

**Washington Adventist Hospital
Application for Certificate of Need
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**Washington Adventist Hospital
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Takoma Park Campus Master Plan

September 5, 2013

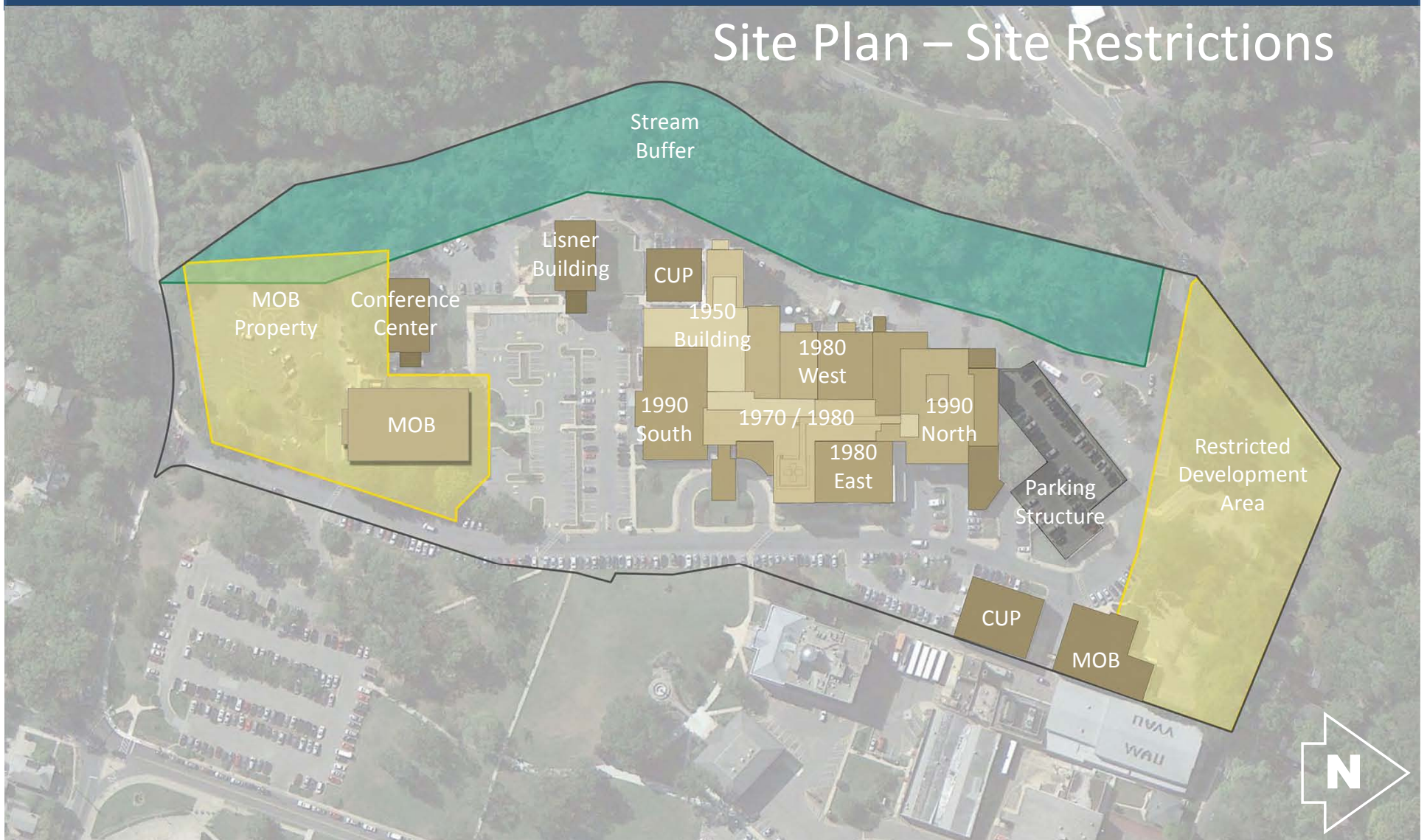
Site Development Planning

Critical Planning Issues

- Available site building area does not support retaining existing low-rise buildings
Current site restricted areas, including stream buffer setback and Pond agreement development restrictions, limits site future development potential
To provide available site building area for medical office and structured parking facilities, future site development will require higher-density building footprints
- Limited building floor to floor heights
10'-9" and 11'-0" floor to floor heights do not support high-acuity services, limiting future repositioning for contemporary acute care healthcare services
- Aging facilities limit asset value of existing facilities
1950 era building is over 60 years old with substantial deferred maintenance and building upgrade issues, providing diminished asset value going forward
1970 era building is approaching 50 years old with substantial deferred maintenance and building upgrade issues, providing diminished asset value going forward

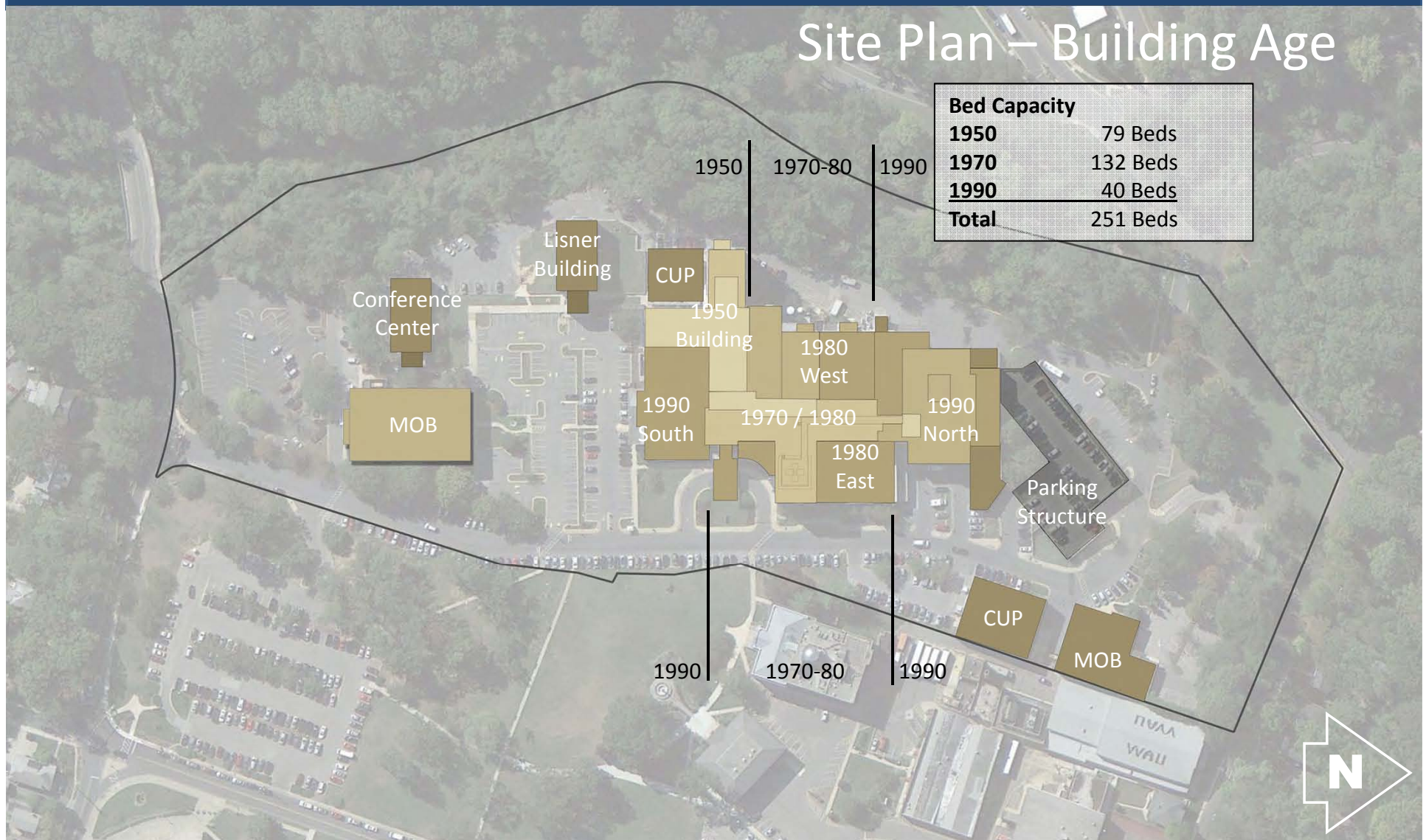
Site Development Planning

Site Plan – Site Restrictions



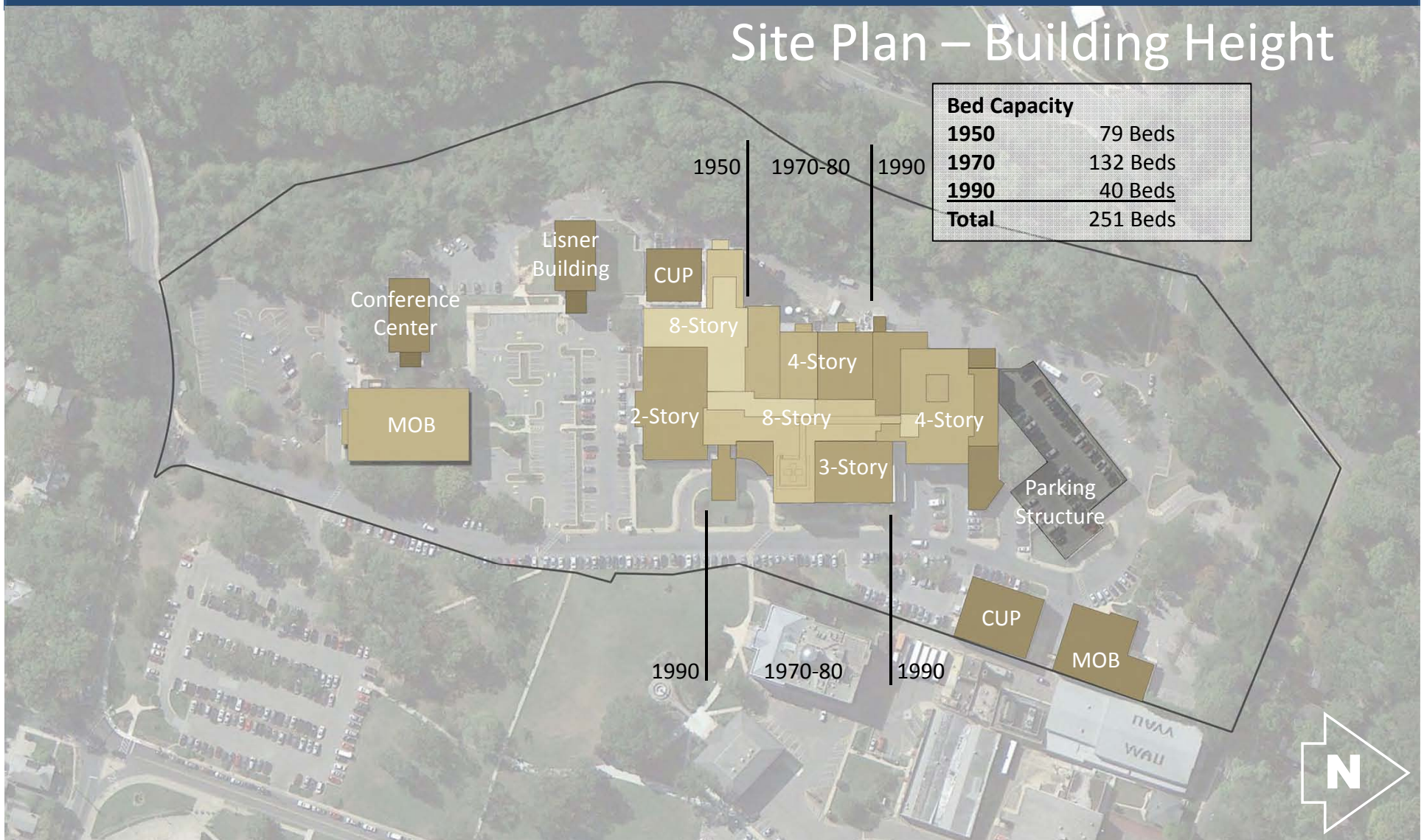
Site Development Planning

Site Plan – Building Age



Site Development Planning

Site Plan – Building Height



Site Development Planning

Development Approach

■ Campus Planning Concept

Long-range institutional campus regeneration requires an “empty chair” site planning approach to facilitate development of replacement facilities while maintaining operations

1990 development on-campus constructed relatively low-rise additions to the main hospital building on both the north and south sides, restricting the ability to economically replace aging assets going forward without disruption to services or loss of services for a period of time

■ Maximize Future Campus Development Potential

To maximize utilization of the limited existing available site area, future site development will require higher-density building footprints

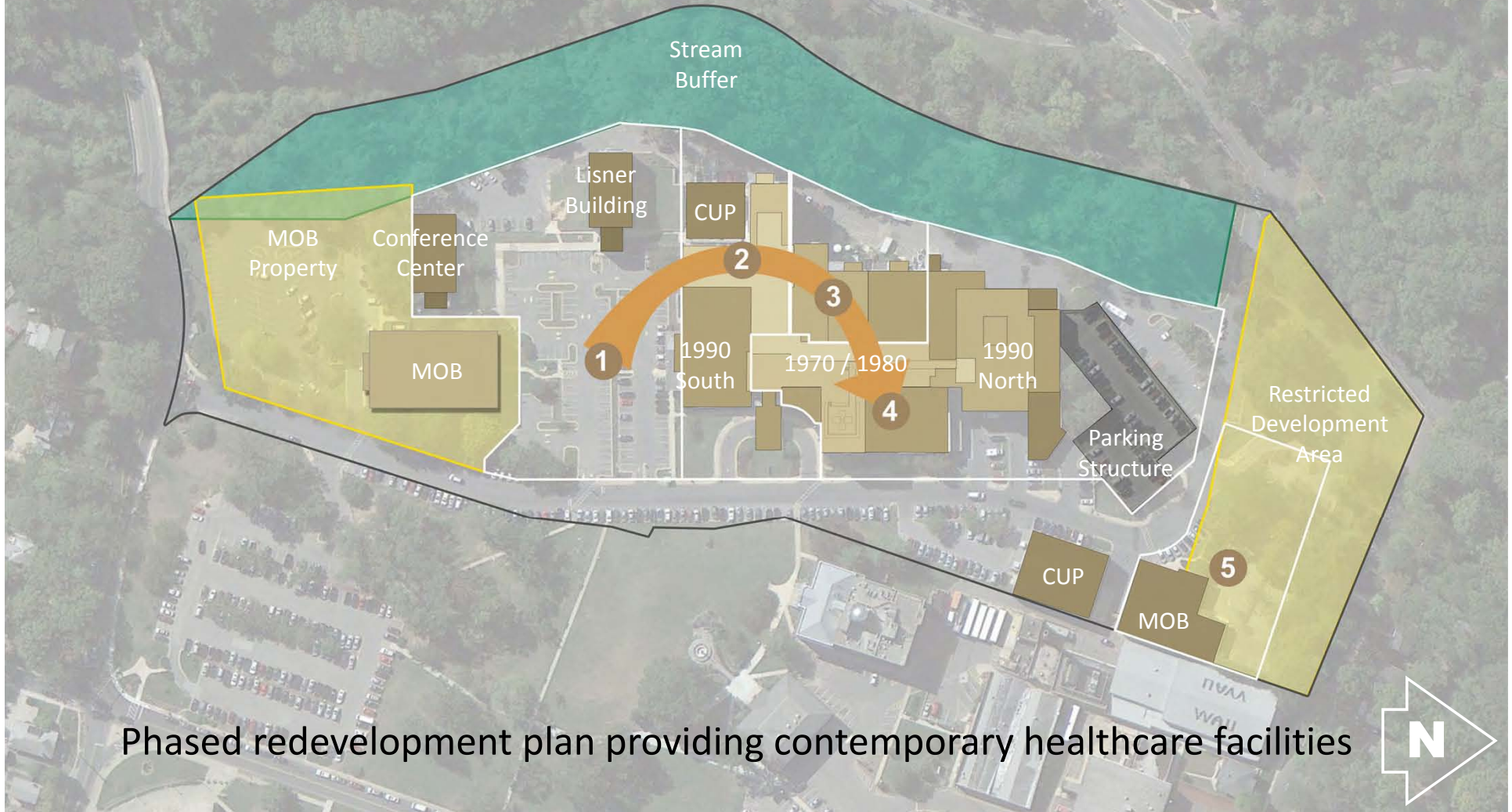
Low-density building areas less than 7-stories include:

- 1980 East & West 4-story additions
- 1990 South 2-story addition
- 1990 North 4-story addition

These building areas are considered to provide limited asset value going forward

Site Development Planning

Development Approach



Phased redevelopment plan providing contemporary healthcare facilities

Site Development Planning

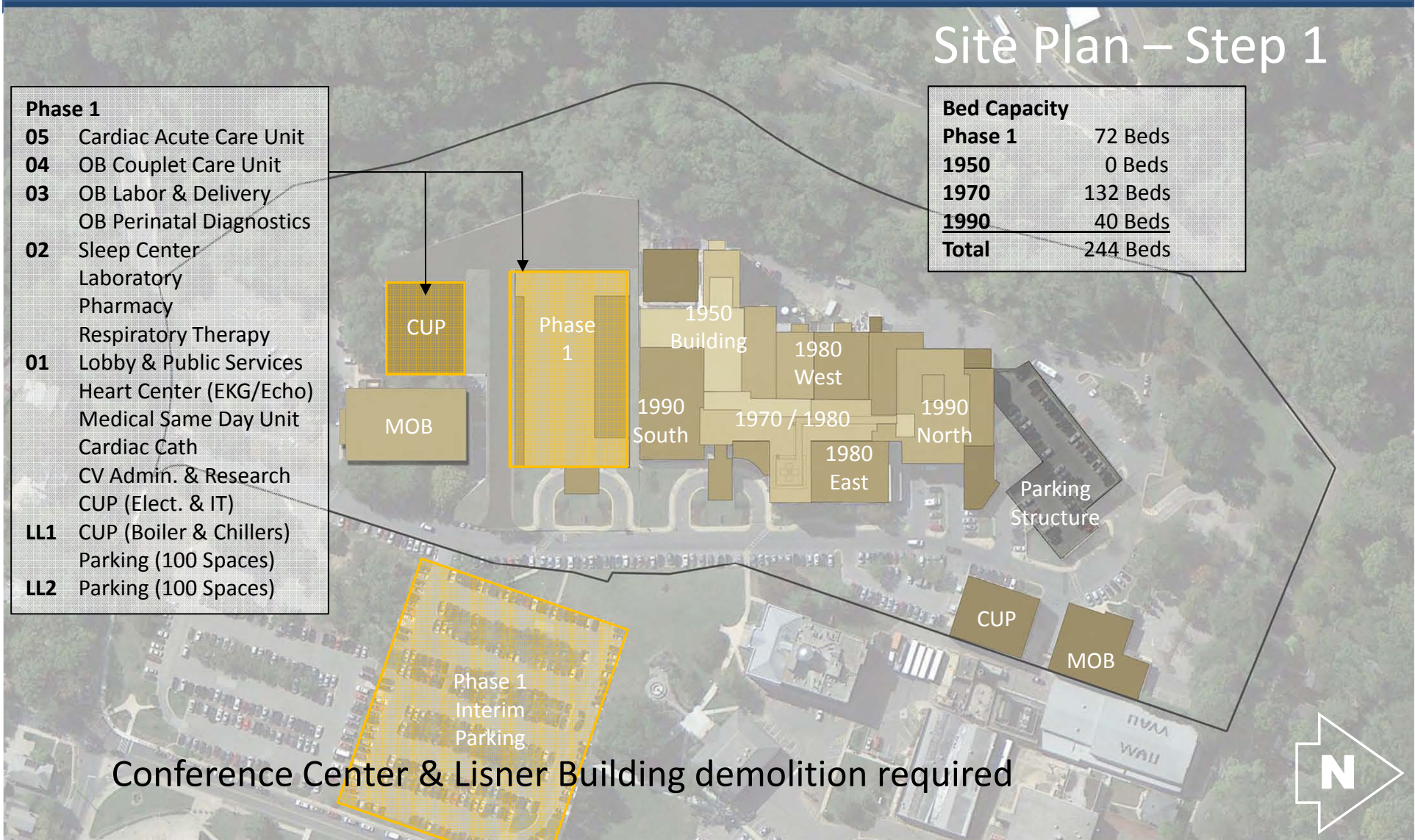
Site Plan – Step 1

Phase 1

- 05** Cardiac Acute Care Unit
- 04** OB Couplet Care Unit
- 03** OB Labor & Delivery
OB Perinatal Diagnostics
- 02** Sleep Center
Laboratory
Pharmacy
Respiratory Therapy
- 01** Lobby & Public Services
Heart Center (EKG/Echo)
Medical Same Day Unit
Cardiac Cath
CV Admin. & Research
CUP (Elect. & IT)
- LL1** CUP (Boiler & Chillers)
Parking (100 Spaces)
- LL2** Parking (100 Spaces)

Bed Capacity

Phase 1	72 Beds
1950	0 Beds
1970	132 Beds
1990	40 Beds
Total	244 Beds



Conference Center & Lisner Building demolition required

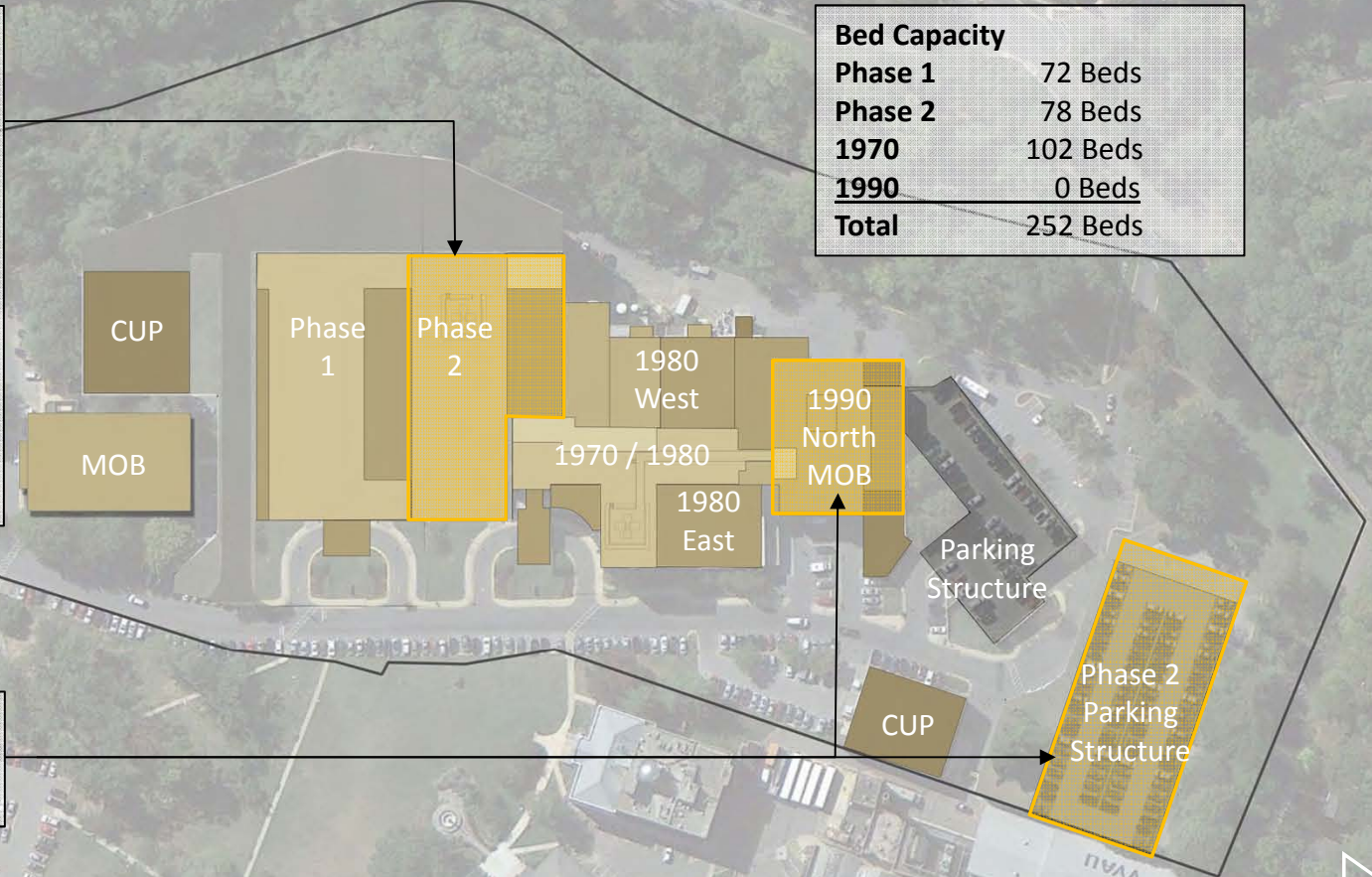
Site Development Planning

Site Plan – Step 2

- Phase 2**
- 05** General Acute Care Unit
 - 04** Critical Care Unit
 - 03** OB Couplet Care Unit
 - 02** Surgical Suite
SDS & PACU
GI Endoscopy
 - 01** Lobby & Public Services
Central Admitting / (PAT)
Radiology
 - LL1** Emergency Services
 - LL2** Dietary Services
Support Services

Bed Capacity	
Phase 1	72 Beds
Phase 2	78 Beds
1970	102 Beds
1990	0 Beds
Total	252 Beds

- Phase 2**
- 1990 Bldg. Renovations
 - Parking Structure



1950 Building & 1990 South Wing building demolition required

Site Development Planning

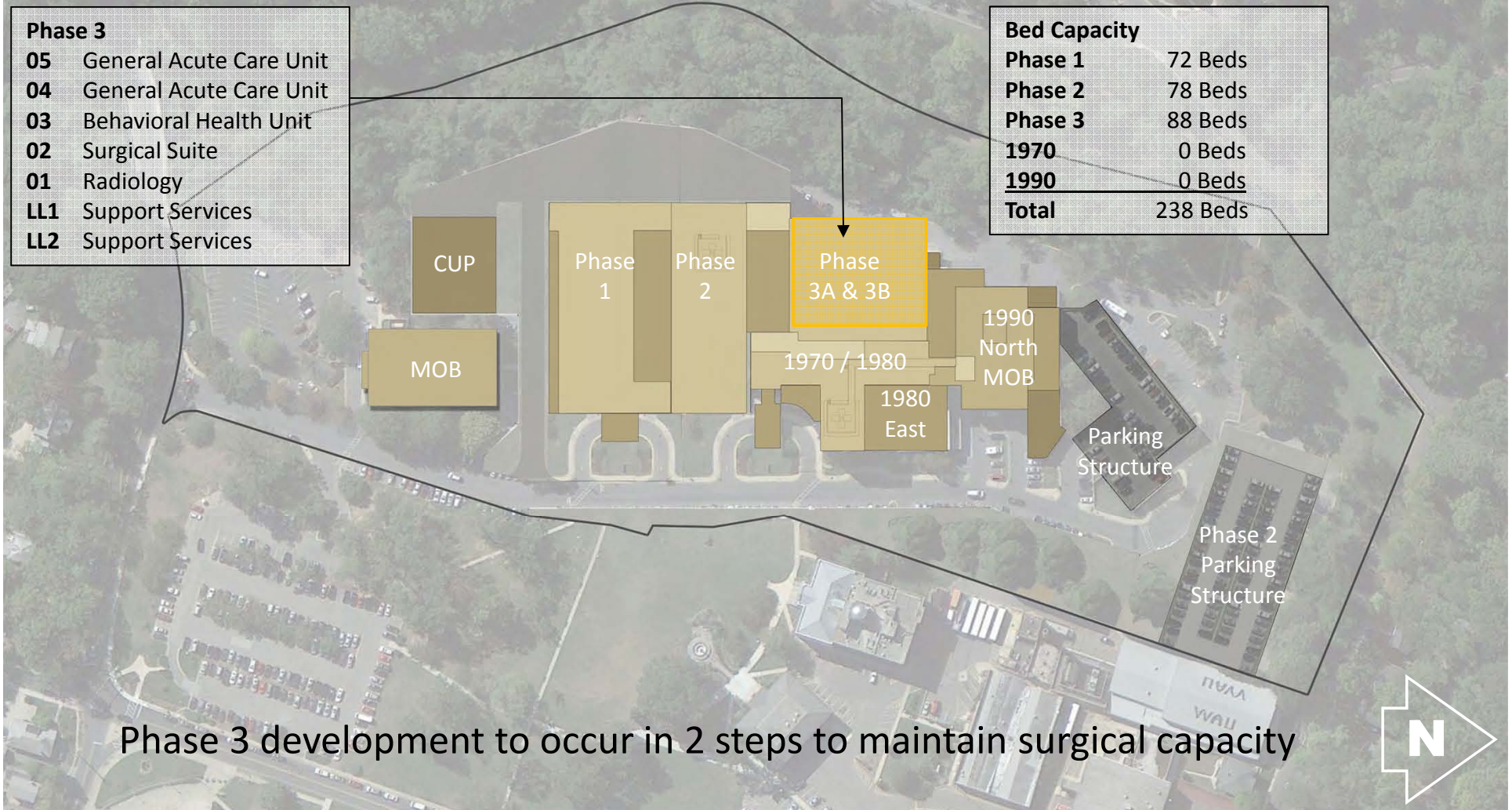
Site Plan – Step 3

Phase 3

- 05 General Acute Care Unit
- 04 General Acute Care Unit
- 03 Behavioral Health Unit
- 02 Surgical Suite
- 01 Radiology
- LL1 Support Services
- LL2 Support Services

