSIVE COURSE OF INTEGRATED THERAPY AND

MEDICAL MANAGEMENT. THE OBJECTIVE IS TO RESTORE MOVEMENT, IMPROVE

SPEECH, TEACH SELF CARE AND HOME CARE SKILLS AND IMPROVE COGNITIVE AND

MEMORY FUNCTIONS. STROKE PATIENTS AND THEIR FAMILIES WILL BE GUIDED

THROUGH A PATIENT-FOCUSED, COMPREHENSIVE, AND OUTCOME-ORIENTED STROKE

PROGRAM BY A CARING, COMPETENT TEAM OF HEALTHCARE PROFESSIONALS.

THE ORTHOPEDIC REHABILITATION PROGRAM IS DESIGNED FOR THOSE WHO HAVE

UNDERGONE A TOTAL HIP OR KNEE REPLACEMENT OR HAVE SUSTAINED TRAUMA TO

BONES OR JOINTS. THE PROGRAM FOCUSES ON HELPING PATIENTS REGAIN THEIR

STRENGTH, MOBILITY, ENDURANCE AND RANGE OF MOTION.

THE DRIVER REHABILITATION PROGRAM DETERMINES WHETHER IT IS SAFE FOR THE

CLIENT TO CONTINUE DRIVING FOLLOWING AN INJURY/ILLNESS OR AGE RELATED

CHANGES. A DRIVING PROGRAM MAY INCLUDE A CLINICAL EVALUATION WHICH

INCLUDES AN ASSESSMENT OF VISION, VISUAL PERCEPTION, COGNITION,

REACTION TIME, AND MOTOR SKILLS RELATED TO DRIVING. IT MAY ALSO INCLUDE

A BEHIND-THE-WHEEL EVALUATION, IN ADDITION TO TRAINING CONDUCTED BY AN

OCCUPATIONAL THERAPIST WHO SPECIALIZES IN DRIVING REHABILITATION.

OUR CERTIFIED LYMPHEDEMA THERAPISTS PROVIDE A COMPLETE DECONGESTIVE

TREATMENT APPROACH FOR PEOPLE SUFFERING FROM LYMPHEDEMA. THIS INVOLVES

A SPECIALIZED MASSAGE TECHNIQUE CALLED MANUAL LYMPH DRAINAGE (MLD),

SKIN AND NAIL CARE, COMPRESSION BANDAGING AND GARMENTS, REMEDIAL

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EXERCISE AND SELF-CARE TRAINING. THE GOAL OF OUR PROGRAM IS TO HELP

INDIVIDUALS REDUCE INCREASE VOLUME RESULTING FROM LYMPHEDEMA, RESTORE

MOBILITY, IMPROVE COSMESIS, PREVENT INFECTION, AND IMPROVE THEIR

QUALITY OF LIFE.

A JOINT REPLACEMENT PROGRAM AT ADVENTIST REHABILITATION CENTER HELPS

PATIENTS TO ACHIEVE GOALS FOR OPTIMAL RESULTS. ONE OF THE IMPORTANT

CRITICAL FACTORS FOR SUCCESSFUL OUTCOMES FOLLOWING KNEE OR HIP

REPLACEMENT FOR PATIENTS IS FOR PATIENTS TO DILIGENTLY FOLLOW THE

PHYSICAL REHABILITATION PROCESS. ADVENTIST REHAB PROVIDES BOTH THE

SUPPORT AND RESOURCES FOR A POSITIVE OUTCOME.

LEE SILVERMAN VOICE TREATMENT (LSVT)-CERTIFIED SPEECH LANGUAGE

PATHOLOGISTS AT ADVENTIST REHABILITATION CENTER CAN COMPLETE A

COMPREHENSIVE ASSESSMENT TO DETERMINE CANDIDACY FOR LSVT. LSVT IS A

HIGHLY EFFECTIVE INTENSIVE SPEECH THERAPY PROGRAM DESIGNED FOR

PARKINSON'S PATIENTS. LSVT IS DESIGNED TO IMPROVE SPEECH AND VOICE

FUNCTION. THE THERAPY TARGETS VOCAL LOUDNESS IN ORDER TO TRIGGER

IMPROVED FUNCTION AND COORDINATION ACROSS THE VARIOUS SUBSYSTEMS OF

SPEECH. LSVT COMBINES MOTOR RETRAINING WITH SENSORY RE-TRAINING TO

ELICIT MAXIMUM OUTCOMES. THE TREATMENT REGIMEN INCLUDES EMPHASIS ON

PATIENT EDUCATION AND CARRYOVER OF GAINS TO DAILY COMMUNICATION

ENVIRONMENTS. THE LSVT PROTOCOL INVOLVES FOUR 1-HOUR THERAPY SESSIONS

PER WEEK FOR 4 WEEKS.