Bed Capacity

Phase 1	72 Beds
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Total	238 Beds



Site Development Planning

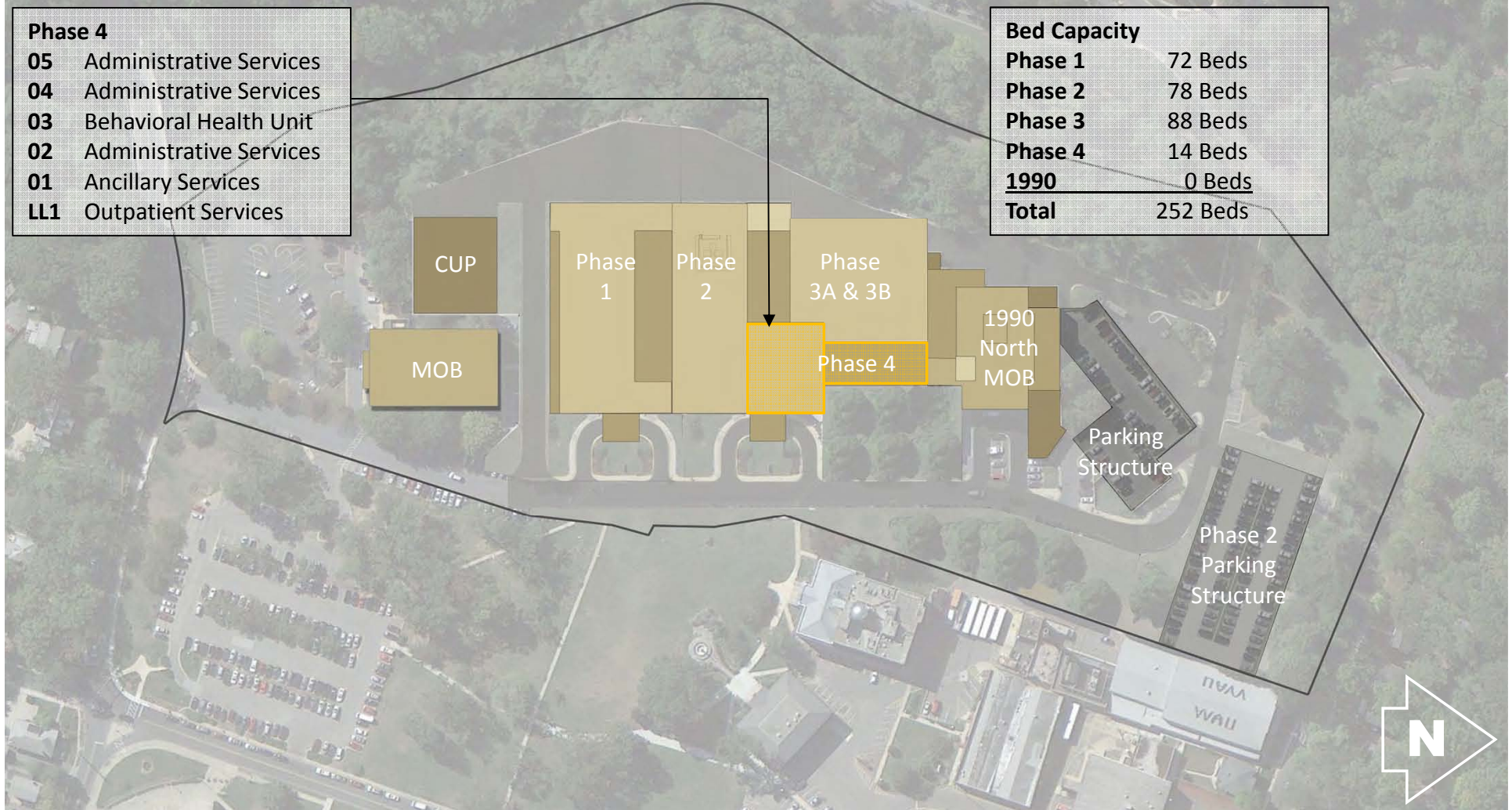
Site Plan – Step 4

Phase 4

- 05 Administrative Services
- 04 Administrative Services
- 03 Behavioral Health Unit
- 02 Administrative Services
- 01 Ancillary Services
- LL1 Outpatient Services

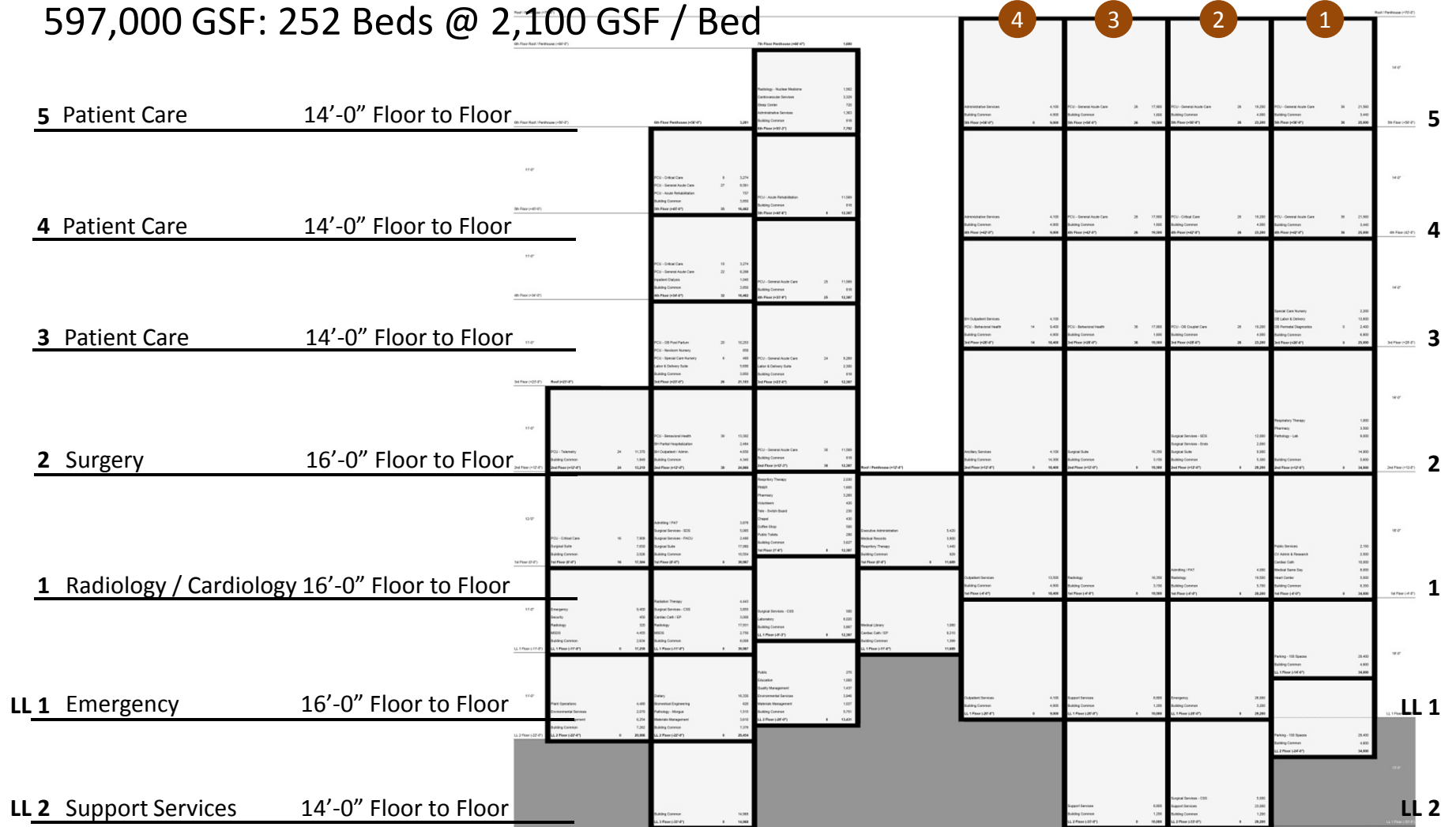
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Site Development Planning

597,000 GSF: 252 Beds @ 2,100 GSF / Bed



Compelling Priorities

- **1950 Building Construction**
10'-9" floor to floor heights do not support high-acuity services such as OB L&D, Clinical Laboratory, Nuclear Medicine and Inpatient Services
Site is critical to providing OB Post-Partum patient care adjacent to Phase 1 L&D Suite
- **Critical Adjacencies**
Priorities include locating emergency services in close proximity to cardiac cath, and locating radiology, surgery & critical care in close proximity to the ED
- **Empty Chair**
Site is planned to accommodate remaining services located in 1980 West Building

Project Scope

- **Interim Development**
Parking relocation to Adventist University leased open site area
- **New Construction**
211,000 gross building area
143,000 hospital building area
68,000 structured parking area
- **Services**
Inpatient Services
 - 72 beds
 - OB Labor & Delivery & Special Care NurseryAncillary Clinical Services
 - Pathology Clinical Laboratory
 - Pharmacy
 - Respiratory Therapy

Critical Phasing Issues

- Education Building
Federally Qualified Health Center (FQHC)
future location unresolved
- Lisner Building
Services located in this building location
unresolved
- Unresolved Hospital Departments
Acute Rehabilitation Hospital
Utilization Review & Quality Management
Risk Management
Coffee Shop
Education Private Dining Room
Environmental Services Linen Distribution

Phase 1 Detail

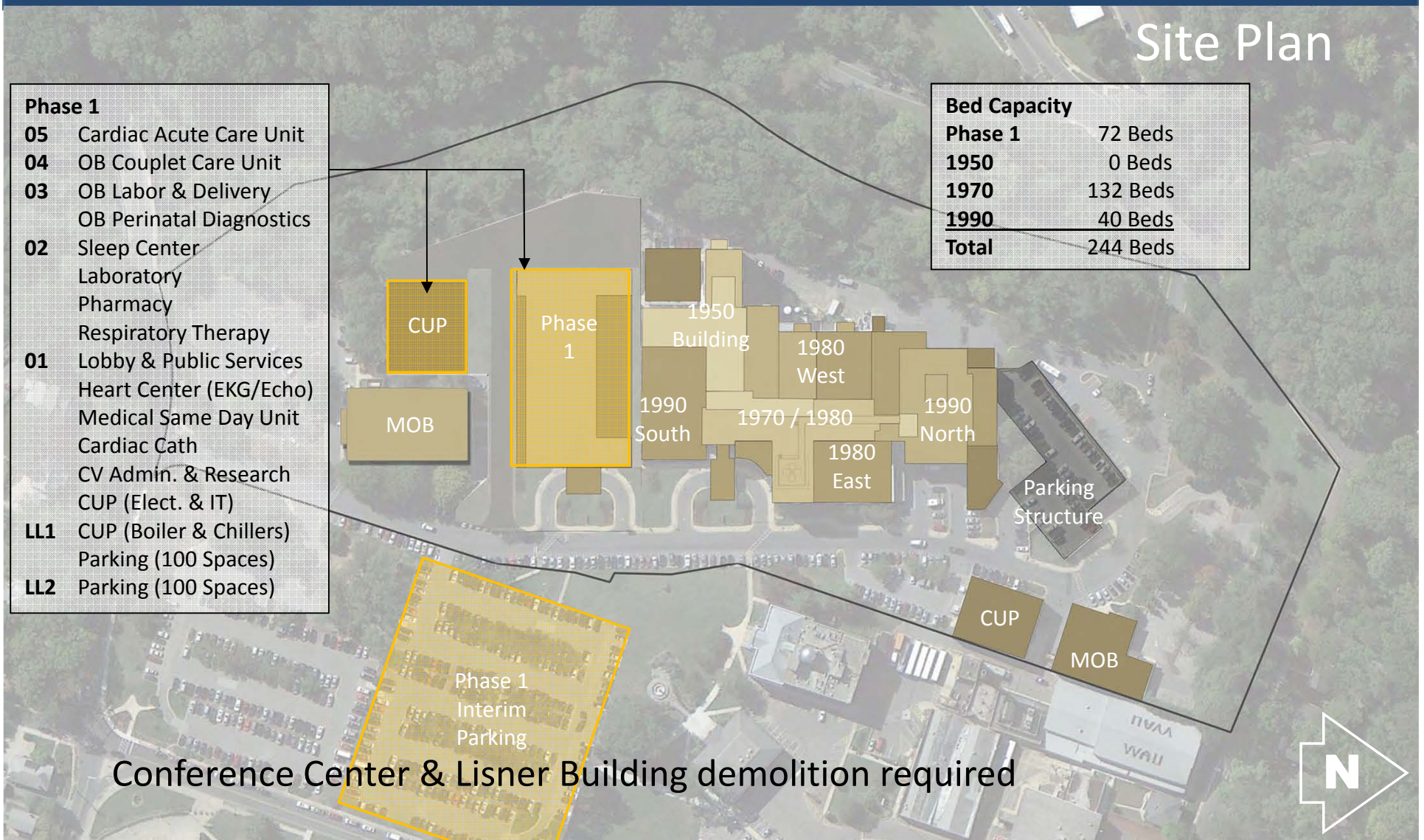
Site Plan

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Bed Capacity

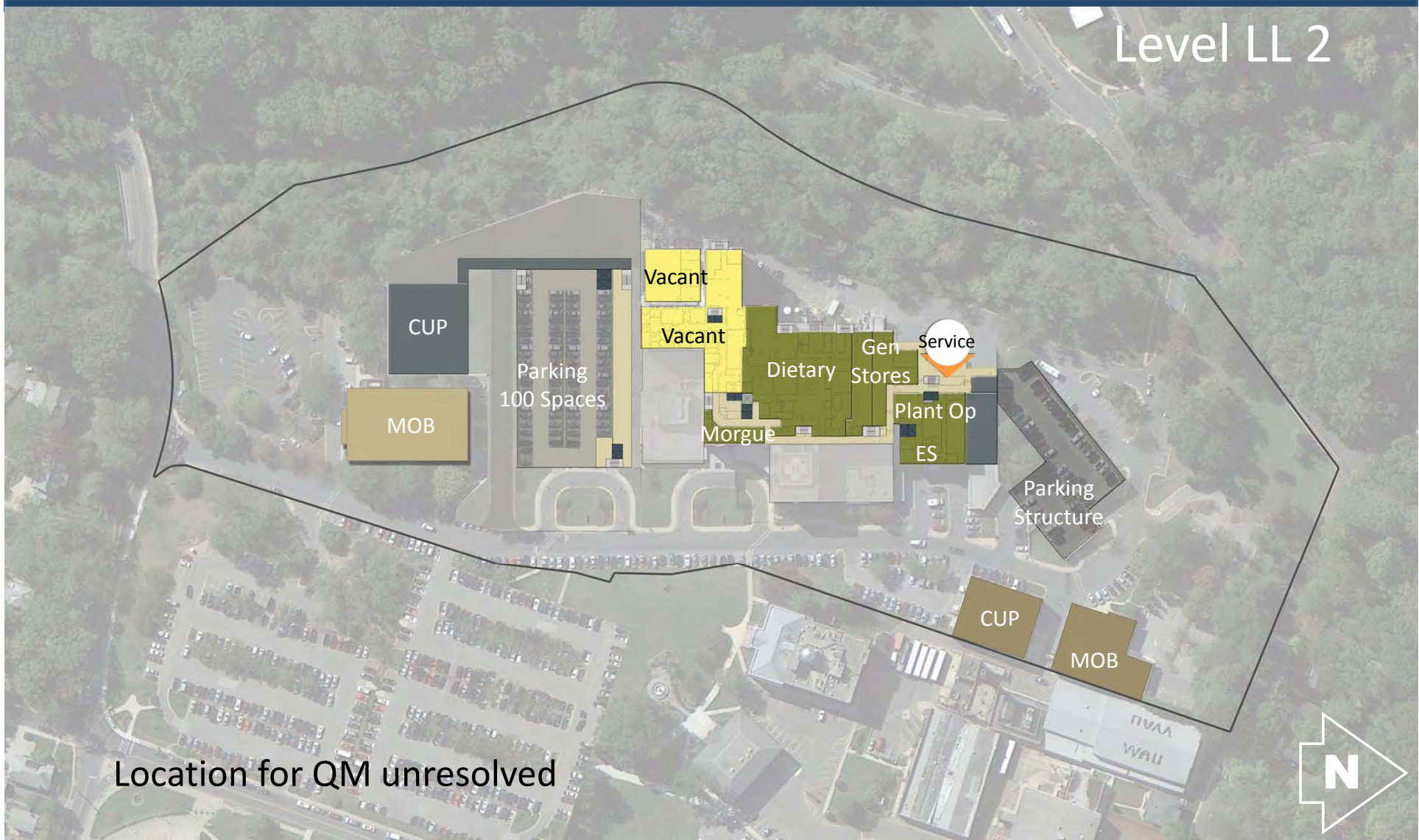
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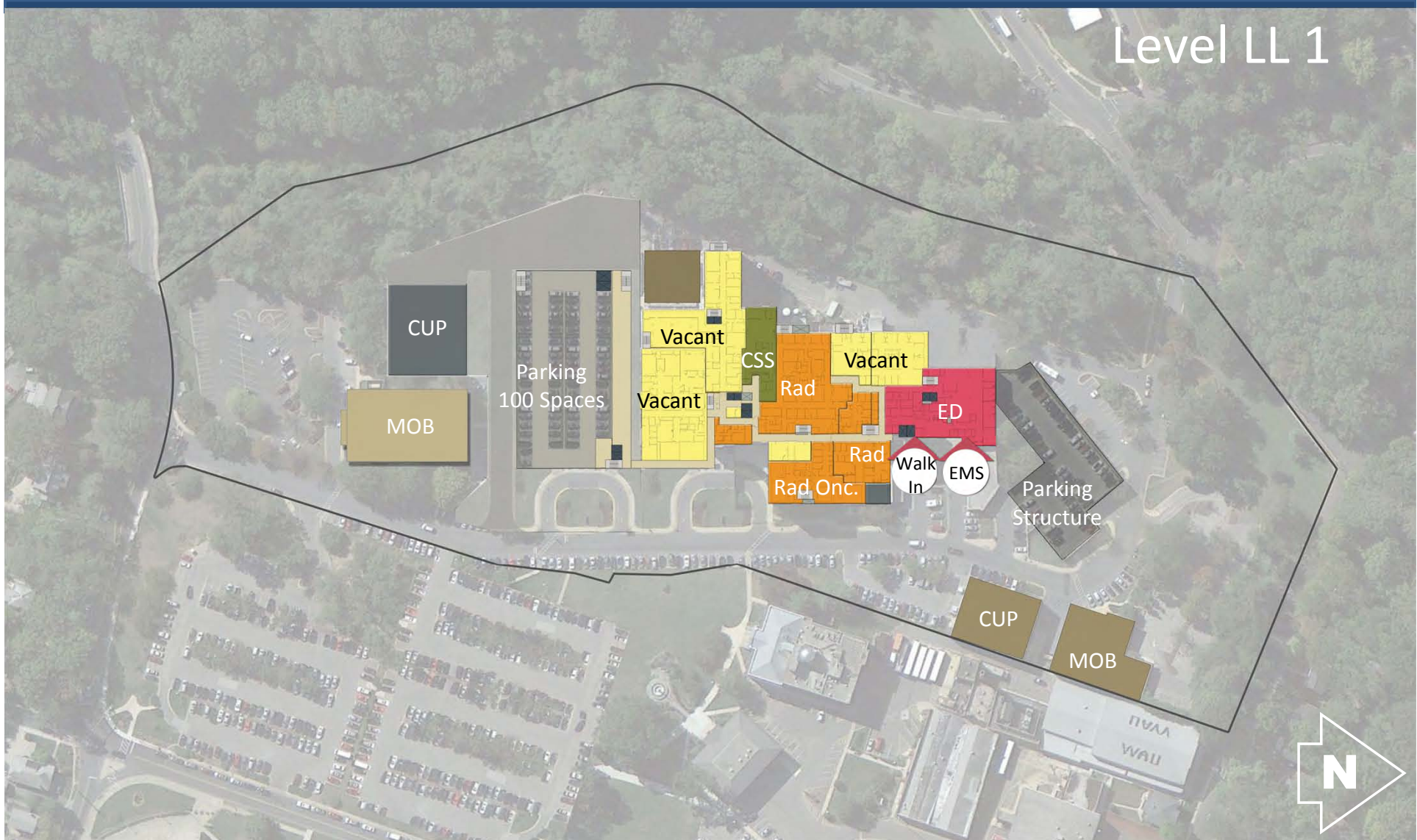
Level LL 2



Location for QM unresolved

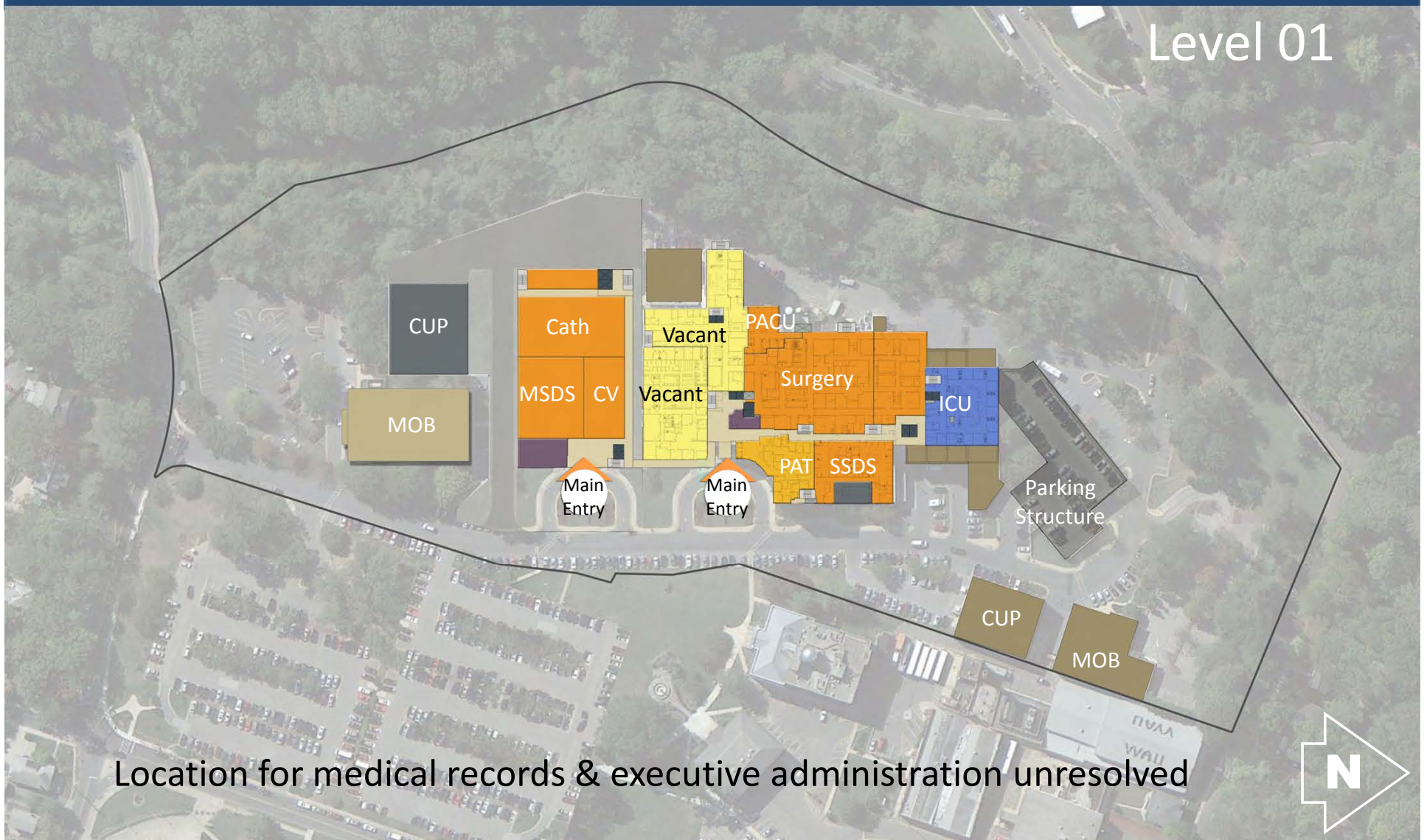
Phase 1 Detail

Level LL 1



Phase 1 Detail

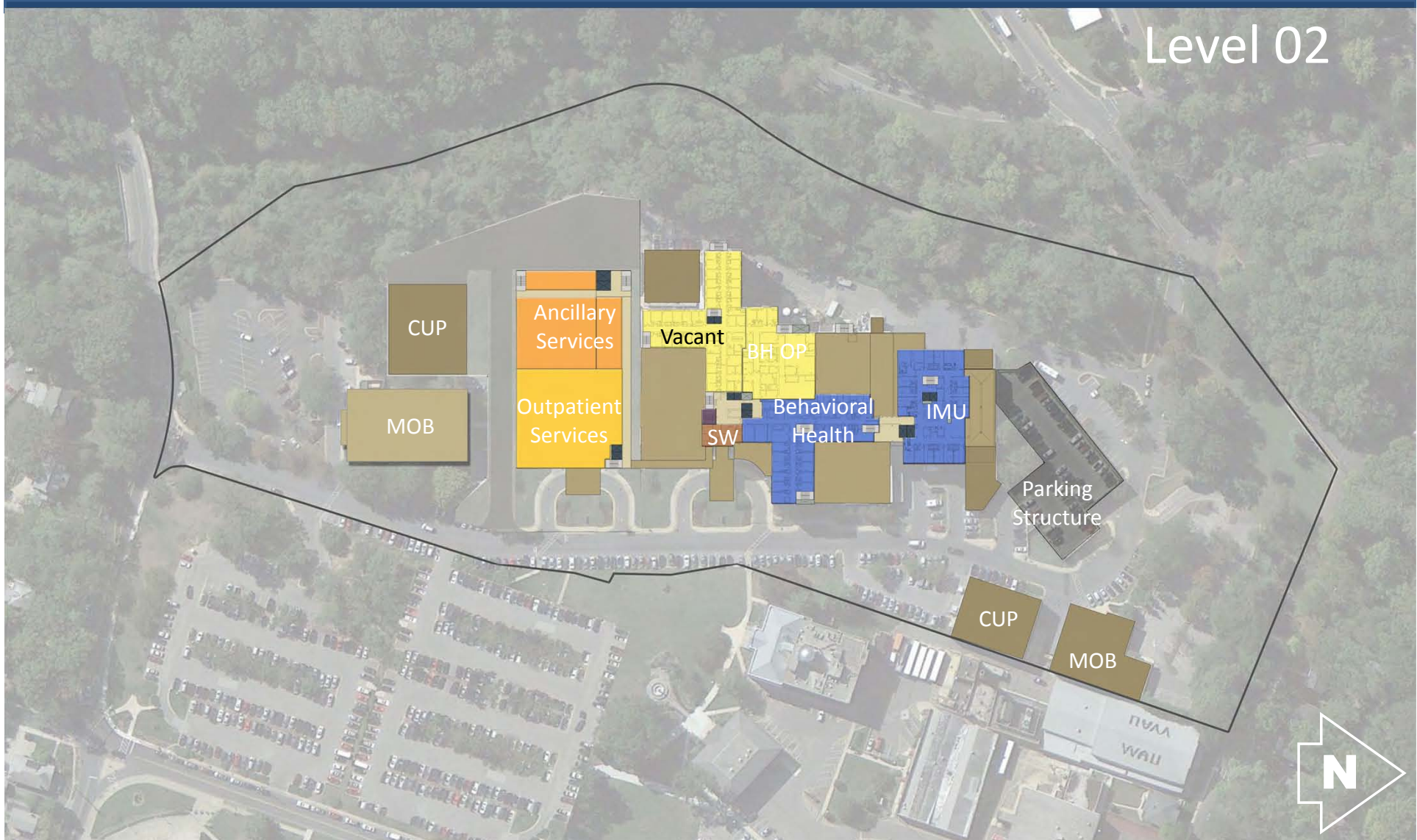
Level 01



Location for medical records & executive administration unresolved

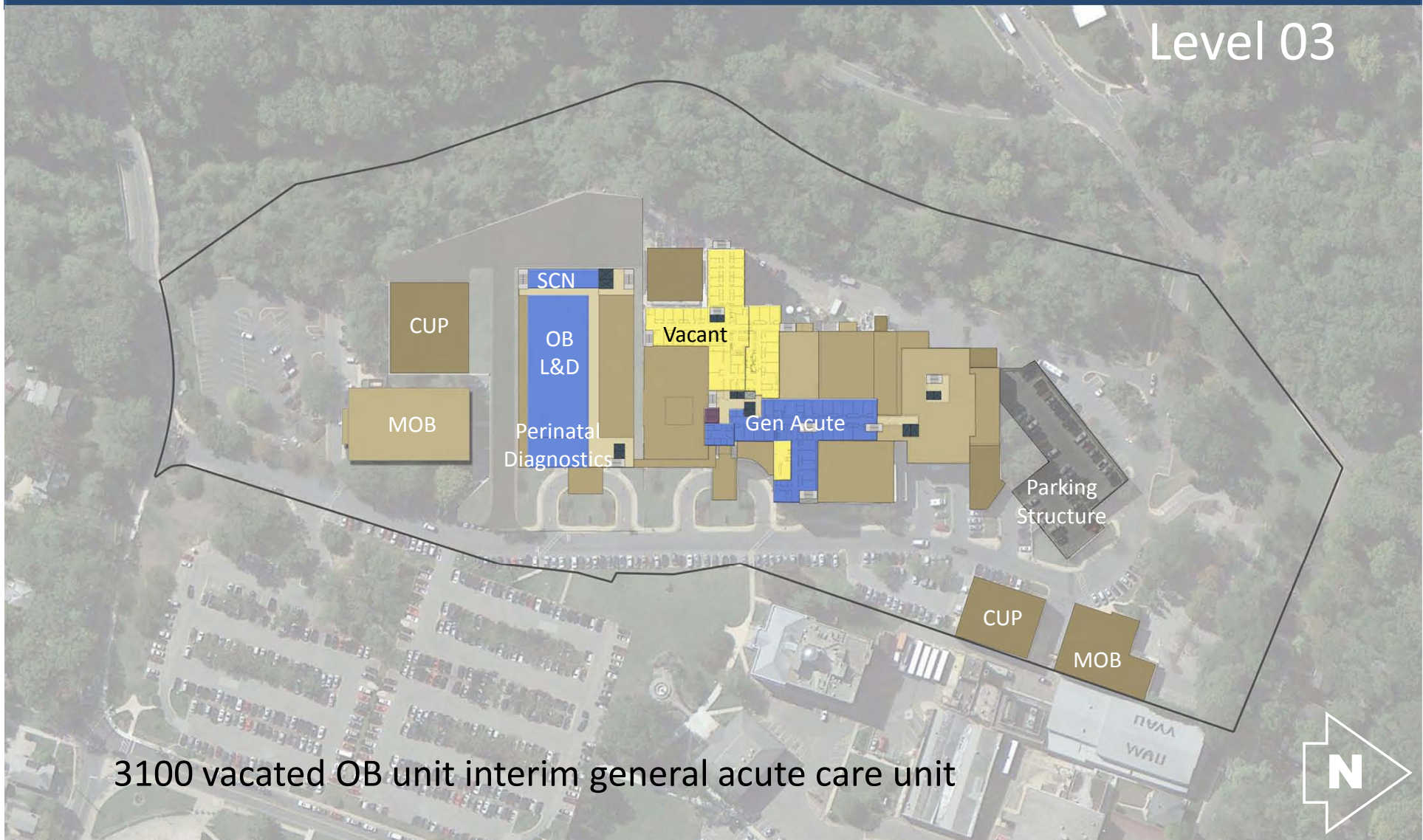
Phase 1 Detail

Level 02



Phase 1 Detail

Level 03



3100 vacated OB unit interim general acute care unit

Phase 1 Detail

Level 04



Phase 1 Detail

Level 05



Phase 1 Detail

Level 06



Compelling Priorities

- **1950 Building Construction**
11'-0" floor to floor heights do not support high-acuity services such as OB L&D, Clinical Laboratory, Nuclear Medicine and Inpatient Services
Site is critical to providing OB Post-Partum patient care adjacent to Phase 1 L&D Suite
- **Critical Adjacencies**
Priorities include locating emergency services in close proximity to cardiac cath, and locating radiology, surgery & critical care in close proximity to the ED
- **Empty Chair**
Site is planned to accommodate remaining services located in 1980 West Building

Project Scope

- **Building Demolition**
 - 1950 Building 98,200 gross area
 - 1990 South Building 24,160 gross area
- **New Construction**
186,400 gross building area
- **Services**
 - Inpatient Services
 - 78 beds
 - Ancillary Clinical Services
 - Emergency Services
 - Radiology suite
 - Surgical Suite
 - Support services
 - Dietary Services
 - Central Sterile Supply (CSS)

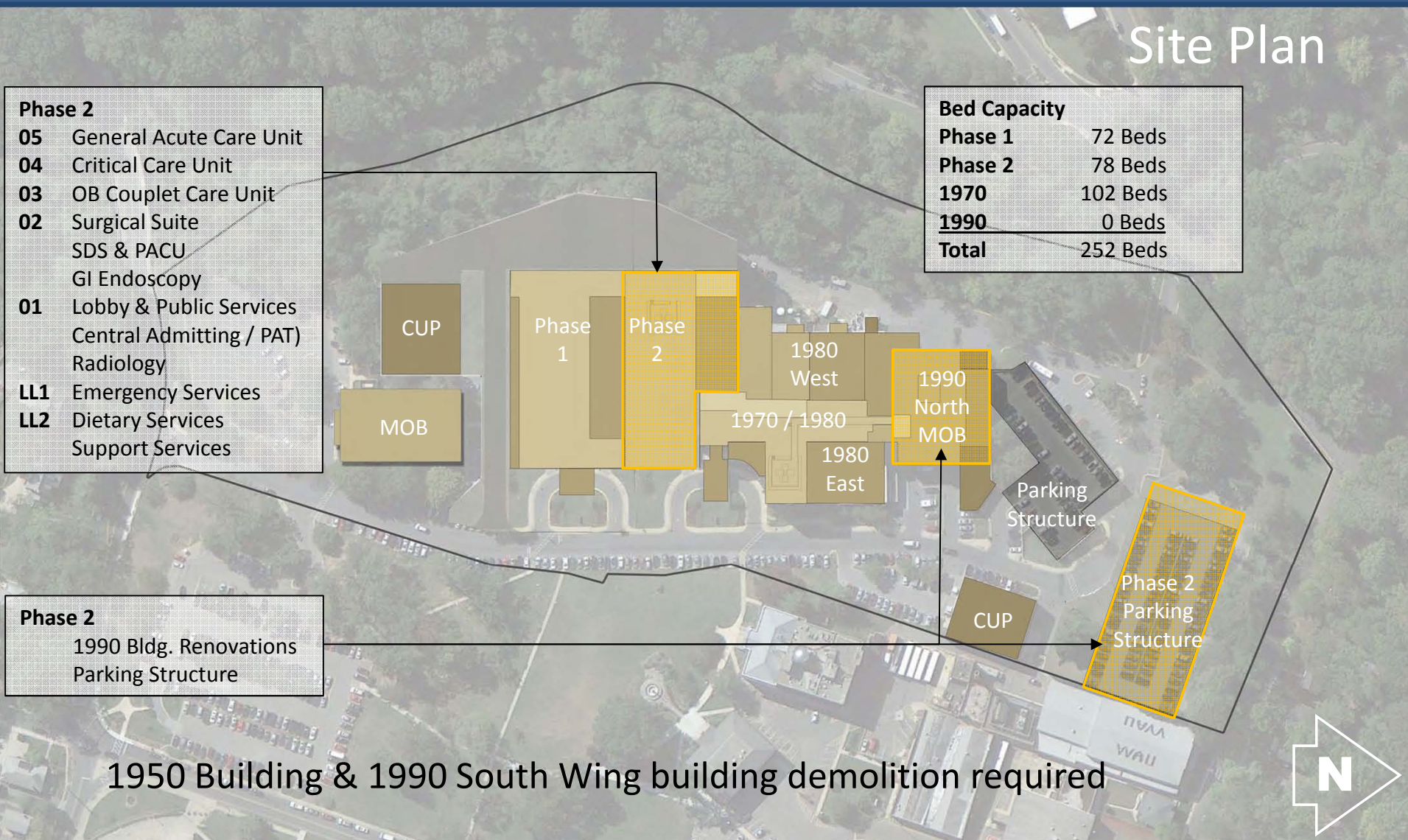
Phase 2 Detail

Site Plan

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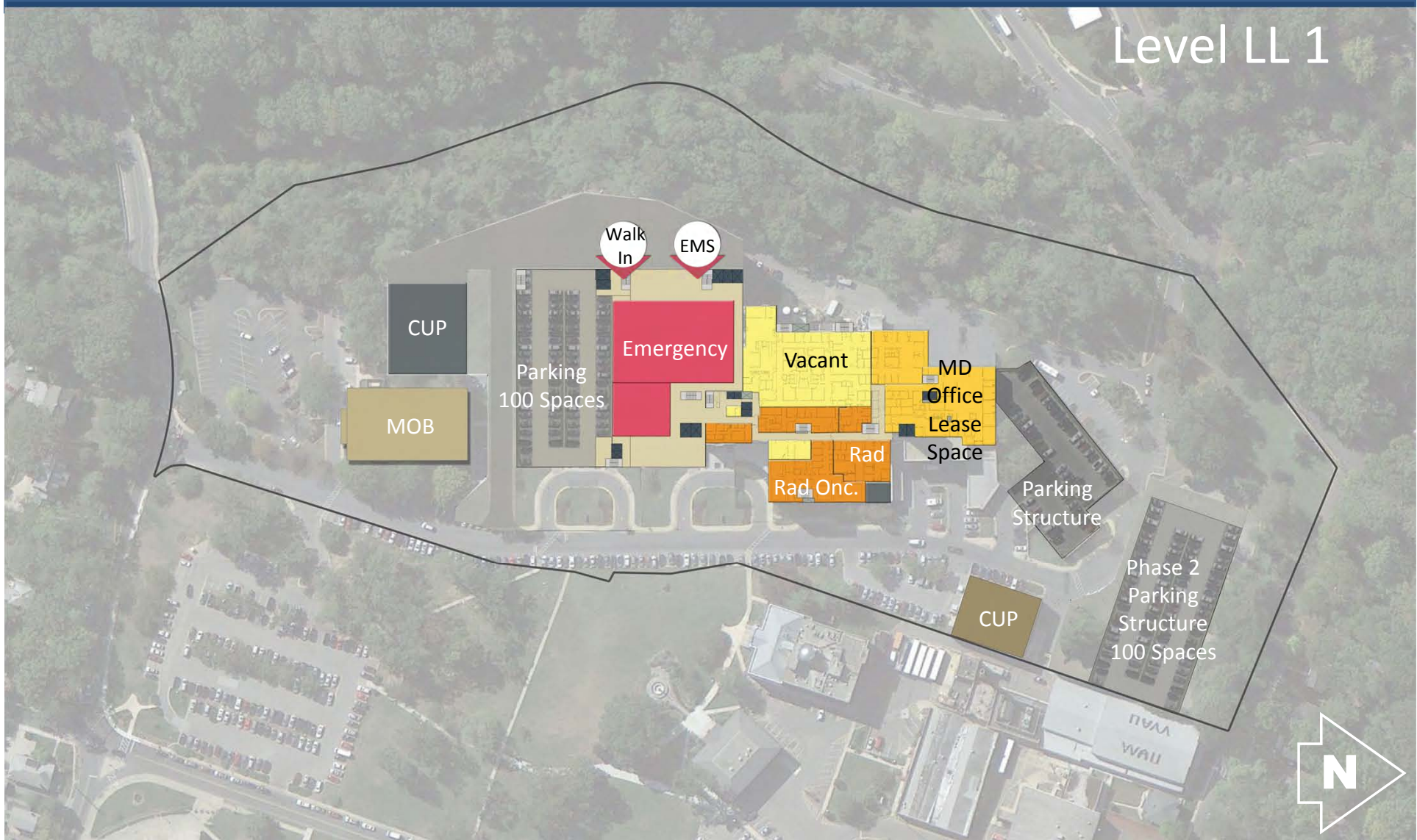
Phase 2 Detail

Level LL 2



Phase 2 Detail

Level LL 1



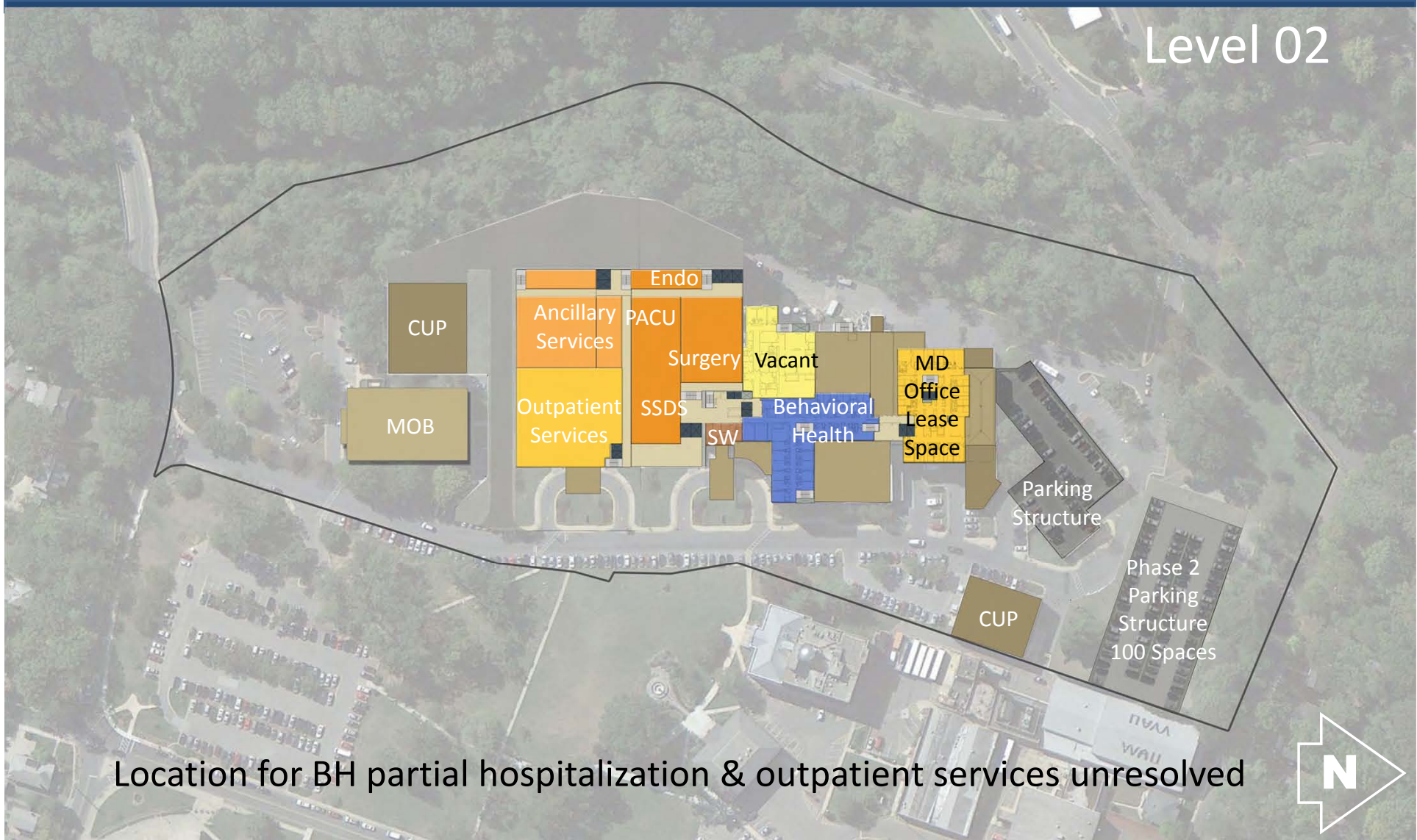
Phase 2 Detail

Level 01



Phase 2 Detail

Level 02



Location for BH partial hospitalization & outpatient services unresolved

Phase 2 Detail

Level 03



Phase 2 Detail

Level 04



Phase 2 Detail

Level 05



Compelling Priorities

- 1980 West Building Construction
11'-0" floor to floor heights do not support high-acuity services such as radiology and surgical services

Site is critical to providing total area required for radiology and surgical services partially located in Phase 2 development

- Empty Chair

West site is planned to accommodate remaining services located in 1970-80 Central & East Buildings and 1990 North Building

Project Scope

- Building Demolition
1980 West – 64,650 gross area
- New Construction
117,500 gross building area
- Hospital Services
Inpatient Services
 - 88 bedsAncillary Clinical Services
 - Radiology suite
 - Surgical SuiteSupport services
 - Environmental Services
 - Materials Management
 - Plant Operations
- 1990 North Building MOB
72,630 gross building area renovations

Phase 3 Detail

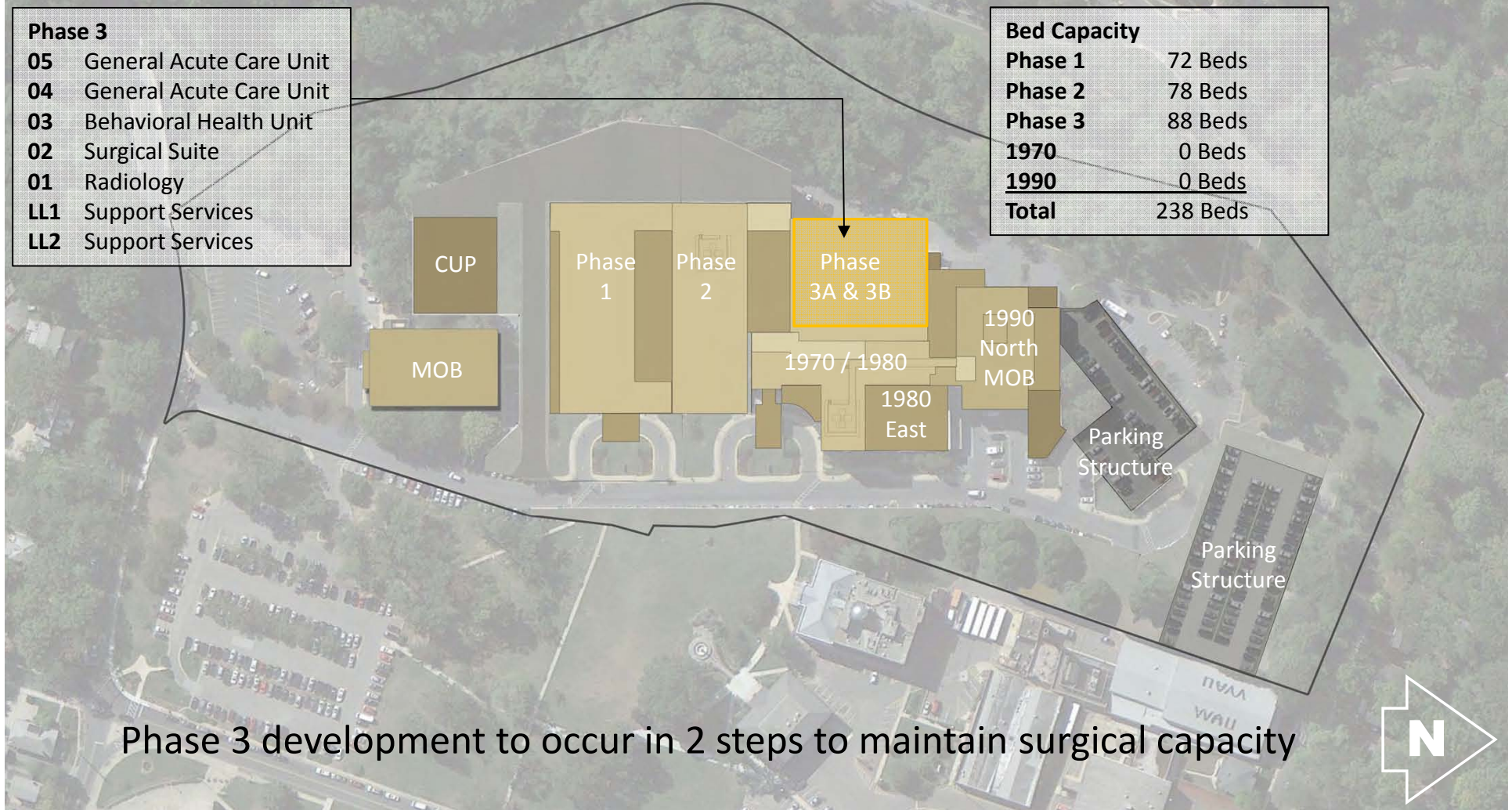
Site Plan

Phase 3

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Bed Capacity

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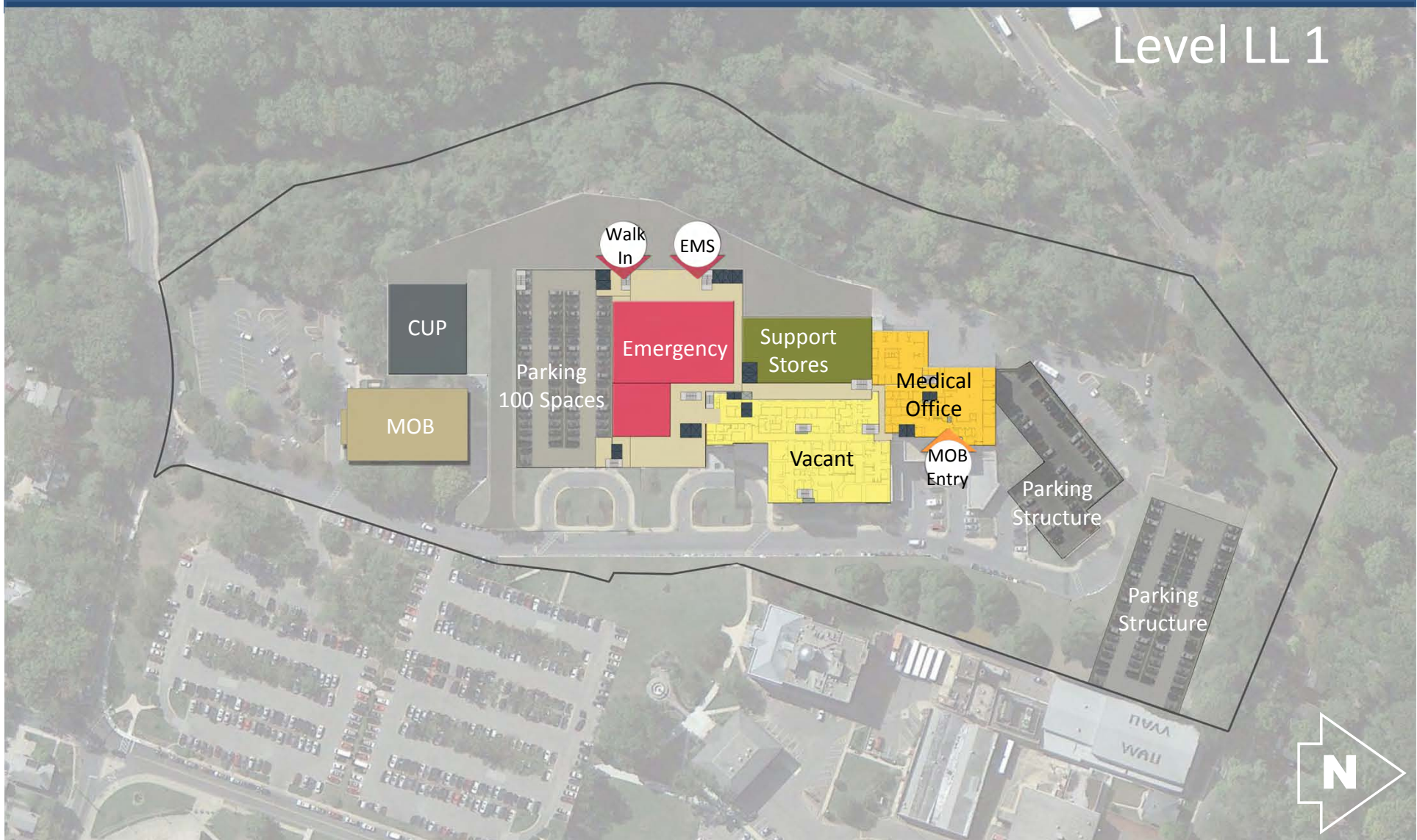
Phase 3 Detail