ADVENTIST REHABILITATION HOSPITAL IS BUILT AROUND OUR PATIENTS AND

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Open to Public  
Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC

Employer identification number

52-1532556

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

**Related Organizations and Unrelated Partnerships**

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

<b>Name of the organization</b> ADVENTIST HEALTHCARE, INC	<b>Employer identification number</b> 52-1532556
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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ADVENTIST CANCER CARE, LLC - 26-2515407 1801 RESEARCH BLVD, SUITE 400 ROCKVILLE, MD 20850	OUTPATIENT CANCER CARE	MARYLAND	4,965,735.	8,038,001.	N/A
AHC HOLDINGS I, LLC - 52-1532556 1801 RESEARCH BLVD, SUITE 400 ROCKVILLE, MD 20850	HOLDING COMPANY	DELAWARE	0.	5,400,000.	N/A
AHC HOLDINGS II, LLC - 52-1532556 1801 RESEARCH BLVD, SUITE 400 ROCKVILLE, MD 20850	HOLDING COMPANY	DELAWARE	0.	5,570,774.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ADVENTIST HOME HEALTH SERVICES, INC. - 52-0986808, 1801 RESEARCH BOULEVARD, SUITE 400, ROCKVILLE, MD 20850	HOME HEALTH AGENCY	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE INC.
ADVENTIST PHYSICIAN SERVICES, INC - 20-4600646, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	PHYSICIAN SERVICES	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE INC.
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND - 20-1486678, 9909 MEDICAL CENTER DR., ROCKVILLE, MD 20850	REHABILITATION HOSPITAL	MARYLAND	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC.
ADVENTIST SENIOR LIVING SERVICES - 52-1739959, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	LTC MANAGEMENT	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE INC.

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
LIFEWORX STRATEGY, LLC - 90-0493445, 1801 RESEARCH BOULEVARD, ROCKVILLE, MD 20850	HEALTH & WELLNESS	MD	ADVENTIST HEALTHCARE INC.	RELATED	-317,623.	349,862.	X		N/A	X	
GERMANTOWN OUTPATIENT IMAGING - 20-4395818, 1801 RESEARCH BOULEVARD, ROCKVILLE, MD 20850	OUTPATIENT IMAGING	MD	SHADY GROVE RADIOLOGY CENTER	RELATED	944,675.	1,374,506.		X	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ADVENTIST MANAGEMENT SERVICES, INC - 52-1575694 1801 RESEARCH BOULEVARD, SUITE 400 ROCKVILLE, MD 20850	MANAGEMENT SERVICES	MD	ADVENTIST HEALTH	C CORP	-11,069.	2,280,109.	100.00%
LIFEWORX STRATEGY, INC. - 52-1704500 1801 RESEARCH BOULEVARD, SUITE 400 ROCKVILLE, MD 20850	EMPLOYER ASSISTANCE	MD	ADVENTIST HEALTH	C CORP	5,685.	204,625.	100.00%
PREMIER MEDICAL NETWORK - 52-1952469 1801 RESEARCH BOULEVARD, SUITE 400 ROCKVILLE, MD 20850	JOINT PHYSICIAN CONT	MD	ADVENTIST HEALTH	C CORP	2,133.	14,409.	50.00%

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

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

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

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	X	
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....		X
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....	X	
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION	C	2,000,000.
(2) POTOMAC RIDGE BEHAVIORAL HEALTH FOUNDATION	C	111,987.
(3) WASHINGTON ADVENTIST HOSPITAL FOUNDATION	C	559,954.
(4) ADVENTIST HOME HEALTH SERVICES	K	387,576.
(5) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	K	810,410.
(6) ADVENTIST SENIOR LIVING SERVICES	K	1,818,910.



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BRADFORD OAKS NURSING AND REHABILITATION CENTER - 52-1999975, 7520 SURRATTS ROAD, CLINTON, MD 20735	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	ADVENTIST SENIOR LIVING SERVICES
FAIRLAND NURSING & REHAB CENTER - 52-1876447 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	ADVENTIST SENIOR LIVING SERVICES
GLADE VALLEY NURSING AND REHABILITATION CENTER - 52-1924309, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	ADVENTIST SENIOR LIVING SERVICES
HACKETTSTOWN COMMUNITY HOSPITAL - 22-6106281, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	HOSPITAL	NEW JERSEY	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC.
HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION - 22-2333410, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	FUNDRAISING	NEW JERSEY	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL
MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION - 51-1884153, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	HOLDING COMPANY	MARYLAND	501(C)(3)	LINE 9	GEN CONF 7TH DAY ADVENTIST
POTOMAC RIDGE BEHAVIORAL HEALTH FOUNDATION - 20-5479860, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	ADVENTIST HEALTHCARE INC.
REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN - 52-1255870, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	BEHAVIORAL CARE	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE INC.
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION - 52-1216429, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD 20850	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	ADVENTIST HEALTHCARE INC.
SHADY GROVE NURSING HOME AND REHABILITATION CENTER - 52-1442495, 9701 MEDICAL CENTER DRIVE, ROCKVILLE, MD 20850	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	ADVENTIST SENIOR LIVING SERVICES
GENERAL CONF.OF SEVENTH DAY SLIGO CREEK NURSING & REHABILITATION CENTER, INC, 7525 CARROLL AVENUE, TAKOMA PARK, MD 20912	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	ADVENTIST SENIOR LIVING SERVICES
SPRINGBROOK ADVENTIST NURSING AND REHABILITATION CENTER, INC - 52-1736305, 1801 RESEARCH BLVD SUITE 400, ROCKVILLE, MD	NURSING HOME	MARYLAND	501(C)(3)	LINE 9	ADVENTIST SENIOR LIVING SERVICES





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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) HACKETTSTOWN COMMUNITY HOSPITAL	K	2,757,610.
(8) ADVENTIST HOME HEALTH SERVICES	P	527,187.
(9) GLADE VALLEY NURSING AND REHABILITATION CENTER	P	146,398.
(10) HACKETTSTOWN COMMUNITY HOSPITAL	P	3,378,073.
(11) SHADY GROVE ADVENTIST NURSING & REHAB CENTER	P	164,007.
(12) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	P	1,730,424.
(13) ADVENTIST SENIOR LIVING SERVICES	P	107,009.
(14) HACKETTSTOWN COMMUNITY HOSPITAL	D	37,565,197.
(15) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	D	6,104,344.
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		