Level LL 2



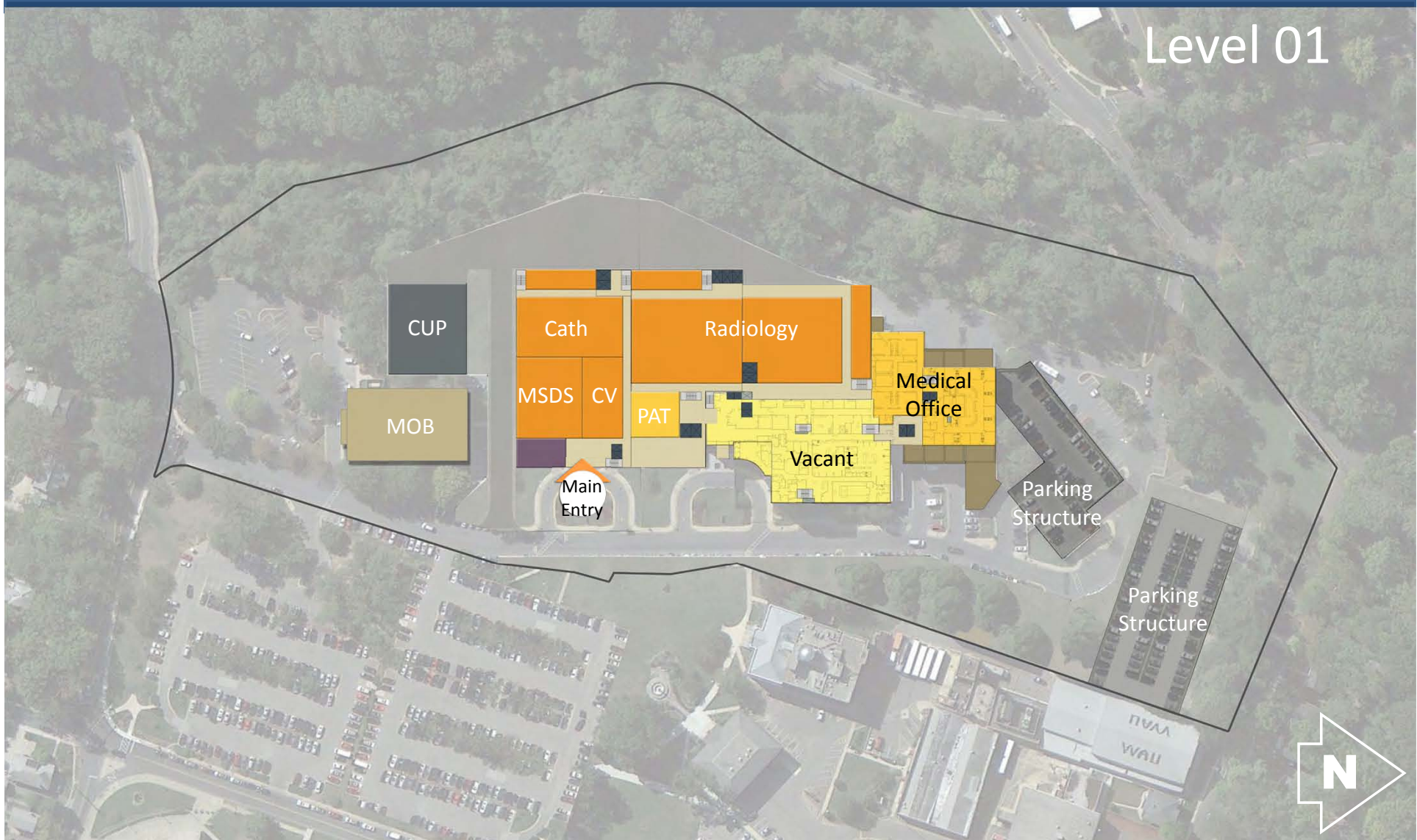
Phase 3 Detail

Level LL 1



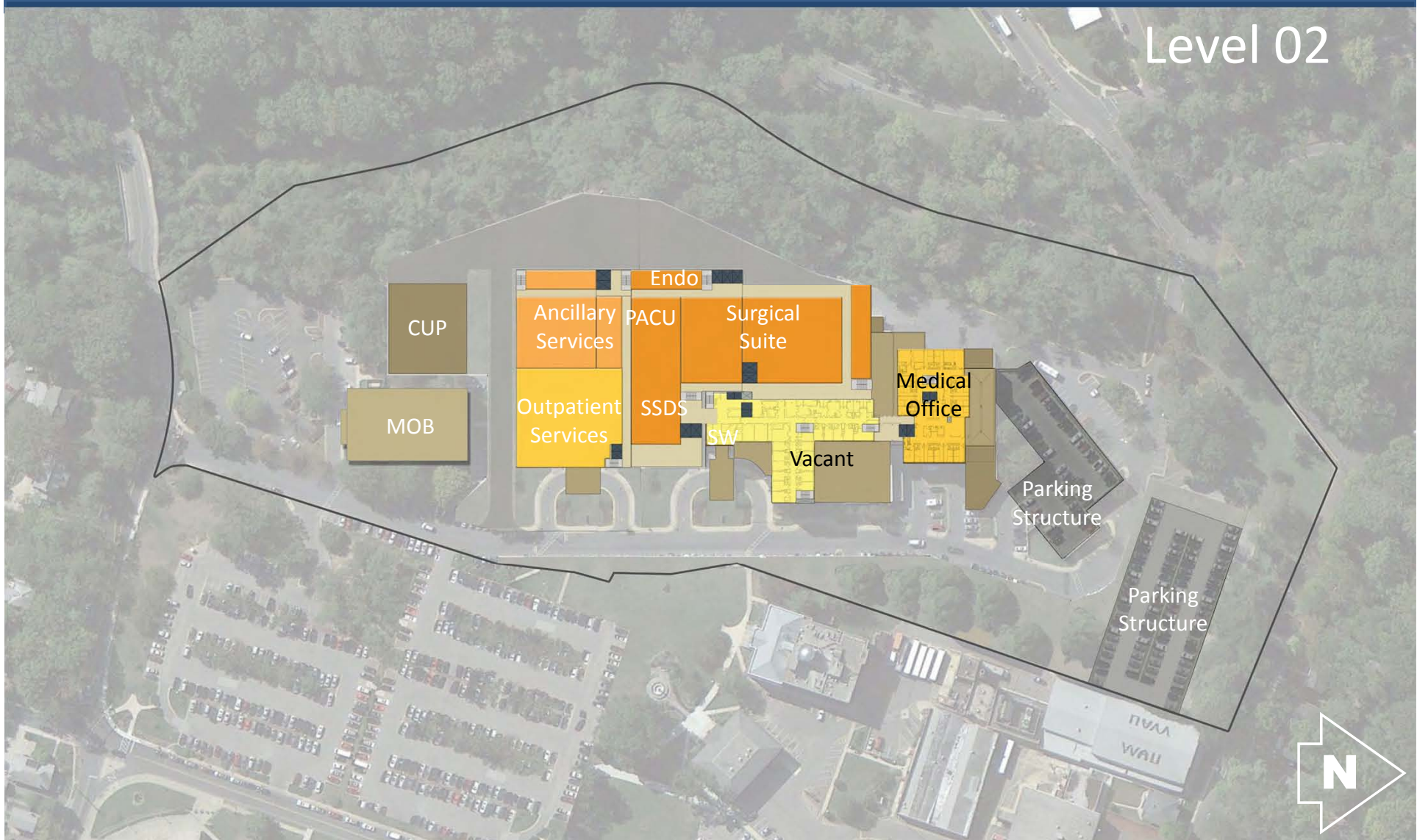
Phase 3 Detail

Level 01



Phase 3 Detail

Level 02



Phase 3 Detail

Level 03



Phase 3 Detail

Level 04



Phase 3 Detail

Level 05



Compelling Priorities

- 1970-80 Central & East Construction
11'-0" floor to floor heights do not support high-acuity services such as Radiation Oncology, Surgical Same Day Services, MRI Suites and Inpatient Services

Site is critical to providing total area required for behavioral health services partially located in Phase 3 development

- Floor Level Alignment

If 1970-80 Central & East Buildings remain, their floor levels will not align with Phase 1-3 new facility development, impacting way-finding

Project Scope

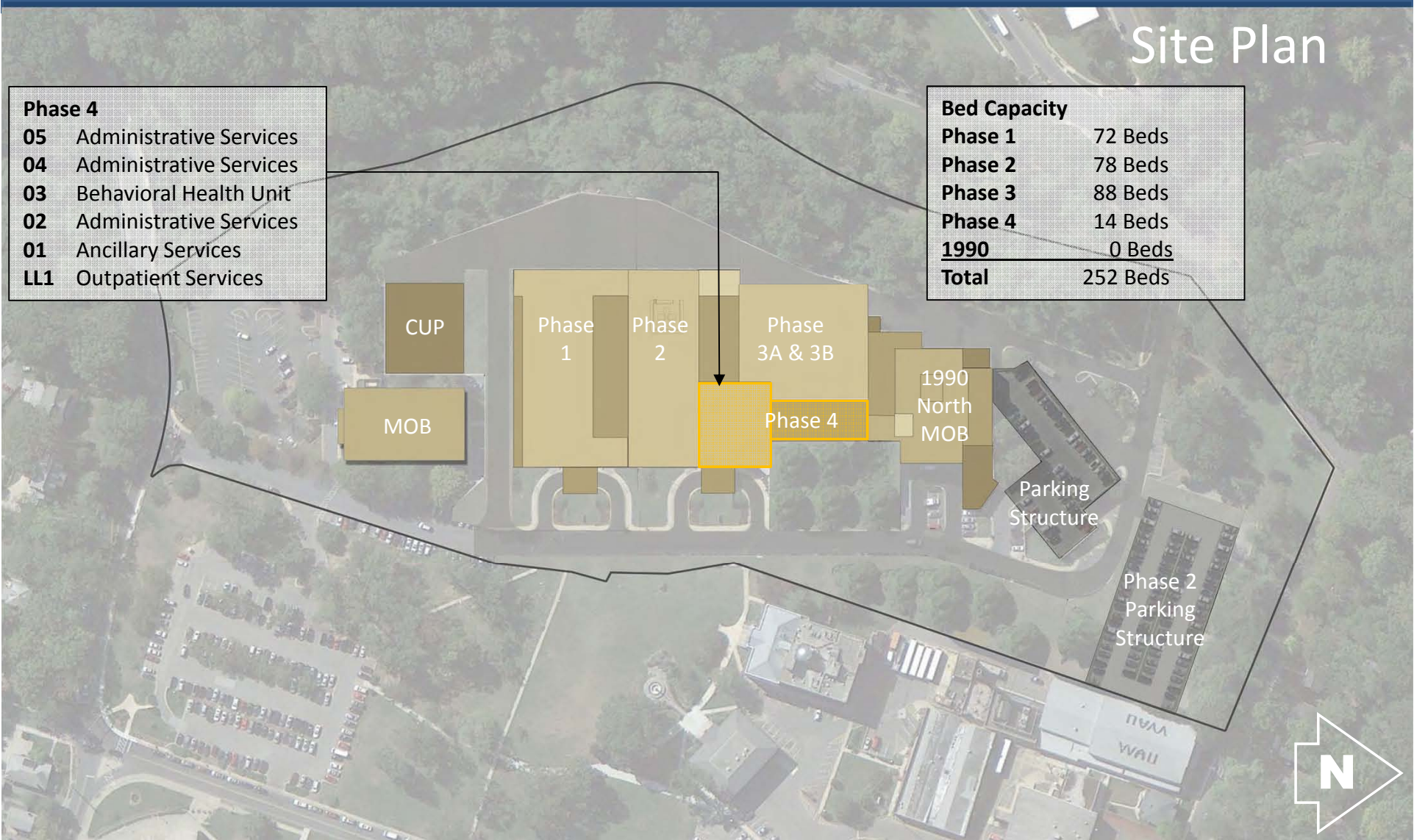
- Building Demolition
 - 1970-80 Central – 107,485 gross area
 - 1970-80 East 35,480 gross area
- New Hospital Construction
 - 82,200 gross building area
 - Hospital Services
 - Inpatient Services
 - 14 Behavioral Health Beds
 - Behavioral Health Partial Hospitalization
 - Behavioral Health Outpatient & Administration
 - Administrative & Outpatient Services

Phase 4 Detail

Site Plan

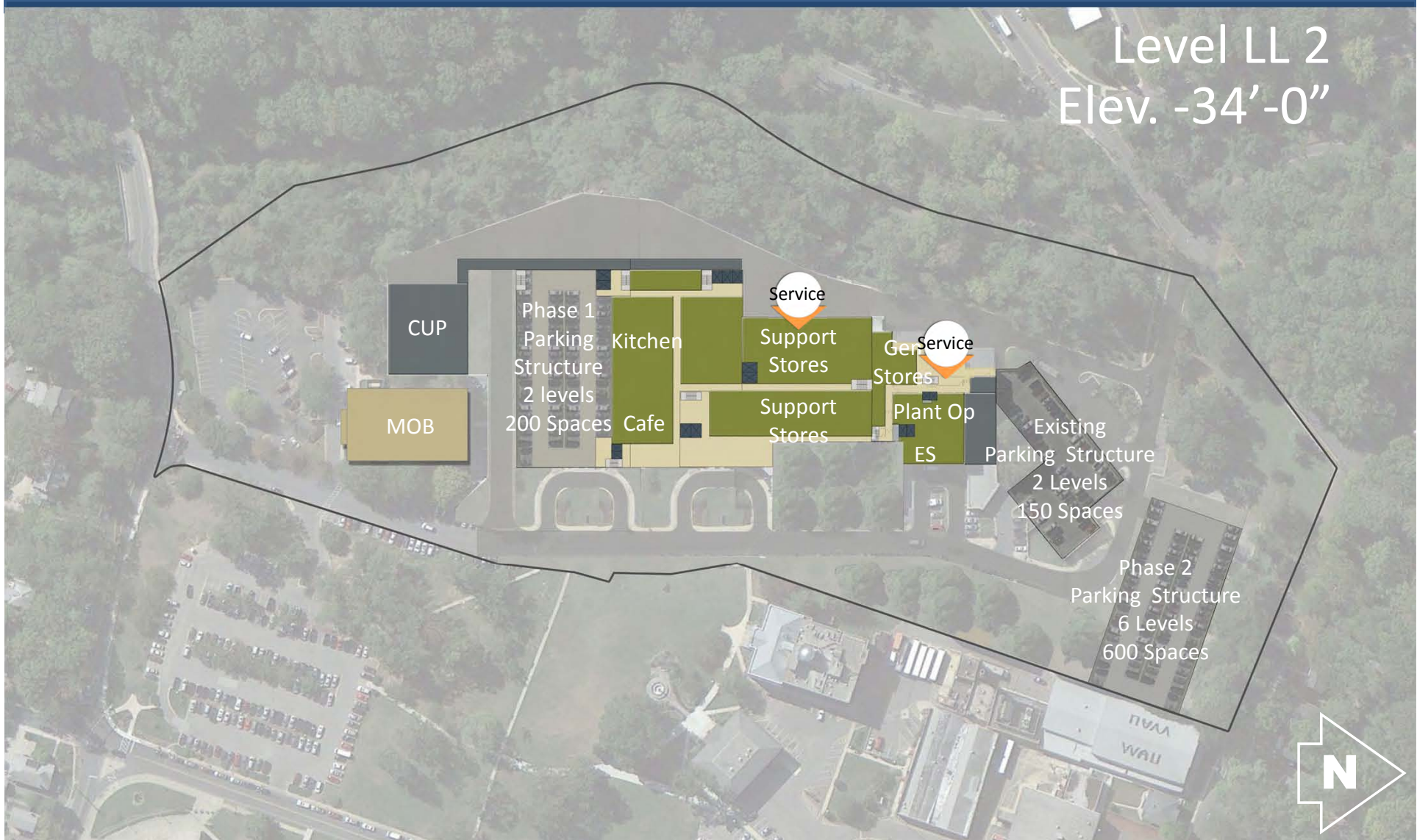
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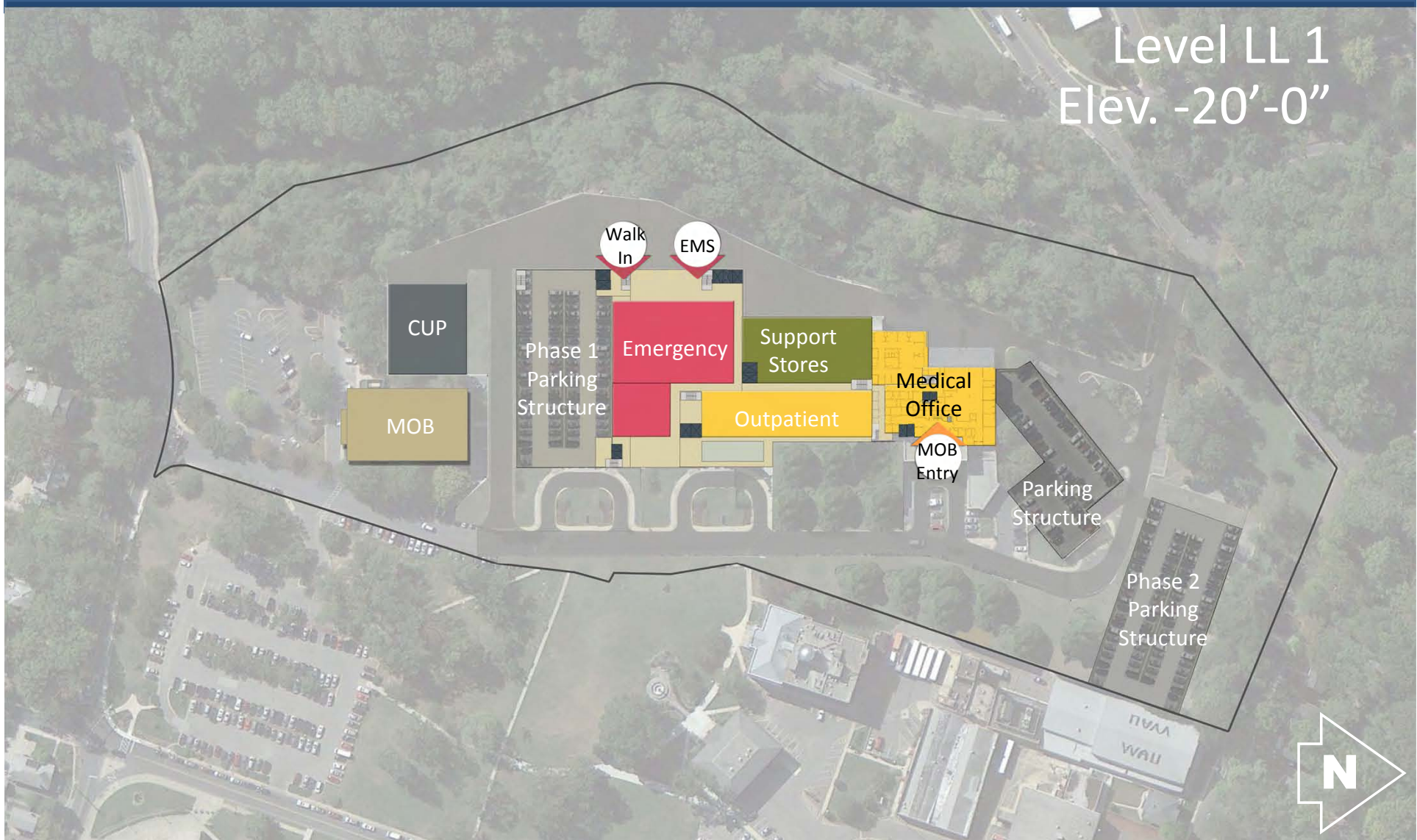
Phase 4 Detail

Level LL 2
Elev. -34'-0"



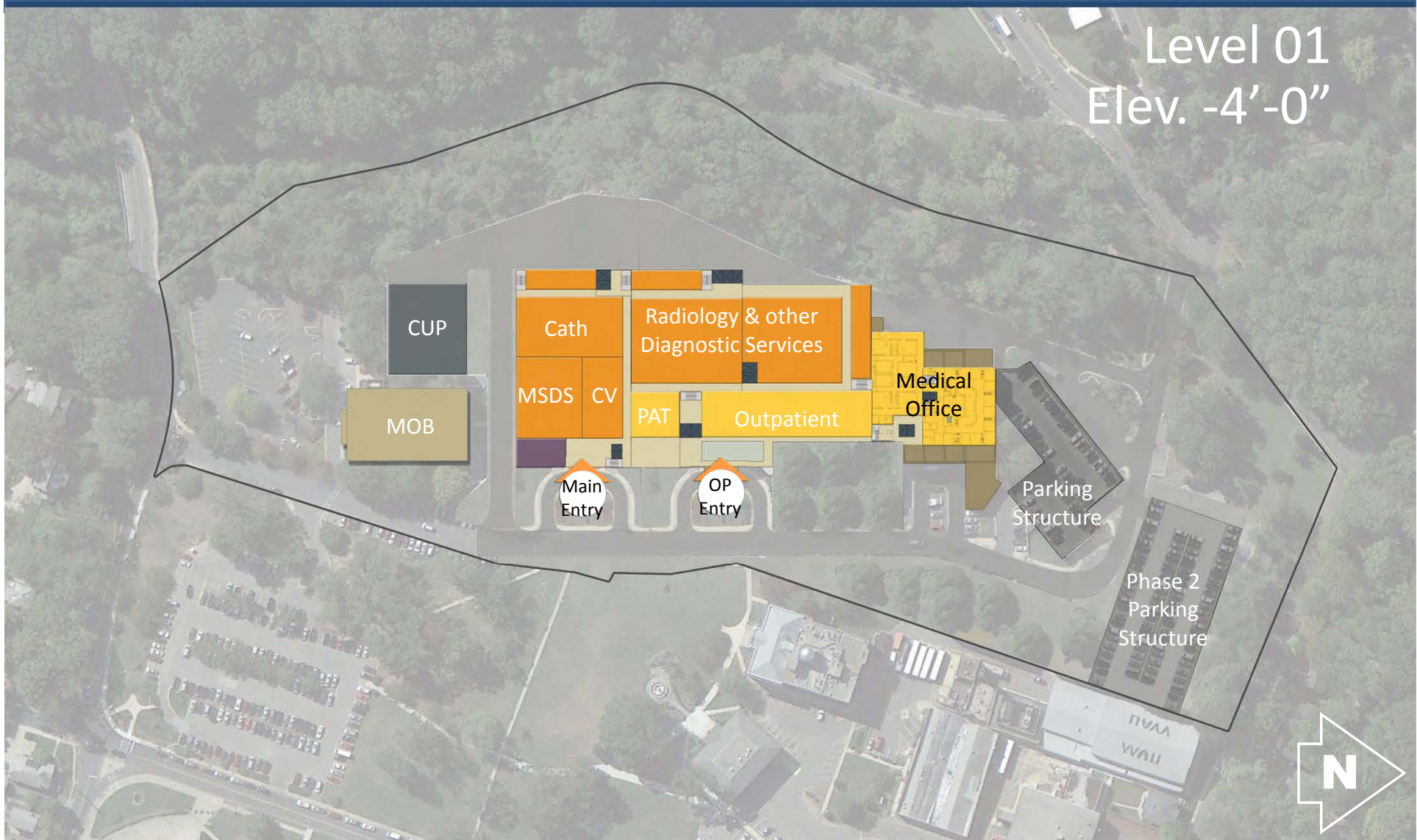
Phase 4 Detail

Level LL 1
Elev. -20'-0"



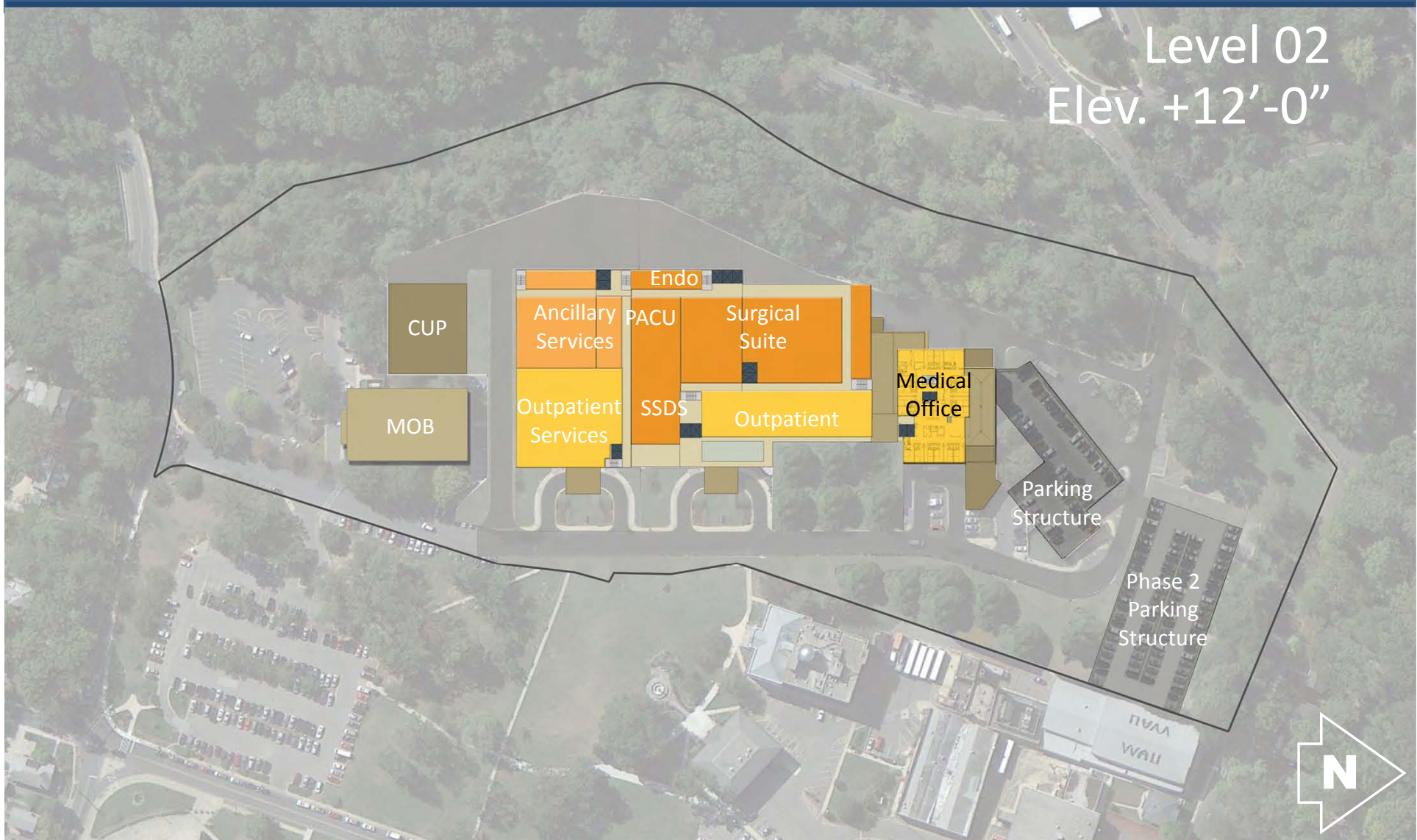
Phase 4 Detail

Level 01
Elev. -4'-0"



Phase 4 Detail

Level 02
Elev. +12'-0"



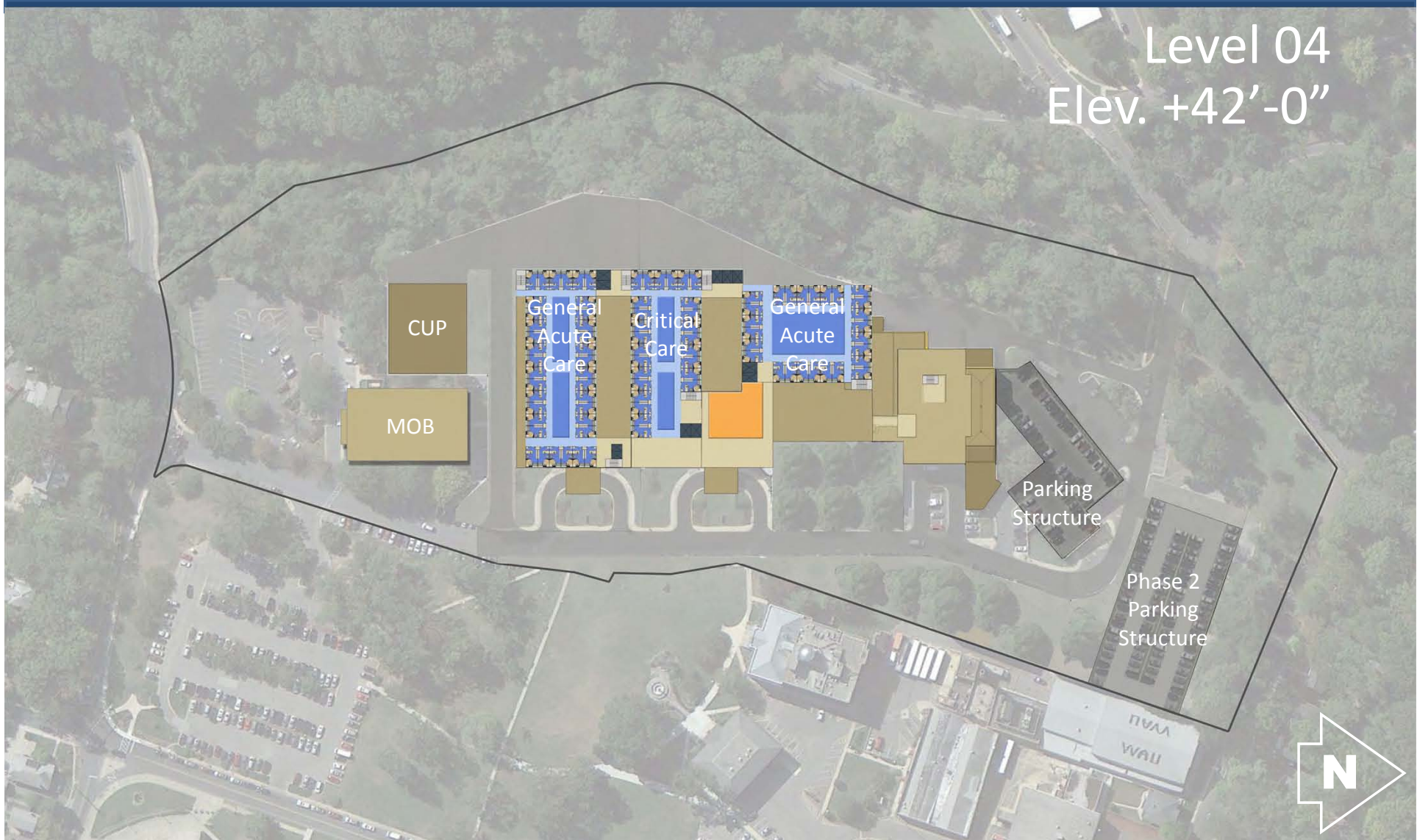
Phase 4 Detail

Level 03
Elev. +28'-0"



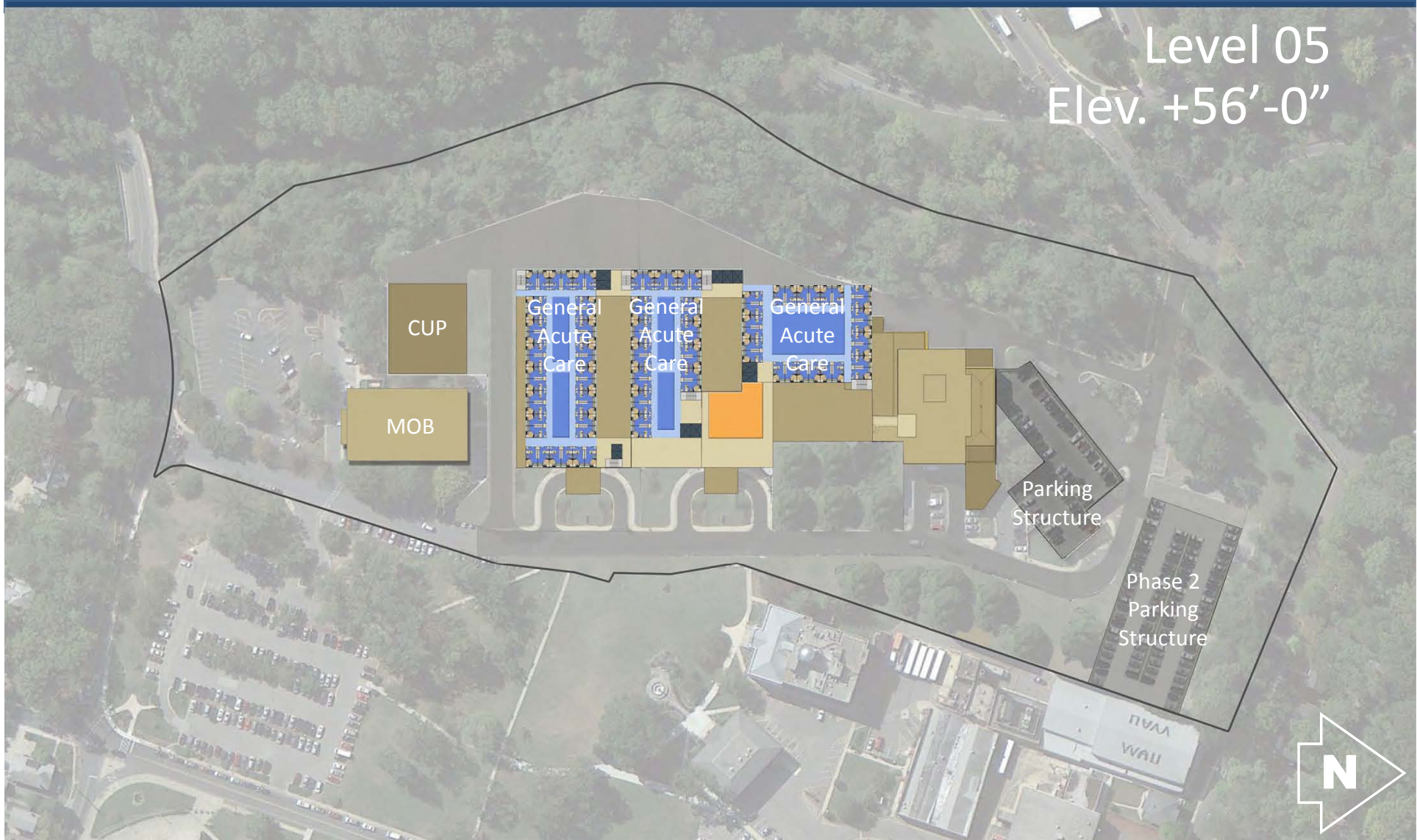
Phase 4 Detail

Level 04
Elev. +42'-0"



Phase 4 Detail

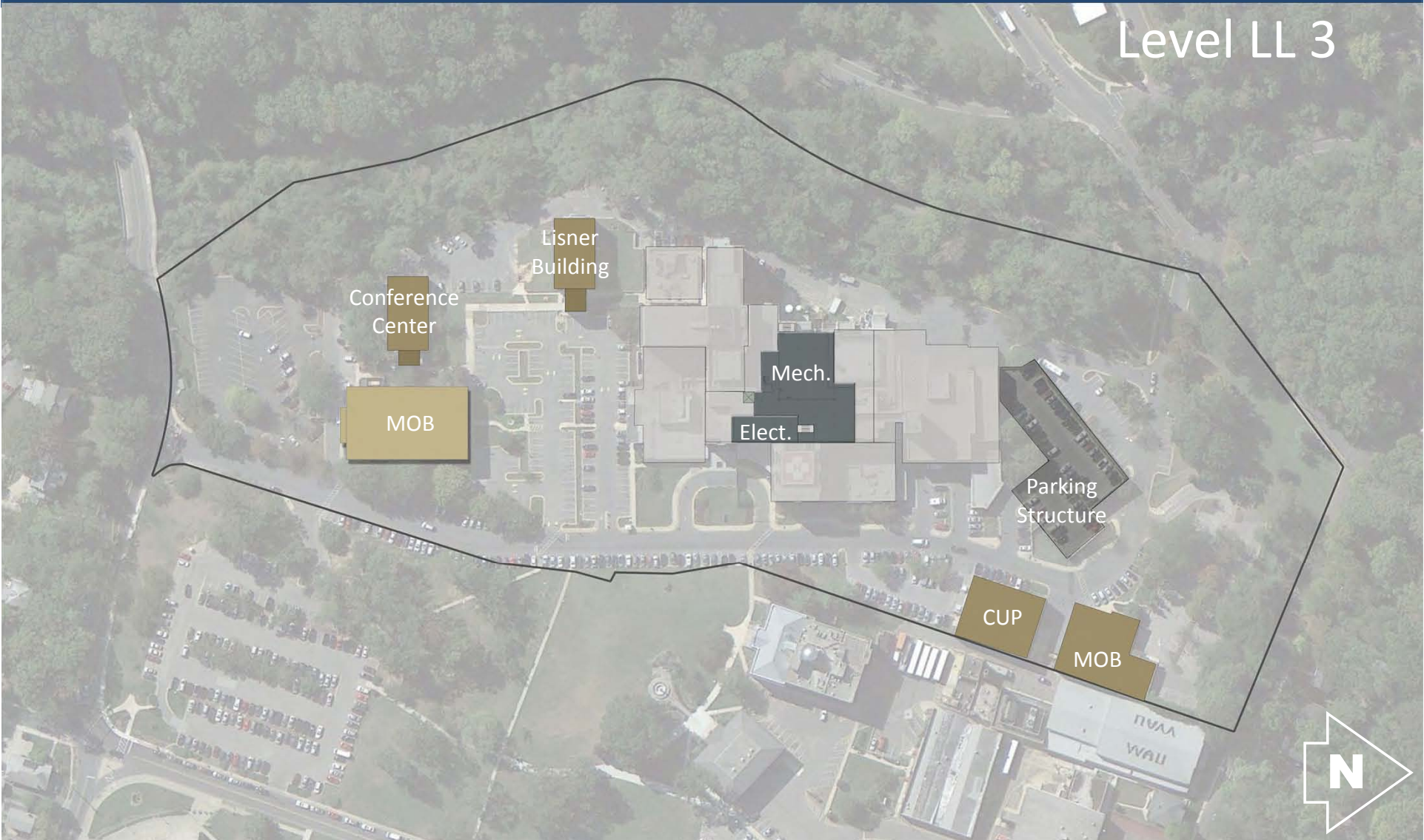
Level 05
Elev. +56'-0"



Existing Facility

Existing Facility

Level LL 3



Existing Facility

Level LL 2



Existing Facility

Level LL 1



Existing Facility

Level 01



Existing Facility

Level 02



Existing Facility

Level 03



Existing Facility

Level 04



Existing Facility

Level 05



Existing Facility

Level 06





Takoma Park On-Campus Alternative

September 5, 2013

Alternative Approach

Basis of Alternative

- Campus Master Plan establishes the long-range conceptual re-development of the Takoma Park Campus.

Comprehensive approach to remain in Takoma Park.

Campus Master Plan forms basis of the vision for Takoma Park. As an “On-Campus Alternative,” WAH desired to understand what portion of the Master Plan would be required to be comparable to a new building at White Oak.

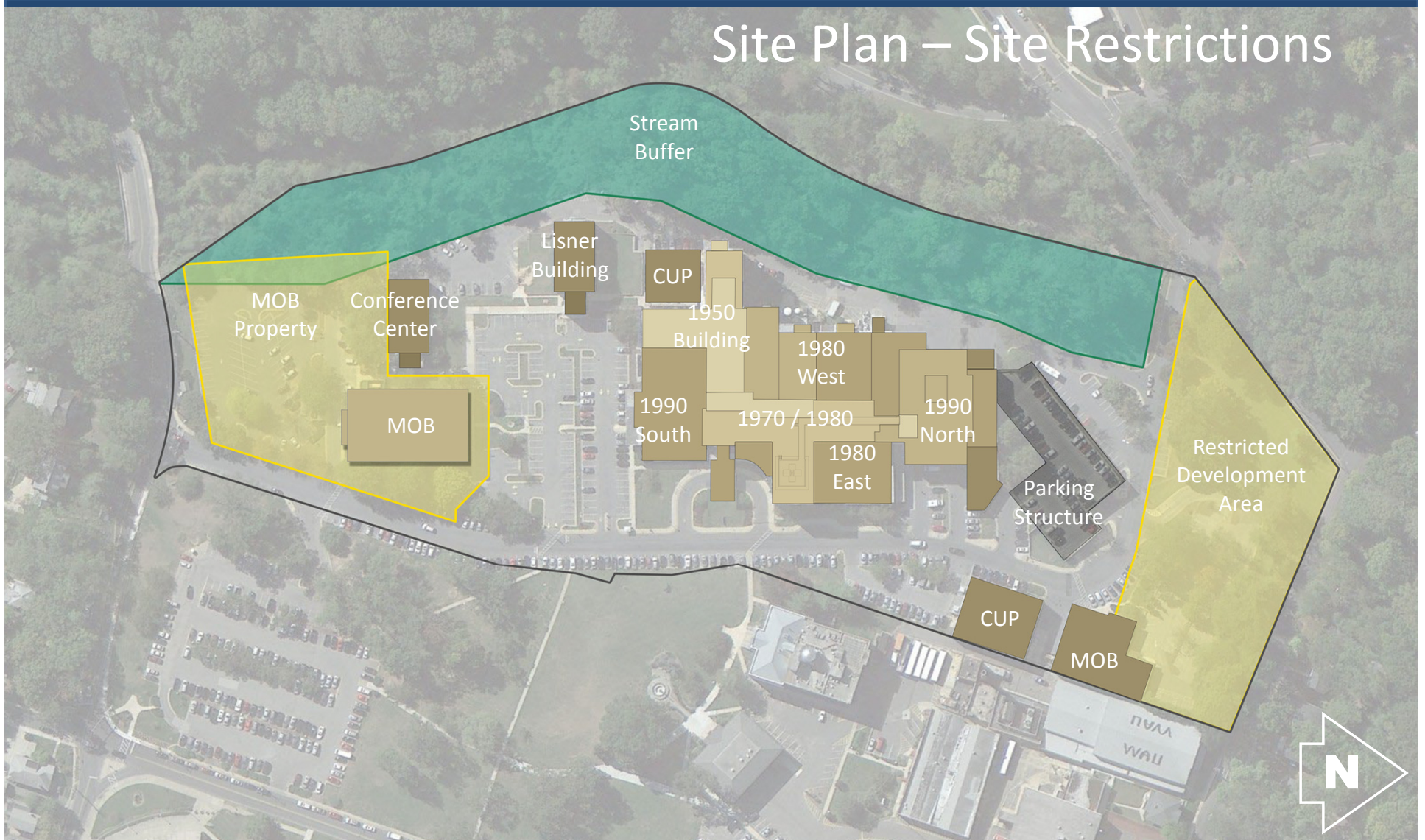
- On-Campus Alternative

Requires sufficient additional program to improve the Takoma Park Hospital while still maintaining a reasonable project cost and schedule as compared to the proposed project in White Oak

Step 1 + Step 2 of Campus Master Plan represent comparable Alternative

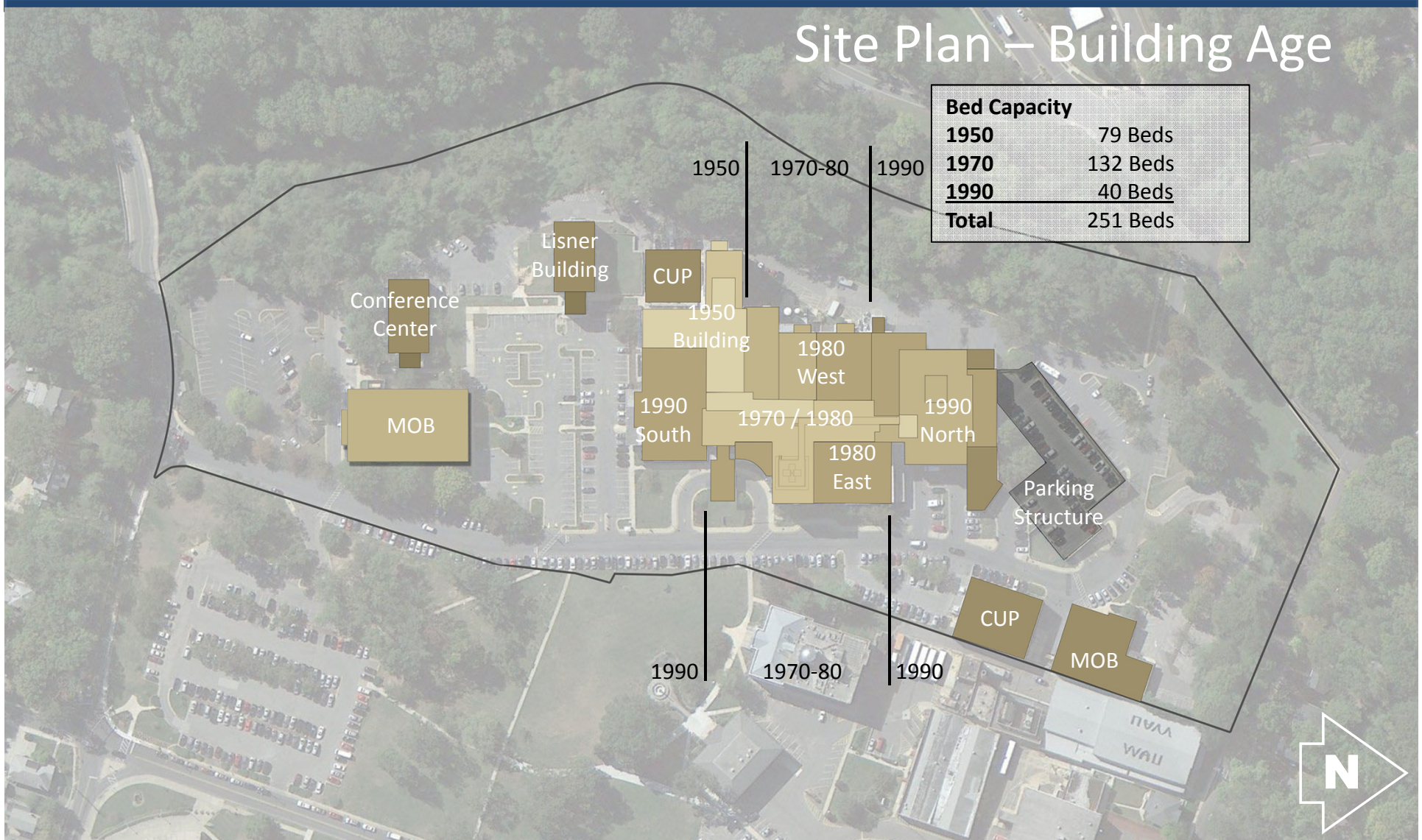
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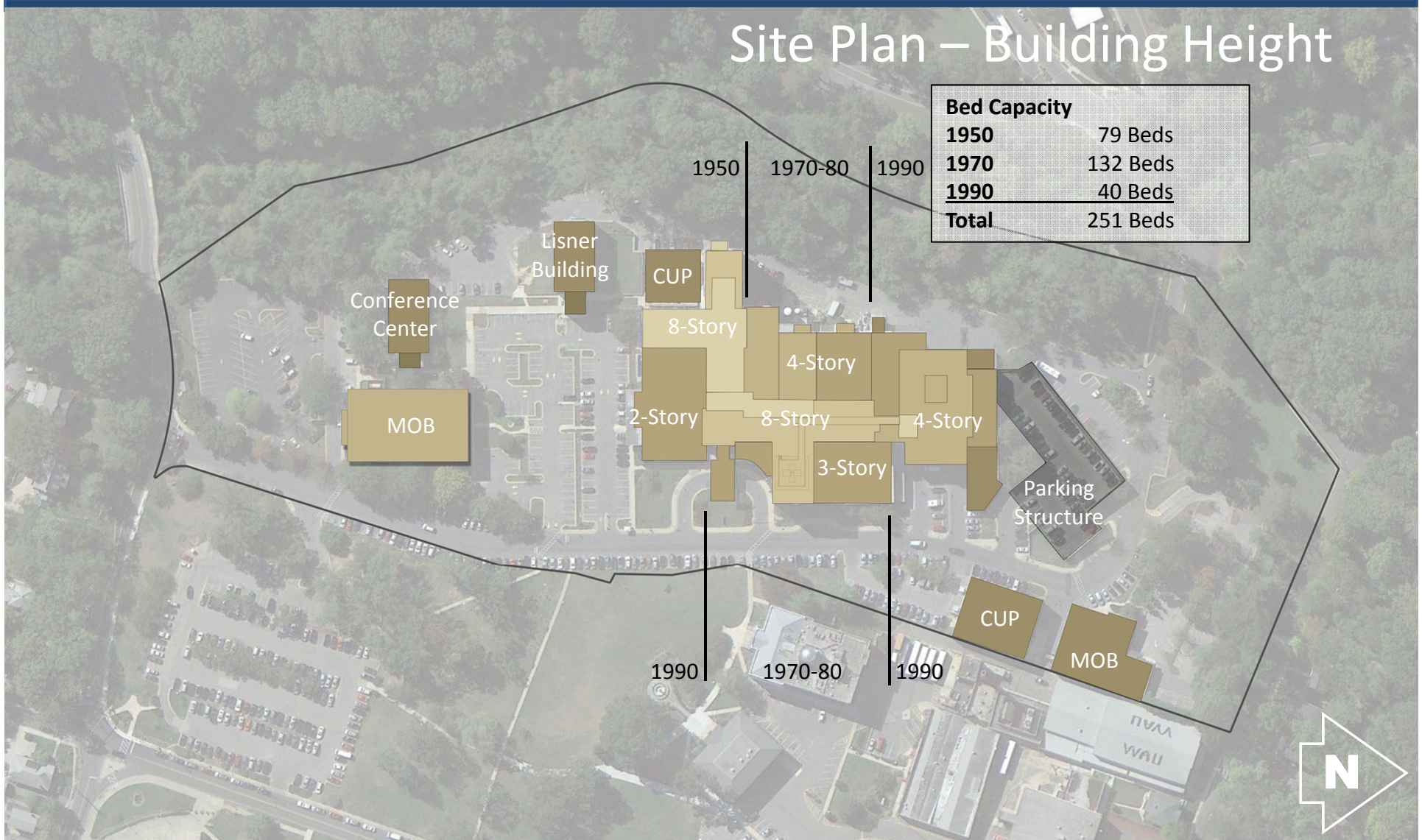
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1990 development on-campus constructed relatively low-rise additions to the main hospital building on both the north and south sides, restricting the ability to economically replace aging assets going forward without disruption to services or loss of services for a period of time

- **Maximize Future Campus Development Potential**

To maximize utilization of the limited existing available site area, future site development will require higher-density building footprints

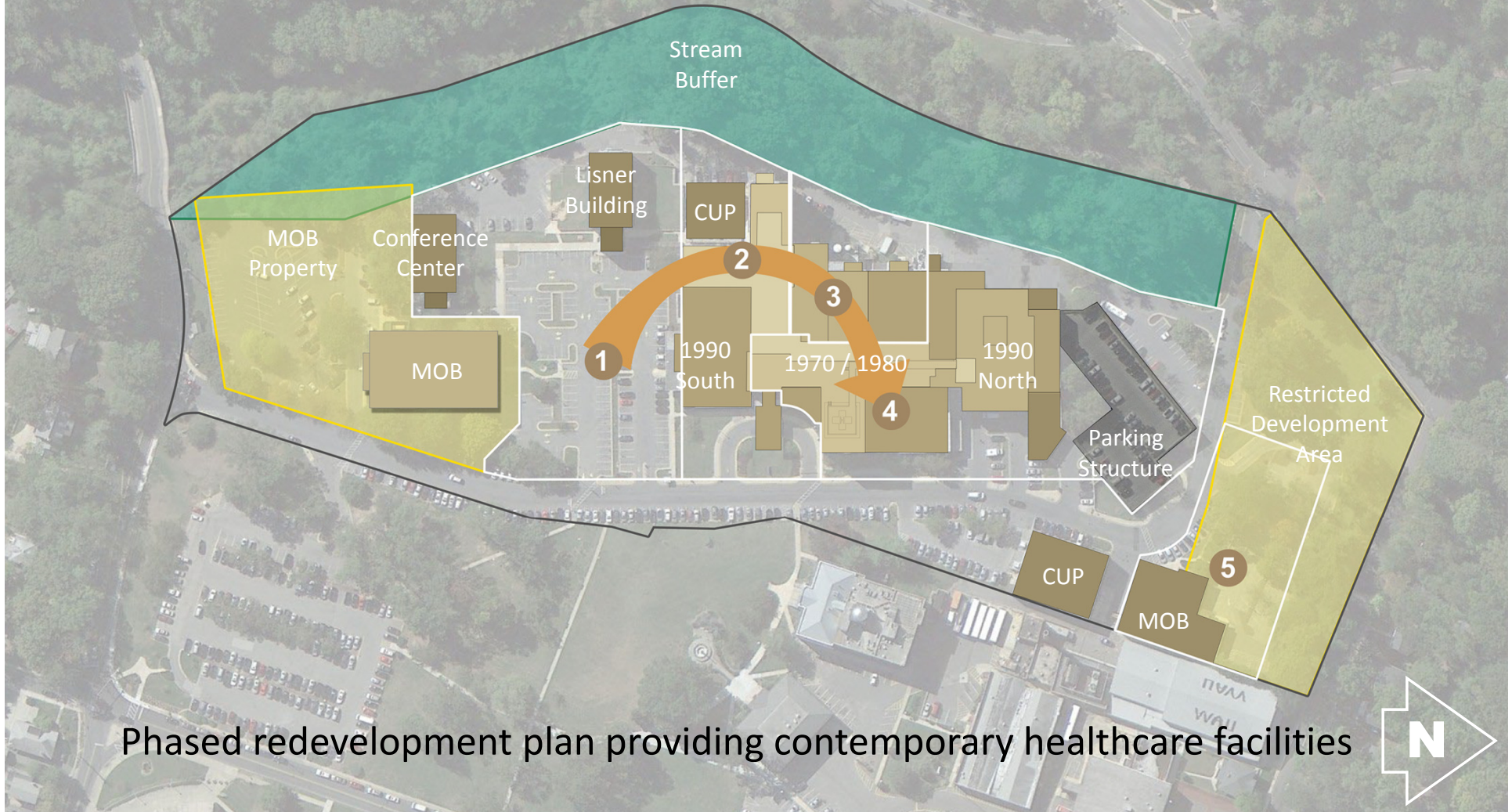
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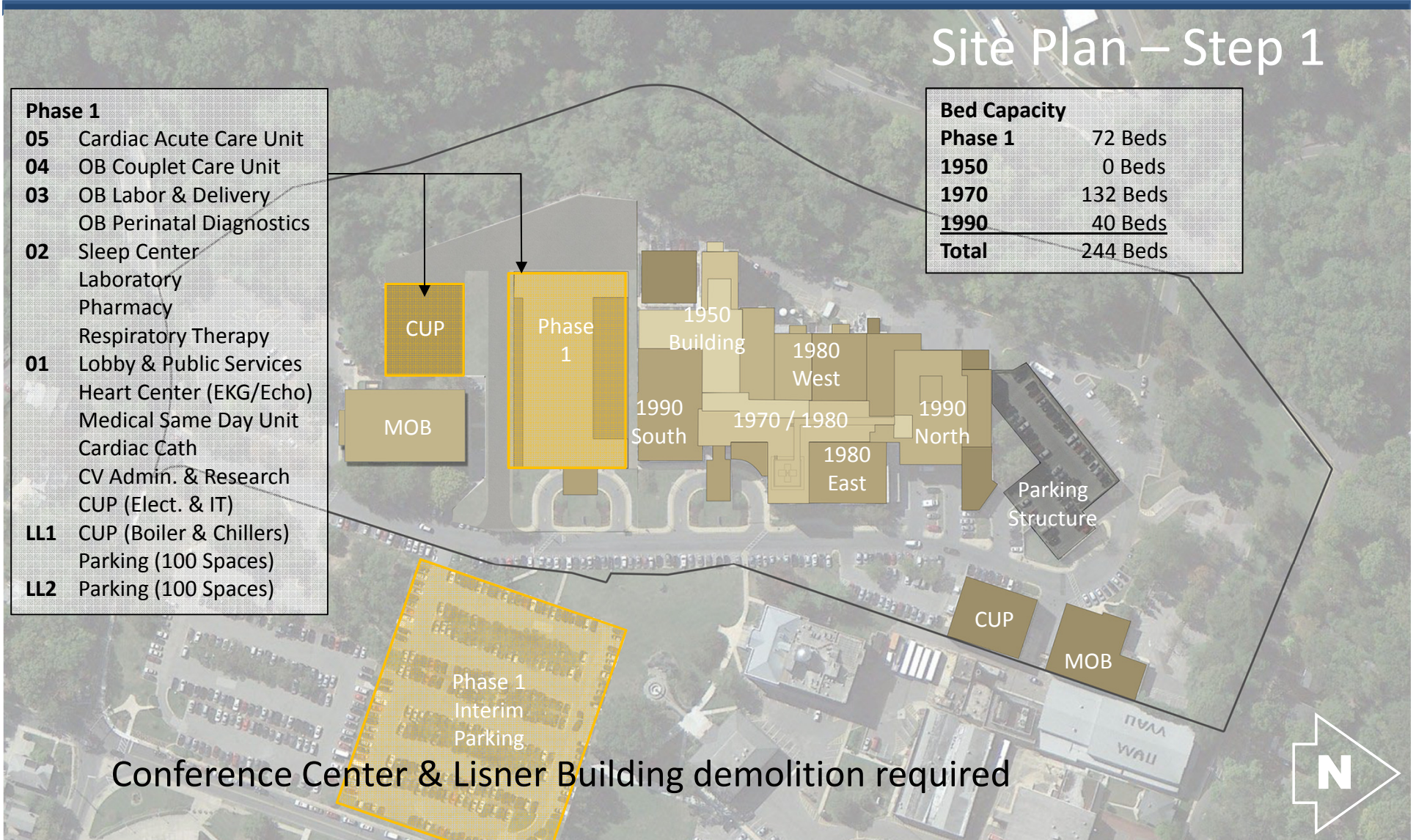
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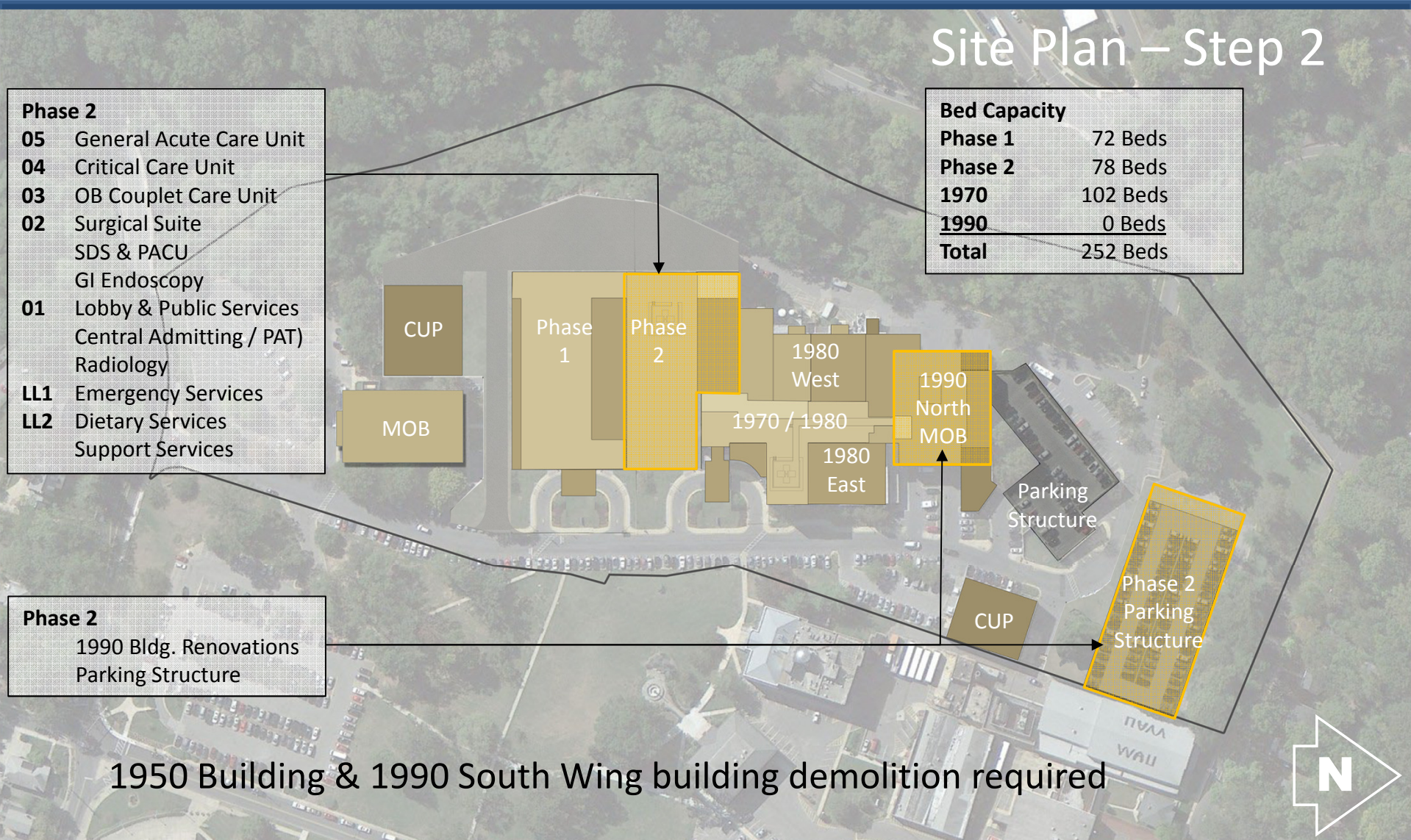
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 - Parking Structure



1950 Building & 1990 South Wing building demolition required

On-Campus Alternative Planning

Development Approach

- Step 1

Constructs new building and Central Utility Plant on existing parking area. This Step provides capacity on campus to remove older buildings re-locate services such as Emergency and prepares for Step 2 demolition and construction.

- Step 2

Demolishes 1950's era building at center of campus and 1990's South building to add capacity in preparation for future development.

- New Construction Principles

Sufficient floor heights and floor plates for different programs.

Parking to replace demolished

Build in future growth (C.U.P., circulation zones, etc.)

Site Development Planning

550,000 GSF: 252 Beds @ 2,180 GSF / Bed

Existing Hospital ■ New Construction

5 Patient Care 14'-0" Floor to Floor

4 Patient Care 14'-0" Floor to Floor

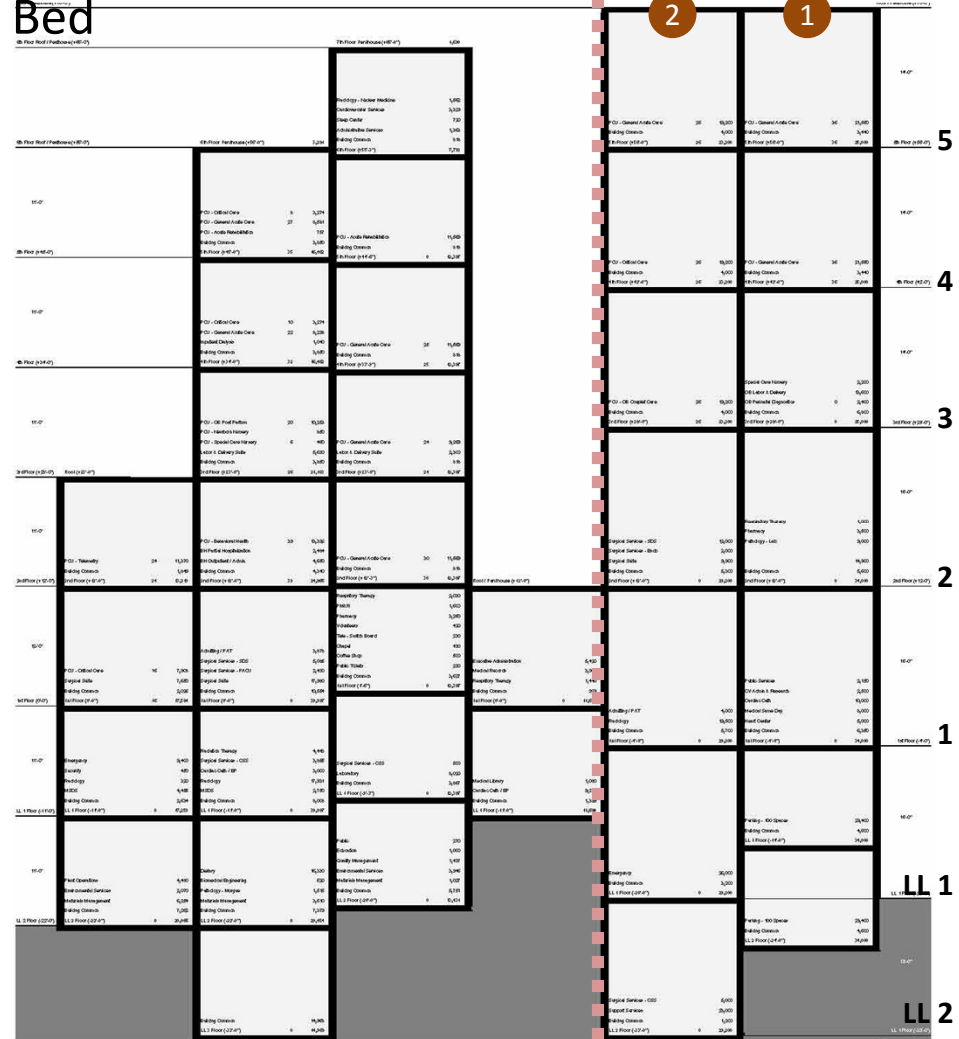
3 Patient Care 14'-0" Floor to Floor

2 Surgery 16'-0" Floor to Floor

1 Radiology / Cardiology 16'-0" Floor to Floor

LL 1 Emergency 16'-0" Floor to Floor

LL 2 Support Services 14'-0" Floor to Floor



Compelling Priorities

- **1950 Building Construction**
10'-9" floor to floor heights do not support high-acuity services such as OB L&D, Clinical Laboratory, Nuclear Medicine and Inpatient Services
Site is critical to providing OB Post-Partum patient care adjacent to Phase 1 L&D Suite
- **Critical Adjacencies**
Priorities include locating emergency services in close proximity to cardiac cath, and locating radiology, surgery & critical care in close proximity to the ED
- **Empty Chair**
Site is planned to accommodate remaining services located in 1980 West Building

Project Scope

- **Interim Development**
Parking relocation to Adventist University leased open site area
- **New Construction**
211,000 gross building area
143,000 hospital building area
68,000 structured parking area
- **Services**
Inpatient Services
 - 72 beds
 - OB Labor & Delivery & Special Care NurseryAncillary Clinical Services
 - Pathology Clinical Laboratory
 - Pharmacy
 - Respiratory Therapy

Critical Phasing Issues

- Education Building
Federally Qualified Health Center (FQHC)
future location unresolved
- Lisner Building
Services located in this building location
unresolved
- Unresolved Hospital Departments
Acute Rehabilitation Hospital
Utilization Review & Quality Management
Risk Management
Coffee Shop
Education Private Dining Room
Environmental Services Linen Distribution

Phase 1 Detail

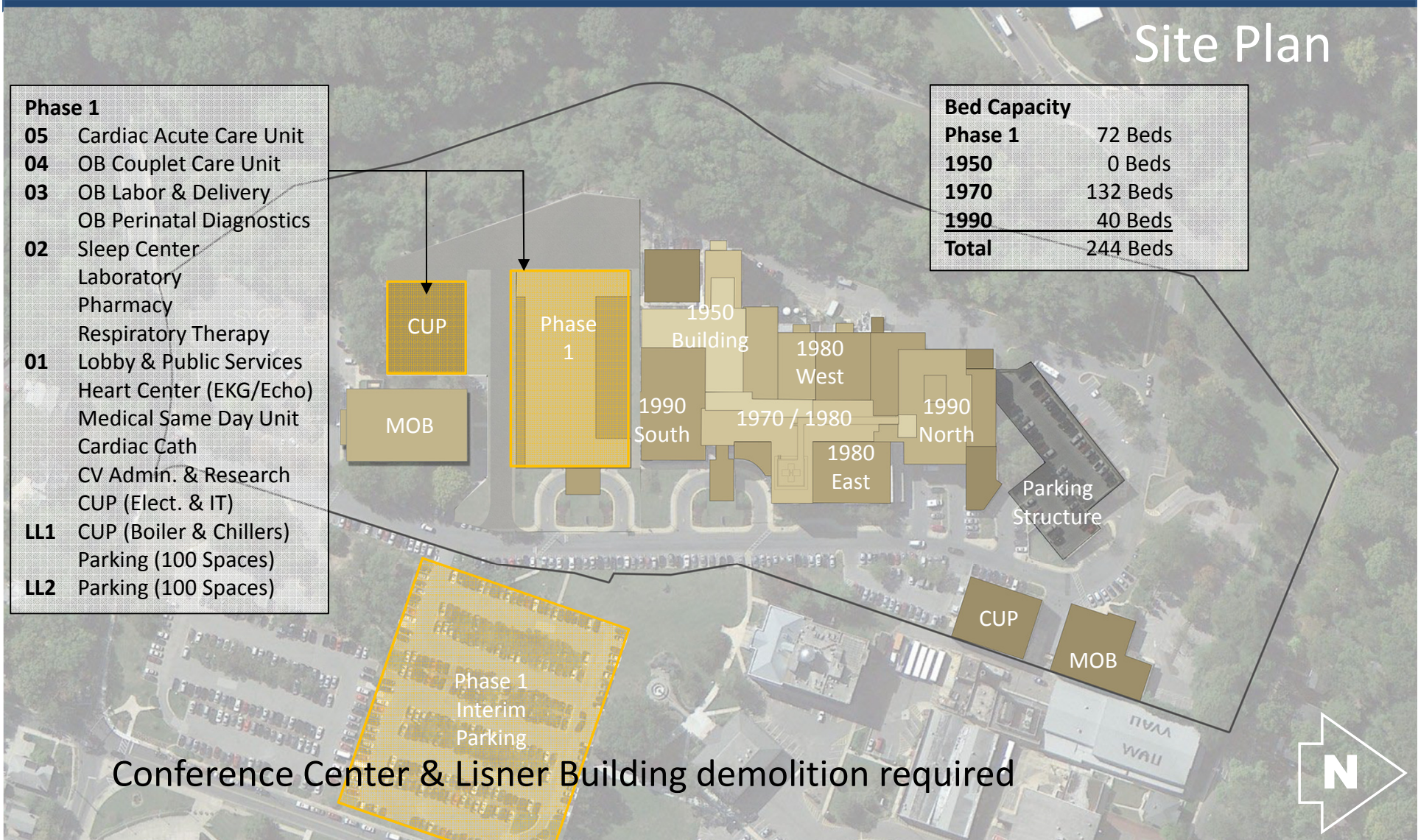
Site Plan

Phase 1

- 05** Cardiac Acute Care Unit
- 04** OB Couplet Care Unit
- 03** OB Labor & Delivery
OB Perinatal Diagnostics
- 02** Sleep Center
Laboratory
Pharmacy
Respiratory Therapy
- 01** Lobby & Public Services
Heart Center (EKG/Echo)
Medical Same Day Unit
Cardiac Cath
CV Admin. & Research
CUP (Elect. & IT)
- LL1** CUP (Boiler & Chillers)
Parking (100 Spaces)
- LL2** Parking (100 Spaces)

Bed Capacity

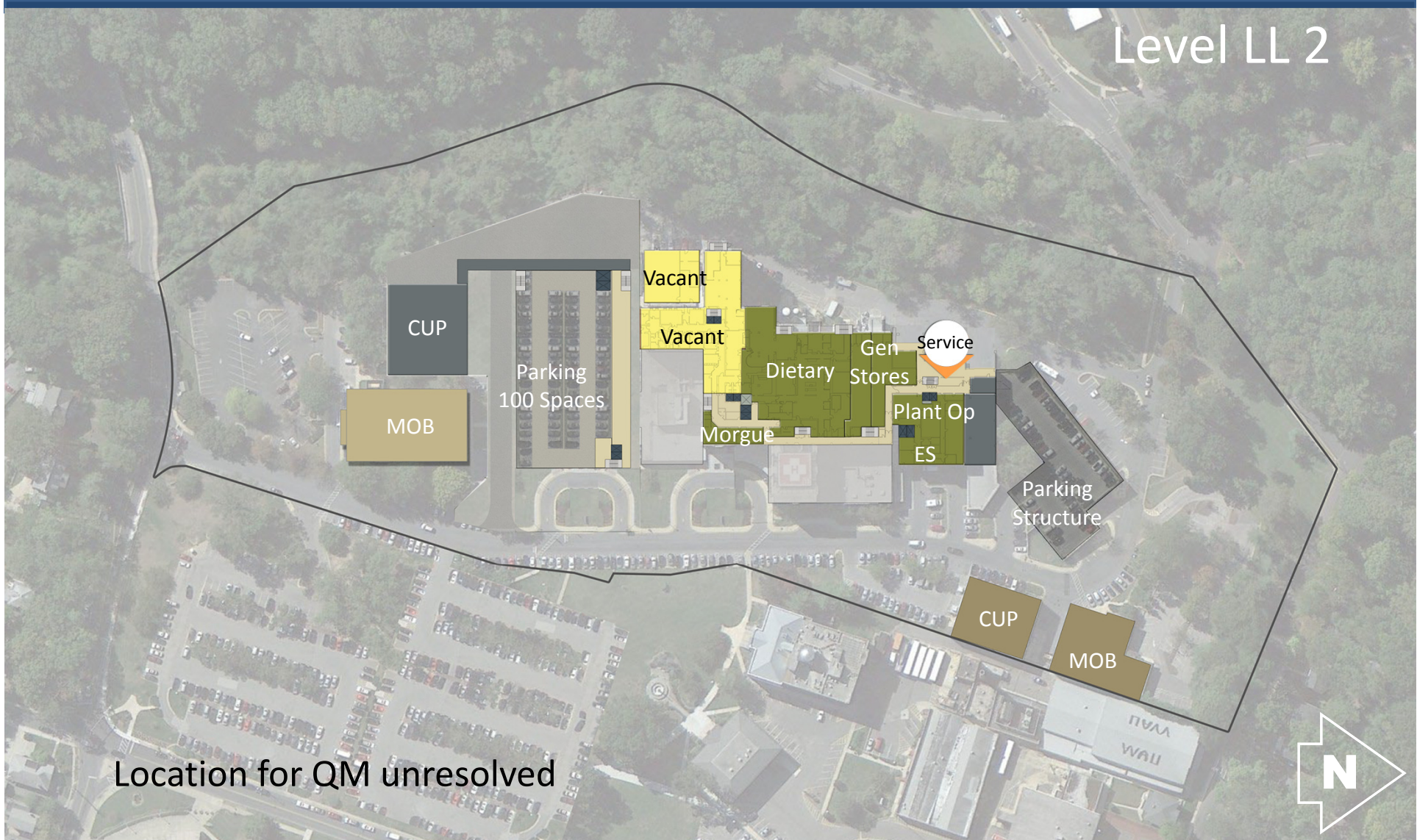
Phase 1	72 Beds
1950	0 Beds
1970	132 Beds
1990	40 Beds
Total	244 Beds



Conference Center & Lisner Building demolition required

Phase 1 Detail

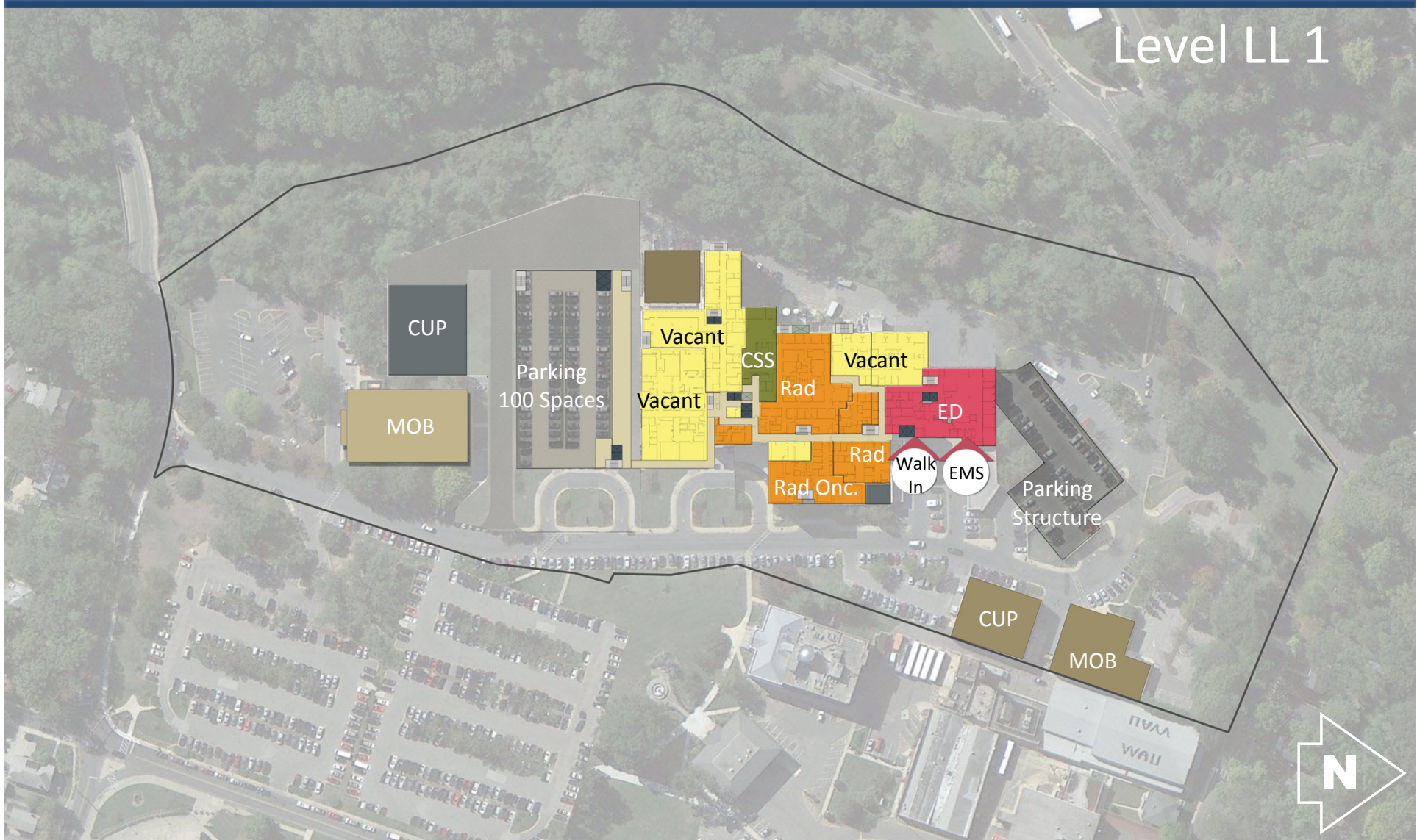
Level LL 2



Location for QM unresolved

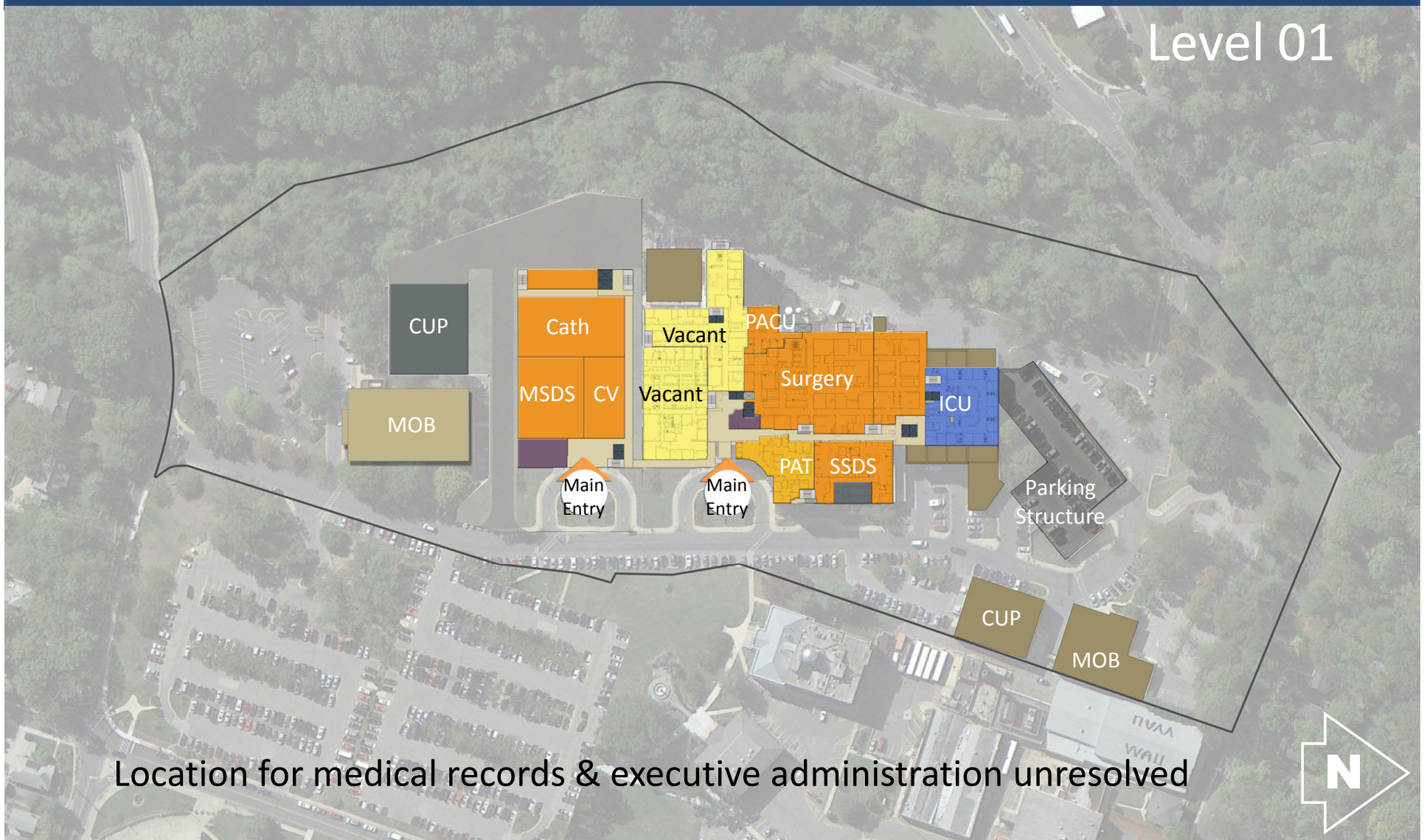
Phase 1 Detail

Level LL 1



Phase 1 Detail

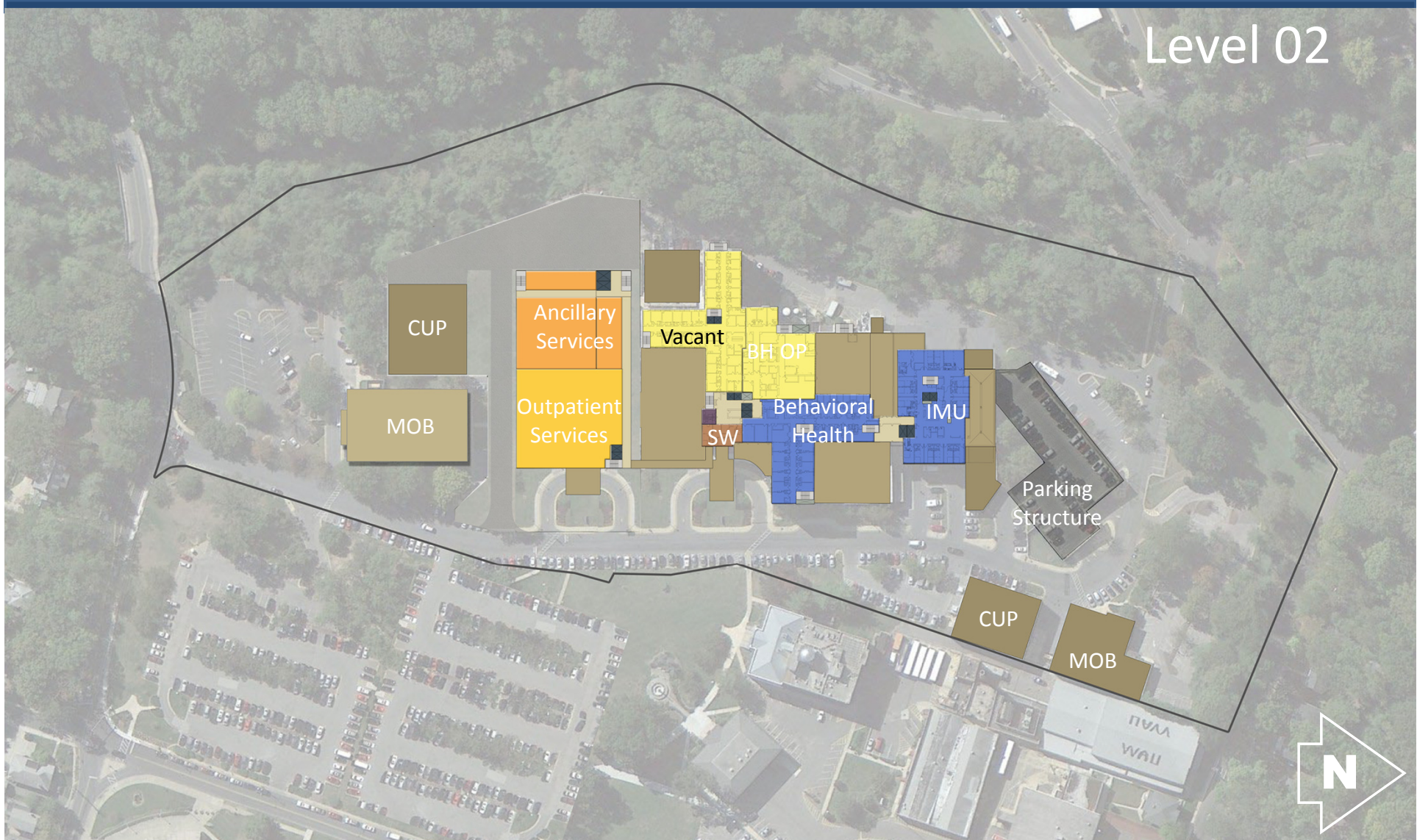
Level 01



Location for medical records & executive administration unresolved

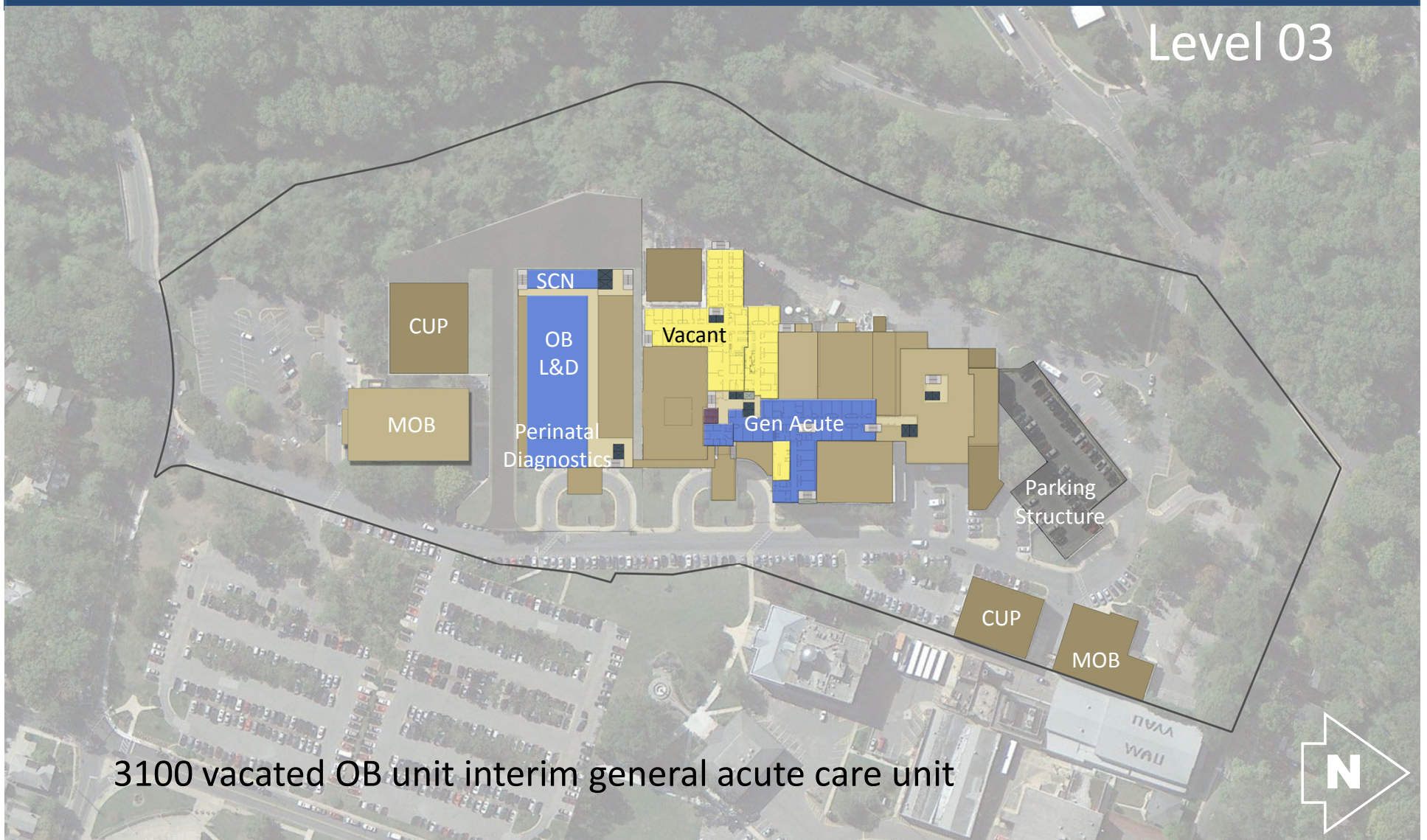
Phase 1 Detail

Level 02



Phase 1 Detail

Level 03



Phase 1 Detail

Level 04



Phase 1 Detail

Level 05



5200 Acute Rehabilitation Unit location unresolved

Phase 1 Detail

Level 06



Compelling Priorities

- **1950 Building Construction**
11'-0" floor to floor heights do not support high-acuity services such as OB L&D, Clinical Laboratory, Nuclear Medicine and Inpatient Services
Site is critical to providing OB Post-Partum patient care adjacent to Phase 1 L&D Suite
- **Critical Adjacencies**
Priorities include locating emergency services in close proximity to cardiac cath, and locating radiology, surgery & critical care in close proximity to the ED
- **Empty Chair**
Site is planned to accommodate remaining services located in 1980 West Building

Project Scope

- **Building Demolition**
 - 1950 Building 98,200 gross area
 - 1990 South Building 24,160 gross area
- **New Construction**
186,400 gross building area
- **Services**
 - Inpatient Services**
 - 78 beds
 - Ancillary Clinical Services**
 - Emergency Services
 - Radiology suite
 - Surgical Suite
 - Support services**
 - Dietary Services
 - Central Sterile Supply (CSS)

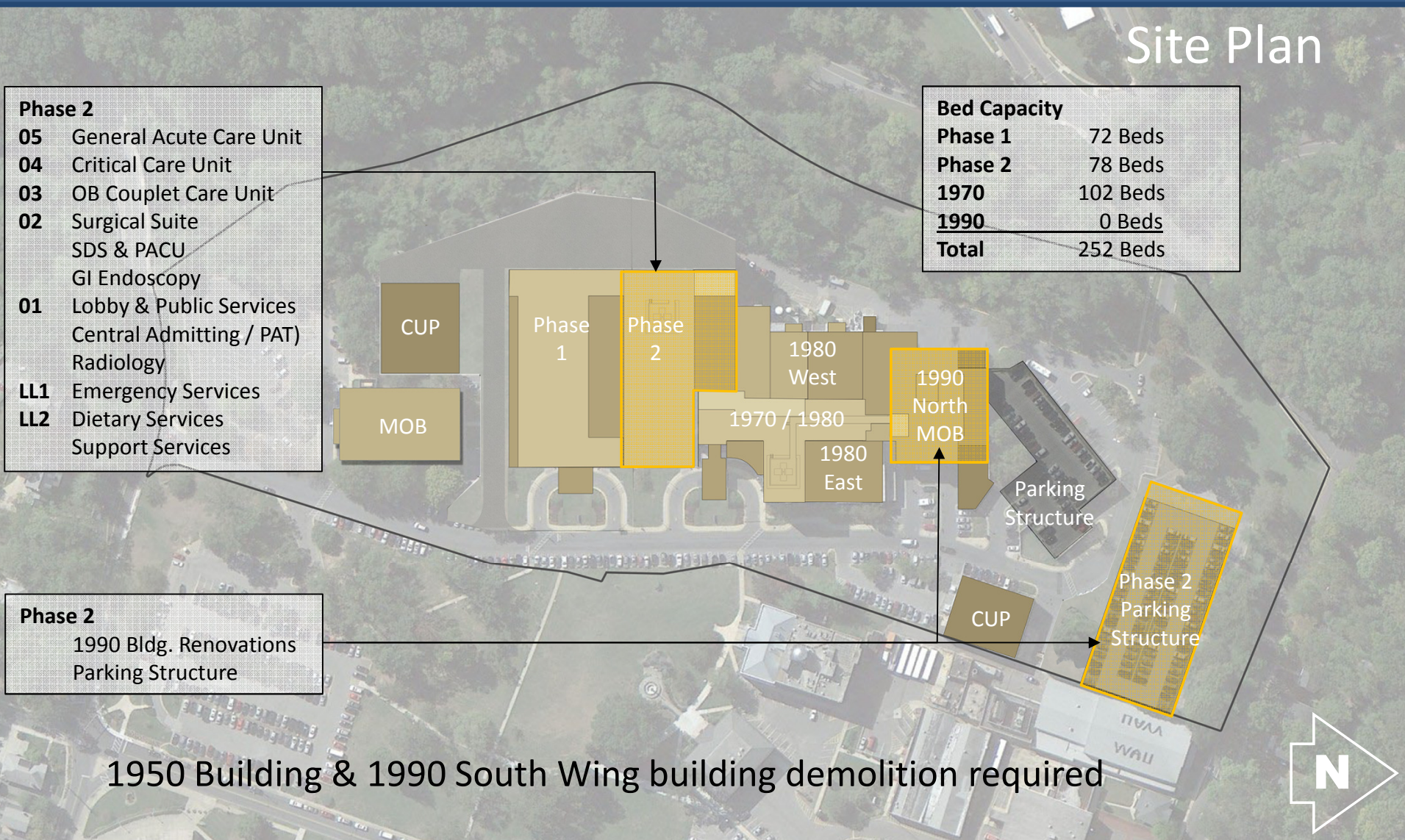
Phase 2 Detail

Site Plan

- Phase 2**
- 05** General Acute Care Unit
 - 04** Critical Care Unit
 - 03** OB Couplet Care Unit
 - 02** Surgical Suite
SDS & PACU
GI Endoscopy
 - 01** Lobby & Public Services
Central Admitting / (PAT)
Radiology
 - LL1** Emergency Services
 - LL2** Dietary Services
Support Services

Bed Capacity	
Phase 1	72 Beds
Phase 2	78 Beds
1970	102 Beds
1990	0 Beds
Total	252 Beds

- Phase 2**
- 1990 Bldg. Renovations
 - Parking Structure



1950 Building & 1990 South Wing building demolition required

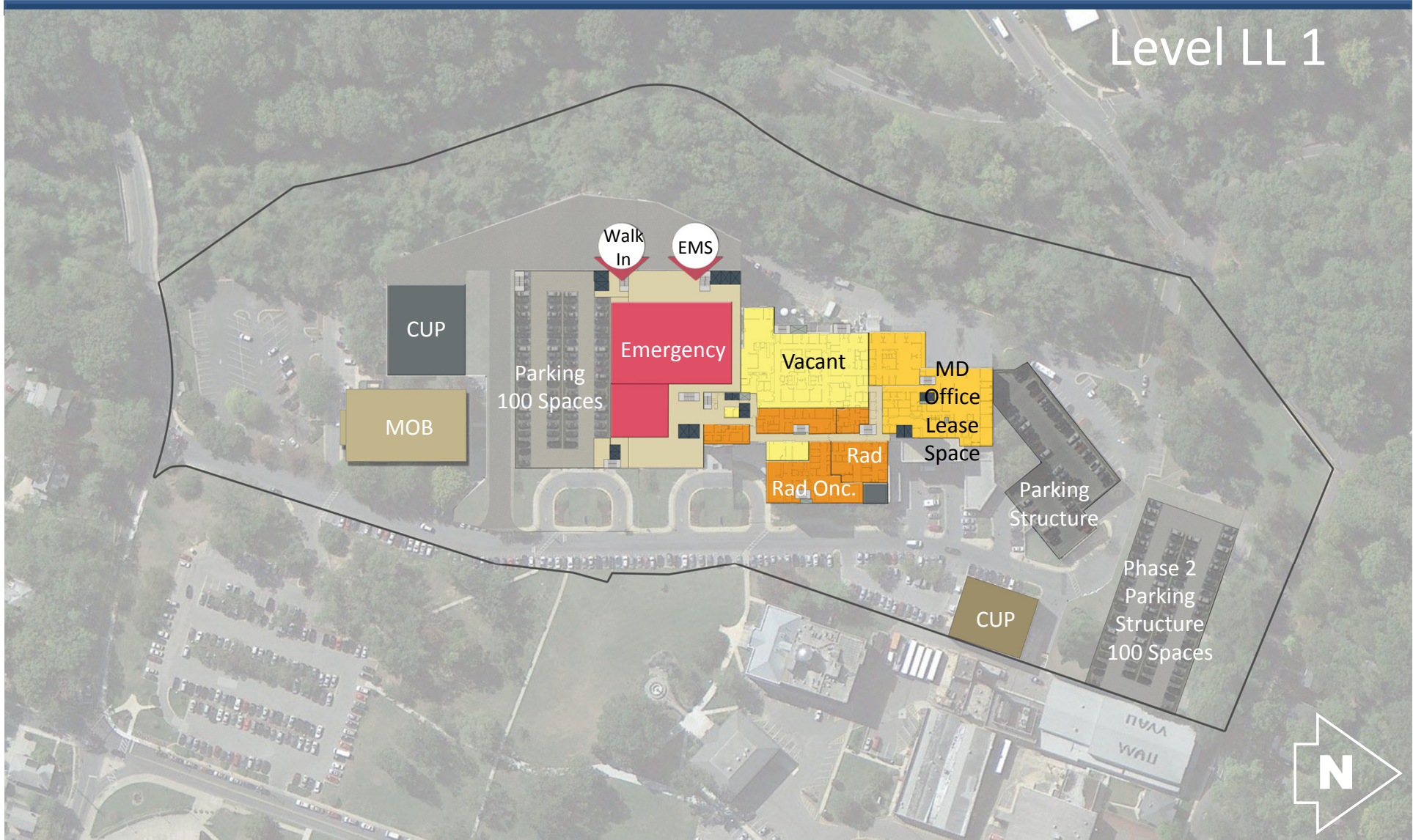
Phase 2 Detail

Level LL 2



Phase 2 Detail

Level LL 1



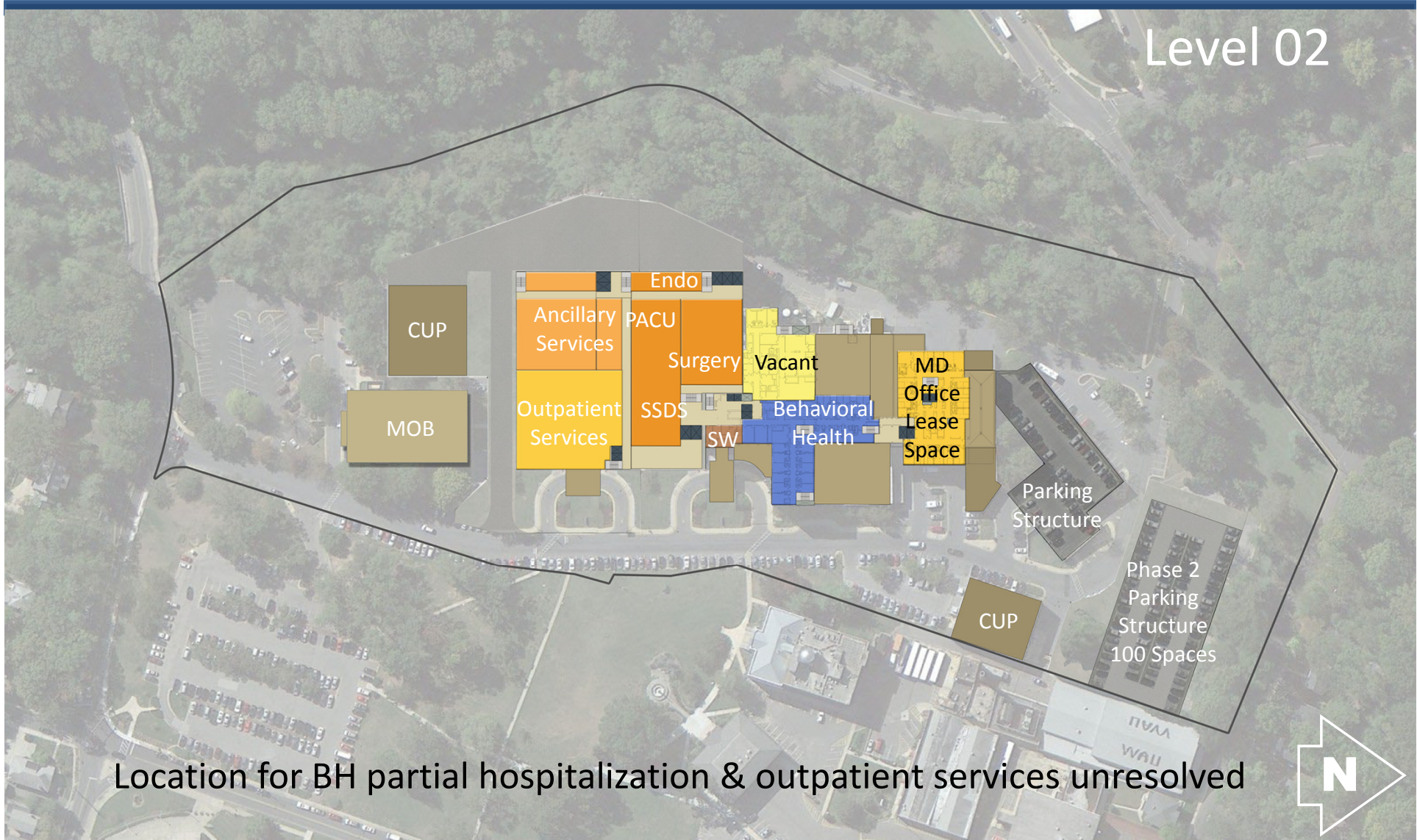
Phase 2 Detail

Level 01



Phase 2 Detail

Level 02



Phase 2 Detail

Level 03



Phase 2 Detail

Level 04



Phase 2 Detail

Level 05



WASHINGTON ADVENTIST HOSPITAL - OPTION B

Phased Replacement at Takoma Park - Master Plan Phases 1, 2 & Garage

IMPACT OF RENOVATION/EXPANSION PROGRAM ON EXISTING HOSPITAL OPERATIONS

Item	Primary Sources	Zone of Impact	Disruption / Risk	Mitigation Measures
Noise	* Construction Equipment & Vehicles	Hundreds of feet and multiple floors. Varies by source.	Variable - from mild distraction to serious interference with communications.	Restricted work hours and work areas.
Vibration	* Heavy Demolition * Excavation / Blasting * Pile Driving	Entire project site.	Interference with sensitive medical equipment including imaging, surgical lighting, etc.	Restricted work hours. Emergency shut-down procedures.
Air-borne Contaminants (Dust)	* Heavy Demolition * Excavation / Blasting * Material Delivery	Entire project site.	Contamination of interior air including fresh air intakes. Compromise of infection control measures.	Construction site procedures. Equipment washdown. Site and existing equipment monitoring. Additional / enhanced filtration.
Surface-borne Contaminants (Mud & Dirt)	* Grading * Landscaping * Paving	Areas on pedestrian and vehicular path of travel. Primarily building entrances.	Contamination of interior surfaces. Compromise of infection control measures.	Temporary vestibules. Equipment washdown. Walk-off mats. Controlled procedures for travel between site and existing facilities.
Physical Security - Accidental Injury	* Tie-in between existing and new security systems * Accidental breaches	Entire project site - staff, patients and visitors.	Higher risk of physical injury due to presence of construction personnel and equipment operating in or near occupied areas.	Construction safety measures (tool box talks, barriers). Staff training. Construction phase signage / wayfinding. Additional security staff and construction procedures.
Physical Security - Theft or Assault	* Tie-in between existing and new security systems * Intentional breaches	Entire project site - staff, patients and visitors.	Higher risk of theft or assault due to possible presence of un-screened personnel in or near occupied areas.	Screening and badging of workers. Staff training. Additional security staff and construction procedures.

IMPACT OF RENOVATION/EXPANSION PROGRAM ON EXISTING HOSPITAL OPERATIONS

Item	Primary Sources	Zone of Impact	Disruption / Risk	Mitigation Measures
Data Security	<ul style="list-style-type: none"> * Tie-in between existing and new IT/data systems * Accidental breaches * Intentional breaches 	IT/data networks and electronic medical records systems.	Higher risk of compromised data due to possible presence of un-screened personnel and equipment.	Screening and badging of workers. Additional security staff and construction-specific network protocols.
Electrical Service Outages	<ul style="list-style-type: none"> * Tie-in to new service * Tie-in to new gensets * New ATS systems Hidden conditions 	Entire project site. *	Risk of electrical service outages during tie-in between existing and new services.	Temporary or permanent redundant feeders and back-up generators. Distributed battery back-up units. Dry runs for critical cut-overs.
Heating & Cooling Outages	<ul style="list-style-type: none"> * Tie-in to new boilers * Tie-in to new chillers * Tie to new controls 	Entire project site.	Risk of heating and cooling outages during tie-in between existing and new services.	Back-up boilers. Temporary portable chillers. Manual override procedures.
Support Staff Efficiency & Response Time	<ul style="list-style-type: none"> * Relocation of support service areas * Changes in path of travel from support services to units * Relocation of units 	Potential for all support services to be affected: dietary, EVS, imaging, pharmacy, lab, OT, etc.	Increased risk of errors and inefficiency due to temporary relocation of support services and/or serviced units and changes in path of travel due to construction phasing plans.	Temporary imaging equipment. Additional wayfinding, orientation, documentation and staffing. Dry runs for critical support functions, e.g. patient transfers between or into critical care units.
Reduced Patient Census	<ul style="list-style-type: none"> * Difficulty or perceived difficulty to access facility due to circulation and parking changes * Patient's desire to avoid inconvenience of dealing with a facility under construction 	Entire facility.	Patient census typically drops during major construction projects at existing hospitals for the reasons noted under "Primary Sources."	Alternate parking methods, e.g. valet service or off-site parking with shuttles. Additional construction phase wayfinding, education, outreach and public relations efforts.

IMPACT OF RENOVATION/EXPANSION PROGRAM ON EXISTING HOSPITAL OPERATIONS

Item	Primary Sources	Zone of Impact	Disruption / Risk	Mitigation Measures
<p>Lowered Patient Satisfaction Ratings</p>	<ul style="list-style-type: none"> * Difficulty or perceived difficulty to access facility due to circulation and parking changes * Inconvenience of dealing with a facility under construction * Confusion over location of functions which have moved due to construction phasing 	<p>Entire facility.</p>	<p>Patient satisfaction ratings typically drop during major construction projects at existing hospitals for the reasons noted under "Primary Sources."</p>	<p>Alternate parking methods, e.g. valet service or off-site parking with shuttles. Additional construction phase wayfinding, education, outreach and public relations efforts.</p>

Objectives / Factors for Cost Effective Alternative

	Factor	Option B	Option D	Conclusion
1	Financial Feasibility			
2	Financial Viability	To achieve fully comparable result Option B (Complete Master Plan) is more expensive and as a result less viable. The cost-effective alternative is to complete only Step 1 and Step 2 of the Master Site Plan. Were it to be implement, the 8-10 years of construction in Option B wouldl adversely affect the hospital (fewer doctors will work there and fewer patients will voluntarily select this hospital for treatment), reducing financial outcomes.	The financial statements show positive cash flow after 4 years.	Option B construction cost may be similar but resulting disturbance to patients and staff from 10 years of construction would affect viability.
3	Improves access	Option B Master Plan improves the on-site vehicle circulation with new emergency location and drop off at new front door. The site would have a "ring" that would provide additional flexibility. Locating outpatient and offices at the North end of the site may provide a separation of visitor ingress as people eventually learn that the North entry will be a shortcut to the parking and closer to their destination. Step 1 and Step+D9 2 provide better access with the re-location of Emergency Department and roads. However, the entry points still congested and	Option D is a better location with better feeder roads. Clear differentiation on site of vehicles (separate entry from street for service and ambulance, separate entry for parking).	While Option B improves the access within the current site, the external constraints of 2-lane roads and local opposition to traffic increases mean that only so much can improvement can be made.
4	provide sufficient parking to meet the needs of patients, visitors, physicians, and staff	Maximum site parking 1284 spaces per Settlement Agreement. This would not be sufficient for the hospital and medical office space required. Changes to this Agreement would require re-negotiation with City, affecting project schedule and cost. Off-site parking with shuttles used for any other requirements. Assuming this can be overcome, Option B showsncludes additional parking for outpatient and inpatient services. However, the site is still constricted and accommodating long-term parking needs proves difficult. Shuttles would still be required.	Site permit approved by Montgomery County permits at least 2100 spaces in the total site build-out, sufficient capacity for all patients, visitors, physicians, and staff. This site Master Plan accommodates all near and future requirements on site. The site plan shows interim surface parking with approved expansion to parking structures.	Option D provides the better long-term solution with fewer site challenges.

5	improve campus and building aesthetics	New buildings allow for new campus aesthetic over the 10-15-year Master Plan. After Step 2 of the Master Plan, the campus will not look coherent (with buildings from 1970, 1980, and 1990s). As much as architects will try to unify these buildings, it will be a difficult task. Another building will be added but the Campus aesthetic will be difficult to improve until the Master Plan is completed.	New site and new buildings.	In this respect because both options result in new buildings, the options are relatively equal, except that Option B will take 10 years to achieve new aesthetic. During that time, the hospital will be a mess.
6	improve the effectiveness and efficiency of building utility systems	Phase 1 of Option D replaces beds in new tower and includes new Central Plant sized for expansion. All new facilities will have upgraded systems including modern mechanical and data systems. As the Option D Master Plan construction progresses, the renovated or new constructed spaces will also move to the new Central Plant until the existing plant is phased out. The Takoma Park facility will continue to use outdated technology and systems until the entire campus is renovated or replaced.	Day one of this option provides maximum efficiency. The project is required to meet LEED silver certification but the client and team feel this project can improve on this standard. The project will be engineered to use systems that provide long-term efficiency.	Option D is effective and efficient from Day One and provides long-term benefits, including room for utility expansion. Option B phases in efficiency as part of 10-12 year plan. Existing systems will not be removed until the last phase.
7	improve patient flow and staff efficiency through improvements in departmental proximity and patient/staff movements	New plan improves efficiency with new locations for emergency department and collects currently disparate programs together to improve efficiency. After Step 2 of the Master Plan, the campus will be a mix of new and old buildings. This will require transfer elevators to make up difference in floors.	As a new building, Option D maximizes efficiency: surgery and critical care are adjacent and directly over Emergency. All patient rooms are stacked and accessed through main public and service elevator cores. Central elevators connect patient floors and services such as nutrition.	Option D provides the better building solution.
8	maximize private bed capacity	Option B creates new medical surgical beds in Phase 1 and 2 as replacement beds. This is one of the highest priorities for WAH and the hospital strives to create as many private beds as quickly as possible. However, this will not be achieved until all patient beds are replaced or renovated, which is expected in later phases of Option B. Behavioral health will retain semi-private beds due to limited space.	All beds private from Day One at White Oak. Behavioral Health in Takoma Park will be expanded to all private beds.	Option D fully satisfies criteria.
9	Ability to achieve regulatory approval	Option B has many obstacles to overcome. Major construction on campus and construction in covenant areas will be opposed by City. The City will almost certainly oppose additional parking beyond the approved 1284 spaces.	Site Plan is current approved and minor revisions made in this CON application are not anticipated to be opposed by County.	Option B will require significant legal and financial effort.

10	provide the opportunity for future inpatient capacity	Site is restricted and future growth impeded beyond this plan.	Site allows for future growth. Site plan shows expansion vertically (new patient tower over surgery areas) and horizontally (growth of main hospital to the North for E.D. and South for Admin/Surgery). In addition, the site will permit another tower between the main hospital and the retaining wall. All of these are within the scope of the approved site plan.	Option D is a better long-term plan for WAH.
11	increase outpatient capacity / accessibility	Provides MOB space for development in later phases.	WAH-TP includes urgent care and outpatient services. WAH-White Oak will include development at Building A, adjacent to the hospital, as well as portneital for MOB's on site, to provide outpatient services.	Option D is a better long-term plan for WAH.
12	increase physician recruitment opportunities, (additional text from CON: "which in WAH's view means the ability to provide physician office space either on or adjacent to the campus")	Physician office space would not be available until the later phases because the first two steps of Option B are to provide buildings to replace aging hospital patient areas. While an upgraded and renovated hospital (when completed) would be a draw for recruitment, the period of renovations would severely impact retention and physician morale. Most new recruits would reply "talk to me when all this is over."	A brand new facility with excellent site access is an immediate incentive to draw new physicians. The plan for the site includes physician office space in a brand new building on campus adjacent to the hospital in what is considered an ideal location.	Option D satisfies the criteria immediately.
13	Impact on Community	Significant short-term and long-term impact. Community will undoubtedly fight WAH to deny implementation, resulting in additional cost and schedule delays. Construction traffic, noise, and vibration will also be viewed negatively by community. Additional traffic from growth will undoubtedly trigger a community response, resulting in delays or additional cost.	Site plan as been approved by County and any negative community impact already resolved. Construction of this hospital will likely provide economic stimulus to nearby businesses as hospital staff use local services.	Option D will be viewed as a positive impact. Option B mostly likely viewed as a negative impact.
14	minimize impact on current operations	To affect change, a major reconstruction project is required. This effort will require extensive excavation, demolition, relocation, and new construction. It is expected that current operations, including surgery and patient satisfaction, will be negatively impacted. ICRA (Infection Control Risk Assessment) would be a major cost and scheduling issue. Due to tight site and aging building inventory, significant changes would be required to affect needed change to Takoma Park. No significant changes can occur without real impact on current operations.	Option D includes renovation work in Takoma Park as programs move to White Oak. However, the impact of removing space will be minor. Major demolition is not expected.	Option D will have a positive impact on current operations and patient safety.

15	Ability to achieve project completion	While WAH will probably prevail against local community opposition, this scheme will face opposition and challenges and potential delays. Option B is a realistic Master Plan for the Takoma Park site. It provides the necessary changes for the hospital to function for the next 25 years.	Once CON is approved, this scheme will be viable and ready for implementation. WAH schedule shows breaking ground soon after receipt of CON approval.	Option D is the choice more likely to achieve completion.
16	Impact on AHC and its services	It is difficult to overstate the disruption that a major hospital renovation/modernization project will cause to hospital operations. This is especially true considering how intertwined the older buildings requiring immediate vacancy are with the slightly more recent buildings. Demolition causes noise and vibration that will require scheduling and special operations. Either off-hours demo will be necessary (issue of cost and neighbors) or the demo will be "selective," meaning each portion of concrete will be shored, carefully saw cut, secured and hoisted to a clear location (issue of time and cost).	Because much of the acute care will be a straightforward relocation from Takoma Park to White Oak, the effect will be positive on AHC services. Staff will receive training for new spaces and systems such as Electronic Medical Records. Programs to remain in White Oak will, for the most part, remain in place with minimal impact.	The Option D plans to re-program and re-use the existing building stock for non-hospital functions represent the most logical use of these buildings after most of the hospital programs relocate to White Oak.
17	Ensures long-term future of WAH	Site is constricted. 25 years from now WAH will have difficulty planning long-term feasible growth. Takoma Park is a site nearing the end of its useful life.	Site provides synergy with adjacent properties such as FDA. Site has been approved for future growth including physician offices, parking, bed capacity.	WAH considers White Oak to be a site for the next 100 years.
18	Potential to expand	To provide a comparable option, the site must be built to its capacity. There will be no potential to expand without purchasing additional land. Option B maximizes the use of the site and removes the oldest buildings on campus from 1950-1970. The plan allows for some expansion at the North but the site size limitations prohibit expansion potential. Expansion beyond the 15 year mark would include removal of existing buildings on campus.	See No. 10. The site design includes allowance for immediate expansion on site to permit growth for next 20 years.	The limitations of the Takoma Park site limit the expansion possibilities beyond 15 years without removing additional buildings.

19	Provides flexibility for dynamic market now / future	<p>Once the entire Master Site Plan is complete, 10-15 years from start, this project will provide some flexibility in the patient rooms. With new current standards heights the units can be more easily reconfigured.</p> <p>After Step 2, the project will have less flexibility because the site will be "maxed out." Additional demo/constructio will be required for Step 3 and 4.</p>	Flexibility from Day One. The building is set on a flexible moduel. The site provides flexiblity for growth, the floor heights are sufficient for flexibility.	<p>Option B provides flexibility only after final Master Plan is complete.</p> <p>Both provide flexibility in the future, though the future of Option D is brighter than Option B and Option D has flexibility from Day One with current standards for floor heights and room size and clear growth potential options.</p>
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Adventist HealthCare, Inc. and Controlled Entities

Financial Statements and
Supplementary Information

December 31, 2011 and 2010



Adventist HealthCare, Inc. and Controlled Entities

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December 31, 2011 and 2010

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Independent Auditors' Report

Board of Trustees
Adventist HealthCare, Inc. and Controlled Entities

We have audited the accompanying consolidated balance sheets of Adventist HealthCare, Inc. and controlled entities (the "Corporation") as of December 31, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Adventist HealthCare, Inc. and controlled entities as of December 31, 2011 and 2010, and the results of their operations, changes in net assets, and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As disclosed in Note 2 to the consolidated financial statements, the Corporation adopted new authoritative accounting guidance related to the reporting and disclosures of the allowance for doubtful collections, provision for doubtful collections, and net patient service revenue in 2011.

ParenteBeard LLC

Wilkes-Barre, Pennsylvania
April 19, 2012

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 15,166,805	\$ 32,366,183
Short-term investments	167,409,546	164,424,244
Assets whose use is limited	4,583,523	10,176,978
Patient accounts receivable, net of estimated allowances of \$92,534,000 in 2011 and \$87,024,000 in 2010	129,749,725	121,738,350
Other receivables, net of estimated allowance for doubtful collections of \$2,766,000 in 2011 and \$2,675,000 in 2010	8,315,618	11,370,728
Inventories	12,216,675	11,502,900
Prepaid expenses and other current assets	<u>3,685,259</u>	<u>4,085,293</u>
Total current assets	341,127,151	355,664,676
Property and Equipment, Net	390,200,632	379,358,364
Assets Whose Use is Limited		
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	15,695,442	4,393,189
Professional liability trust fund	8,990,494	10,873,593
Deferred compensation fund	164,057	1,769,687
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	2,514,087	2,401,581
Investments and Investments in Unconsolidated Subsidiaries	10,737,019	8,999,453
Land Held for Healthcare Development	73,187,614	63,695,713
Deferred Financing Costs, Net	3,870,269	4,214,161
Intangible Assets, Net	5,979,535	6,307,009
Deposits and Other Noncurrent Assets	<u>6,992,385</u>	<u>8,029,018</u>
Total assets	<u>\$ 859,458,685</u>	<u>\$ 845,706,444</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 81,619,982	\$ 76,820,946
Accrued compensation and related items	34,294,188	34,313,828
Interest payable	2,508,920	1,018,146
Due to third party payors	19,611,070	20,416,870
Estimated self-insured professional liability	1,860,185	1,265,100
Current maturities of long-term obligations	<u>18,420,042</u>	<u>36,462,427</u>
Total current liabilities	158,314,387	170,297,317
Construction Payable	197,857	1,664,302
Long-Term Obligations, Net		
Bonds payable	236,612,788	243,507,996
Notes payable	48,889,925	35,342,069
Capital lease obligations	19,259,096	16,464,957
Derivative Financial Instruments	27,839,846	18,554,996
Deferred Compensation	164,057	1,769,687
Other Liabilities	8,153,150	12,034,637
Estimated Self-Insured Professional Liability	<u>7,086,125</u>	<u>8,956,524</u>
Total liabilities	<u>506,517,231</u>	<u>508,592,485</u>
Net Assets		
Unrestricted	342,823,039	327,126,511
Temporarily restricted	9,776,994	9,646,027
Permanently restricted	<u>341,421</u>	<u>341,421</u>
Total net assets	<u>352,941,454</u>	<u>337,113,959</u>
Total liabilities and net assets	<u>\$ 859,458,685</u>	<u>\$ 845,706,444</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Operations

Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Unrestricted Revenues		
Net patient service revenue	\$ 759,058,738	\$ 746,035,851
Provision for doubtful collections	<u>(37,981,741)</u>	<u>(30,527,785)</u>
Net patient service revenue less provision for doubtful collections	721,076,997	715,508,066
Other revenue	<u>39,604,098</u>	<u>39,224,727</u>
Total unrestricted revenues	<u>760,681,095</u>	<u>754,732,793</u>
Expenses		
Salaries and wages	328,703,262	332,148,833
Employee benefits	66,938,101	66,400,095
Contract labor	24,285,444	21,861,051
Medical supplies	113,328,285	115,215,279
General and administrative	113,666,146	105,809,208
Building and maintenance	40,920,193	41,753,585
Insurance	6,276,544	5,870,548
Interest	12,548,031	9,075,200
Depreciation and amortization	<u>33,234,503</u>	<u>33,006,310</u>
Total expenses	<u>739,900,509</u>	<u>731,140,109</u>
Income from operations	<u>20,780,586</u>	<u>23,592,684</u>
Other (Expense) Income		
Investment income	4,288,708	4,775,018
Loss on extinguishment of debt	(1,285,000)	-
Other (expense) income	<u>(6,951,389)</u>	<u>543,683</u>
Total other (expense) income	<u>(3,947,681)</u>	<u>5,318,701</u>
Revenues in excess of expenses from continuing operations	16,832,905	28,911,385
Change in net unrealized gains and losses on investments other than trading securities	(557,711)	896,239
Change in net unrealized loss on derivative financial instruments	(2,786,621)	(4,187,491)
Transfer from unconsolidated subsidiary	-	1,741
Net assets released from restriction for purchase of property and equipment	2,066,669	4,356,320
Other unrestricted net asset activity	<u>2,286</u>	<u>29,965</u>
Increase in unrestricted net assets from continuing operations	15,557,528	30,008,159
Income from discontinued operations	<u>139,000</u>	<u>32,475,492</u>
Increase in unrestricted net assets	<u>\$ 15,696,528</u>	<u>\$ 62,483,651</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Changes in Net Assets
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Unrestricted Net Assets		
Revenues in excess of expenses from continuing operations	\$ 16,832,905	\$ 28,911,385
Change in net unrealized gains and losses on investments other than trading securities	(557,711)	896,239
Change in net unrealized loss on derivative financial instruments	(2,786,621)	(4,187,491)
Transfer from unconsolidated subsidiary	-	1,741
Net assets released from restriction for purchase of property and equipment	2,066,669	4,356,320
Other unrestricted net asset activity	<u>2,286</u>	<u>29,965</u>
Increase in unrestricted net assets from continuing operations	15,557,528	30,008,159
Income from discontinued operations	<u>139,000</u>	<u>32,475,492</u>
Increase in unrestricted net assets	<u>15,696,528</u>	<u>62,483,651</u>
Temporarily Restricted Net Assets		
Restricted gifts and donations	5,438,196	6,429,331
Net assets released from restriction for purchase of property and equipment	(2,066,669)	(4,356,320)
Net assets released from restriction used for operations	(3,085,874)	(3,662,005)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	(88,213)	113,304
Change in discount of pledges receivable and provision for doubtful pledges	(66,327)	(120,454)
Donor restricted investment income	2,762	26,707
Other temporarily restricted net asset activity	<u>(2,908)</u>	<u>-</u>
Increase (decrease) in temporarily restricted net assets	<u>130,967</u>	<u>(1,569,437)</u>
Permanently Restricted Net Assets		
Other permanently restricted net asset activity	<u>-</u>	<u>25</u>
Increase in net assets	15,827,495	60,914,239
Net Assets, Beginning	<u>337,113,959</u>	<u>276,199,720</u>
Net Assets, Ending	<u>\$ 352,941,454</u>	<u>\$ 337,113,959</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Cash Flows
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Cash Flows from Operating Activities		
Increase in net assets	\$ 15,827,495	\$ 60,914,239
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for doubtful collections	37,981,741	31,786,516
Depreciation and amortization	33,234,503	34,565,992
Gain on sale of property and equipment	-	(29,384,473)
Gain on derivative financial instrument termination	-	(1,006,962)
Loss on extinguishment of debt	1,285,000	3,155,409
Restricted contributions and grants	(2,939,713)	(2,956,307)
Earnings recognized from unconsolidated subsidiaries and affiliates	(3,479,857)	(7,085,830)
Amortization of bond discounts	9,790	9,790
Amortization of physician income guarantees	1,208,211	1,226,185
Change in net unrealized gains and losses on investments other than trading securities	557,711	(896,239)
Change in net unrealized loss on derivative financial instruments	9,284,850	4,598,806
Change in value of beneficial interest in trusts and charitable gift annuity	88,213	(113,304)
Change in discount on pledges receivable and provision for doubtful pledges	72,384	126,746
Changes in assets and liabilities:		
Patient accounts receivable, net	(45,932,449)	(45,433,540)
Other receivables, net	2,368,603	(1,510,159)
Inventories, prepaid expenses and other current assets	(313,741)	(968,223)
Accounts payable and accrued expenses	4,799,036	(8,569,582)
Accrued compensation and related items	(19,640)	1,479,378
Interest payable	1,490,774	(173,531)
Estimated self-insured professional liability	(1,275,314)	664,011
Due to third party payors	(805,800)	2,251,584
Other noncurrent assets and liabilities	(3,346,188)	7,482,813
Net cash provided by operating activities	<u>50,095,609</u>	<u>50,163,319</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Cash Flows
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Cash Flows from Investing Activities		
Purchase of property and equipment	\$ (42,089,576)	\$ (36,662,933)
Payments to physicians under income guarantees	(201,081)	(427,204)
Increase in investments and investments in unconsolidated subsidiaries	(4,595,550)	(52,608,990)
Net additions to land held for healthcare development	(9,491,901)	(2,997,500)
Proceeds from the sale of property and equipment, net of transaction costs	-	61,256,896
Net proceeds from derivative financial instrument transactions	-	6,814,530
Distributions from investments in unconsolidated subsidiaries	2,895,265	6,569,713
(Increase) decrease in trustee held funds and restricted cash	(4,038,642)	11,818,334
	<u>(57,521,485)</u>	<u>(6,237,154)</u>
Net cash used in investing activities		
Cash Flows From Financing Activities		
Payment of financing costs	(1,560,784)	(1,058,900)
Proceeds from issuance of bonds	117,185,000	-
Proceeds from capital lease facility	10,000,000	-
Repayments on long-term obligations, net	(138,337,431)	(47,395,396)
Change in short-term financing	-	(18,000,000)
Proceeds from restricted contributions and grants	2,939,713	2,956,307
	<u>(9,773,502)</u>	<u>(63,497,989)</u>
Net cash used in financing activities		
Net decrease in cash and cash equivalents	(17,199,378)	(19,571,824)
Cash and cash equivalents, beginning	<u>32,366,183</u>	<u>51,938,007</u>
Cash and cash equivalents, ending	<u>\$ 15,166,805</u>	<u>\$ 32,366,183</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 11,797,692</u>	<u>\$ 13,213,577</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Capital lease obligation incurred for equipment	<u>\$ 2,547,043</u>	<u>\$ 362,938</u>
Construction payable for property and equipment	<u>\$ 197,857</u>	<u>\$ 1,664,302</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

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

AHC is comprised of several operating divisions. Shady Grove Adventist Hospital (SGAH) is a 339-bed acute care hospital located in Rockville, Maryland. Washington Adventist Hospital (WAH) is a 271-bed acute care hospital with 22 acute rehabilitation beds located in Takoma Park, Maryland. Adventist Behavioral Health (ABH) is comprised of three separate facilities located in Maryland. ABH – Rockville is a 107-bed psychiatric hospital with 63 residential treatment rooms and 16 group home beds for adolescents. ABH – Eastern Shore is the region's only acute care and residential mental health resource for children and adolescents, which has 15 acute care psychiatric beds and 59 residential treatment rooms. ABH – Anne Arundel offers 30 adolescent residential treatment beds, 18 group home beds for adolescent males, and the opportunity for special and general education for up to 65 adolescents with emotional and behavioral disabilities. The Support Center is comprised of the corporate office that provides corporate and centralized shared service functions that benefit the entire healthcare system. The Support Center is comprised of the following units: Adventist Preferred Nursing (APN), Adventist Choice Nursing (ACN), Adventist Home Assistance (AHA) and the AHC Benefit business unit. APN maintains and manages a pool of skilled nurses that provide services to affiliated healthcare entities for a fee. ACN provides skilled nursing care to individual patients and other healthcare entities not affiliated with AHC. AHA provides non-clinical assistance to homebound patients who cannot perform certain daily activities on their own. The AHC Benefit business unit administers the self insured health benefit program including health insurance, dental and vision coverage for Adventist HealthCare, Inc. and controlled entities.

Hackettstown Community Hospital d.b.a. Hackettstown Regional Medical Center (HRMC) is a 111-bed not-for-profit acute care hospital organized under the laws of the State of New Jersey. The primary purpose of HRMC is to participate in the health ministry of the Seventh-day Adventist Church and to promote the wholeness of man physically, mentally and spiritually through acute care hospital services. HRMC is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

Adventist Rehabilitation Hospital of Maryland, Inc. (ARHM) is comprised of two outpatient sites in Maryland. ARHM - Rockville is a 53-bed rehabilitation facility and ARHM - Takoma Park is a 24-bed rehabilitation facility. ARHM is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Adventist Medical Group (AMG), formerly known as Adventist Physician Services, Inc., is a not-for-profit entity that provides physician professional health services to further provide necessary services to the communities it serves. AMG is tax-exempt under Section 501(c)3 of the Internal Revenue Code. In November 2011, Adventist Healthcare, Inc. contracted with Medical Faculty Associates, Inc. (MFA) to employ the AMG employees, through a wholly owned affiliate of MFA, in exchange for certain economic support to facilitate the growth by MFA of the AMG practices.

Adventist Senior Living Services, Inc. (ASLS) is a nonstock membership corporation that provides management and support services to five subsidiary nursing homes, a wholly-owned dialysis center, and one affiliated nursing home. The facilities' residents primarily come from the State of Maryland. ASLS and its subsidiary nursing homes are tax-exempt under Section 501(c)3 of the Internal Revenue Code.

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

Adventist Management Services, Inc. (AMSI) is organized as a taxable corporation to provide management services to its subsidiaries that provide various health care services including, but not limited to a wholly-owned healthcare recruitment organization, GROW HealthCare, LLC.

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

Principles of Consolidation

The consolidated financial statements for 2011 and 2010 include the accounts of AHC, the controlling parent, HRMC, ARHM, the Lourie Center, AMG, ASLS, AHHS, AMSI, the Foundations, and their majority-owned subsidiaries and controlled affiliates (collectively, the "Corporation"). All significant intercompany balances and transactions have been eliminated in the consolidated financial statements of the Corporation.

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through April 19, 2012, the date the consolidated financial statements were issued.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risk Factors

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance; however, the possible future financial effects of this matter on the Corporation, if any, are not presently determinable.

Maryland Health Services Cost Review Commission

Patient charges of SGAH, WAH, ABH and ARHM are subject to review and approval by the Maryland Health Services Cost Review Commission (HSCRC). Management has filed the required reports with the HSCRC for each facility and believes they are in compliance with HSCRC requirements.

The HSCRC has placed into its methodology a rate system which, among other things, causes SGAH and WAH to calculate the amount of revenue lost or gained due to variances from approved rates. Revenue lost due to undercharges in rates is recouped through increases in prospective rates. Similarly, revenue gained due to overcharges in rates is paid back, wholly or in part, through reductions in prospective rates.

The Corporation reported net undercharges of \$5,093,938 and \$8,915,506 as of December 31, 2011 and 2010, respectively. These undercharges reflect (1) the variance between actual patient charges and the rate orders, and (2) a provision for expected rate adjustments related to the case mix experience of WAH and SGAH. The net amounts are reported as a component of net patient service revenue and patient accounts receivable in the consolidated financial statements. Since the HSCRC's rate year extends from July 1 through June 30, these amounts will continue to fluctuate until the end of the rate year, at which time any over/under charges are amortized on the straight-line basis over the following rate year.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Under Maryland law, charges of specialty hospitals such as ARHM are subject to review and approval by the HSCRC. HSCRC regulations also include a provision whereby a hospital may apply for an exemption from the requirements to charge for services in accordance with the HSCRC regulations. Certain conditions regarding the percentage of revenue related to Medicare and Medicaid patients and total revenues must be met to receive the initial exemption and must be met each year thereafter. Reporting requirements as established by the HSCRC continue if an exemption regarding charging for services is received. The Corporation's management believes ARHM met the conditions for exemption during 2011 and 2010.

Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and certificates of deposit purchased with original maturities of less than 90 days, excluding assets whose use is limited.

Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful collections and provision for doubtful collections. For patient accounts receivable associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful collections and provision for doubtful collections, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful collections.

The Corporation's allowance for doubtful collections for self-pay patients decreased from 69% of self pay accounts receivable at December 31, 2010 to 65% of self pay accounts receivable at December 31, 2011. In addition, the Corporation's self-pay account writeoffs, net of recoveries, increased from \$28,474,128 in 2010 to \$34,474,114 in 2011 which was the result of both increased services provided to self pay patients and negative trends experienced in the collection of amounts from self pay patients in 2011. The Corporation does not maintain a material allowance for doubtful collections from third party payors, nor did it have significant writeoffs from third-party payors.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Other Receivables

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients and pledges from donors. These services include, but are not limited to, fees from educational programs, rental of health care facility space, interest earned, and management services provided to unconsolidated subsidiaries. Other receivables are written off when they are determined to be uncollectible based on management's assessment of individual accounts. The allowance for doubtful accounts is estimated based upon historical collection experience and other managerial information.

Assets Whose Use Is Limited

Assets whose use is limited includes assets held by bond trustees under trust indentures, assets set aside as required by the Corporation's self-funded professional liability trust, and deferred compensation agreements. Amounts available to meet current liabilities of the Corporation have been reclassified as current assets in the accompanying consolidated balance sheets.

Investments and Investment Risk

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Cash and cash equivalents and certificates of deposit are carried at cost which approximates fair value. Investments in joint ventures are accounted for using the equity or cost method of accounting depending on the Corporation's ownership interest. Investment income or loss (including realized gains and losses on investments, write-downs of the cost basis of investments due to an other-than-temporary decline in fair value, interest, and dividends) is included in the determination of revenues in excess of expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the determination of revenues in excess of expenses unless the investments are trading securities. Donor-restricted investment income is reported as an increase in temporarily restricted net assets.

The Corporation's investments are comprised of a variety of financial instruments. The fair values reported in the consolidated balance sheets are subject to various risks including changes in the equity markets, the interest rate environment, and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying consolidated financial statements could change materially in the near term.

Inventories

Inventories of drugs, medical supplies and surgical supplies are valued at the lower of cost or market. Cost is determined primarily by the weighted average cost method.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful lives of the assets using the straight-line method. Equipment under capital leases is amortized on the straight-line method over the shorter period of the lease term or estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the accompanying consolidated statements of operations.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment losses are recognized in the consolidated statements of operations as a component of revenues in excess of expenses as they are determined. The Corporation reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, the Corporation calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, an impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. There were no impairment losses reported in 2011 or 2010.

Intangible Assets

The Corporation's intangible assets primarily include costs in excess of net assets acquired related to certain business acquisitions. The Corporation is amortizing certain intangible assets over a period not to exceed 40 years. Amortization of these intangible assets was \$310,317 and \$313,866 in 2011 and 2010, respectively. Accumulated amortization of intangible assets was \$1,996,586 and \$1,686,269 as of December 31, 2011 and 2010, respectively.

Deferred Financing Costs

Costs incurred in connection with the issuance of long-term obligations have been deferred and are being amortized over the term of the related obligation using the straight-line method. Amortization was \$596,280 and \$380,641 in 2011 and 2010, respectively. Accumulated amortization of deferred financing costs was \$2,541,457 and \$2,564,158 at December 31, 2011 and 2010, respectively.

Due to Third Party Payors

The Corporation receives advances from third party payors to provide working capital for services rendered to the beneficiaries of such services. These advances are subject to periodic adjustment, and are principally determined based on the timing differences between the provision of care and the anticipated payment date of the claim for service in accordance with HSCRC's rate regulations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

For HRMC, the Medicare and Medicaid programs pay for primarily all inpatient and outpatient services at predetermined rates. Regulations require annual retroactive settlements for cost-based reimbursement through cost reports filed by HRMC. These retroactive settlements are estimated and recorded in the consolidated financial statements in the year in which they occur. The estimated settlements recorded at December 31, 2011 and 2010 could differ from actual settlements based on the results of cost report audits.

For certain Corporation subsidiaries, services provided on behalf of Medicare and Medicaid beneficiaries are ultimately reimbursed at cost. For cost reimbursement programs, statements of reimbursable costs are filed with the applicable program that compute the difference between reimbursable cost and interim payments, in order to determine a final settlement for services rendered to patients covered under these programs. Contractual reimbursements are affected by limitations relating to charges and the reasonableness of costs (subject to limitations) and are subject to audits by the agencies administering the applicable program.

The Corporation's working capital advances and all expected third party payor settlement activity are classified as current liabilities in the accompanying consolidated balance sheets.

Derivative Financial Instruments

The Corporation has entered into interest rate swap agreements, which are considered derivative financial instruments, to manage its interest rate exposure on certain long-term obligations (Note 11). The interest rate swap agreements are reported at fair value in the accompanying consolidated balance sheets. Prior to September 1, 2011, management had designated two of the interest rate swap agreements as cash flow hedges. On September 1, 2011, management de-designated one of the interest rate swap agreements as a cash flow hedge as a result of the refunding of the Series 2005 bonds (Note 11). The related effective changes in fair value for the cash flow hedges are reported in the accompanying consolidated statements of operations as an unrealized gain or loss on cash flow derivative financial instruments and the ineffective portion of the change in fair value is reported as a component of interest expense. For the interest rate swaps not designated as cash flow hedges, changes in fair value are reported as a component of other non-operating income.

Estimated Self-Insured Professional Liability

The provision for estimated self-insured professional liability includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, including costs associated with litigating or settling claims. Anticipated insurance recoveries associated with reported claims are reported separately in the Corporation's consolidated balance sheets at net realizable value.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose, including the purchase of capital renovations and equipment, providing health education to the community, and designation for the furtherance of programs provided by specific operating departments. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Revenues in Excess of Expenses from Continuing Operations

The consolidated statements of operations include the determination of revenues in excess of expenses from continuing operations. Revenues in excess of expenses from continuing operations is the Corporation's performance indicator. Changes in unrestricted net assets which are excluded from the determination of revenues in excess of expenses from continuing operations, consistent with industry practice, include income from discontinued operations, unrealized gains and losses on investments other than trading securities, the effective portion of the unrealized gain (loss) on derivative financial instruments, transfers with unconsolidated subsidiaries, contributions of long-lived assets (including contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets), and other unrestricted net asset activity.

Net Patient Service Revenue

The Corporation reports net patient service revenue at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including an estimate for retroactive adjustments that may occur as a result of future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, review and investigations. Net patient service revenue reported in the consolidated statements of operations is reduced both by (1) estimated allowances for the excess of charges over anticipated patient or third party payor payments and (2) a provision for doubtful collections. Certain of the health care services provided by the Corporation are reimbursed by third party payors on the basis of the lower of cost or charges, with costs subject to certain imposed limitations.

Patient accounts receivable are reported at net realizable value and include charges for accounts due from Medicare, Medicaid, other commercial and managed care insurers, and self-paying patients (Note 16). Patient accounts receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed above. Deducted from patient accounts receivable are estimates of doubtful collections related to patients and allowances for the excess of charges over the payments to be received from third party payors.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

The Corporation has agreements with third-party payors that provide for payments to the Corporation at amounts different from its established rates. The Corporation recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, the Corporation recognizes revenues on the basis of its standard rates, discounted in accordance with the Corporation's policy. On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable to pay for the services provided. Thus, the Corporation records a significant provision for doubtful collections related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision for doubtful collections), recognized in 2011 and 2010 from these major payor sources, are as follows:

	Patient Service Revenues (Net of Contractual Allowances and Discounts)				Total
	Medicare	Medicaid	Other Third Party Payors	Self Pay and Other	
December 31, 2011	<u>\$ 211,300,605</u>	<u>\$ 31,139,889</u>	<u>\$ 401,266,797</u>	<u>\$ 115,351,447</u>	<u>\$ 759,058,738</u>
December 31, 2010	<u>\$ 211,514,624</u>	<u>\$ 68,351,064</u>	<u>\$ 359,364,784</u>	<u>\$ 106,805,379</u>	<u>\$ 746,035,851</u>

During February 2012, the Corporation received approximately \$11.5 million in cash from Medicaid as an advance on patient claim balances.

Income Taxes

The Corporation accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined there were no tax uncertainties that met the recognition threshold in 2011 or 2010.

The Corporation's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.

The Corporation's federal Exempt Organization Business Income Tax Returns for 2008, 2009, and 2010 remain subject to examination by the Internal Revenue Service.

Charity Care

The Corporation provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Such patients are identified based on financial information obtained from the patient (or their guarantor) and subsequent analysis which includes the patient's ability to pay for services rendered. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as a component of net patient service revenue or patient accounts receivable.

Adventist HealthCare, Inc. and Controlled Entities

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The Corporation maintains records to identify and monitor the level of charity care it provides. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the Corporation amounted to approximately \$16,919,000 in 2011 and \$17,932,000 in 2010. In accordance with the reimbursement methodology set forth by the HSCRC, the Corporation received cash payments from the state wide uncompensated care pool which totaled \$1,074,807 and \$1,497,655 for 2011 and 2010, respectively. The funds were received by the Corporation because charity care was provided in excess of the statewide average and are included in net patient service revenue in the accompanying consolidated statements of operations.

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or when the underlying conditions have been substantially met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Restricted funds to be used for capital acquisitions have been reported as noncurrent assets in the accompanying consolidated balance sheets, while other restricted cash and investments are included with the cash and cash equivalents of unrestricted net assets.

Investment income that is earned on donor restricted net assets and subject to similar restrictions is reported as temporarily restricted net assets. Gifts, grants, and bequests not restricted by donors are reported as other operating income.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

Reclassifications

Certain amounts relating to 2010 have been reclassified to conform to the 2011 reporting format.

Adventist HealthCare, Inc. and Controlled Entities

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2. Adoption of Accounting Standards

Charity Care

In August 2010, the Financial Accounting Standards Board (FASB) issued amended disclosure guidance relating to the measurement of charity care provided. The guidance requires that direct and indirect costs be used as the basis of measurement for charity care disclosure purposes. The guidance also requires disclosure of the method used to identify or determine such costs. The adoption of the amended guidance revised the disclosure in the notes to the Corporation's consolidated financial statements but did not impact amounts reported in the consolidated financial statements.

Insurance Claims

In August 2010, the FASB issued Accounting Standards Update 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which amended guidance relating to the presentation of insurance claims and related insurance recoveries. The guidance clarifies that health care entities may not net insurance recoveries against a related claim liability. In addition, the amount of the claim liability should be determined without consideration of insurance recoveries and estimated insurance recoveries, if any, should be measured and presented separately within the balance sheet. The adoption of the amended guidance did not have an impact on the Corporation's consolidated financial statements.

Net Patient Service Revenue and Allowance for Doubtful Collections

In July 2011, the FASB issued Accounting Standards Update No. 2011-07 (ASU 2011-07) to amend and expand existing authoritative accounting guidance. In issuing ASU 2011-07, the FASB's objective was to provide financial statement users with greater transparency about a health care entity's net patient service revenues and related allowance for doubtful collections.

ASU 2011-07 requires health care entities to make the following changes to its existing accounting practices:

- Change the presentation of their statement of operations by reclassifying the provision for doubtful collections from an operating expense to a deduction from patient service revenues, net of contractual allowances and discounts;
- Disclose its policies for recognizing its provision for doubtful collections by major payor source of revenue, and provide qualitative and quantitative information about significant changes in the health care entities' allowance for doubtful collections; and
- Disclose, by major payor source, its policy for collectability in determining the timing and amount of patient service revenue, net of contractual allowances and discounts, to be recognized, and its patient service revenue, net of contractual allowances and discounts.

Upon adoption, ASU 2011-07 requires retrospective application to the requirements of presenting the provision for doubtful collections in the statement of operations, and prospective application of the disclosure requirements.

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The Corporation elected to adopt ASU 2011-07 for the year ended December 31, 2011. Accordingly, the Corporation reclassified its provision for doubtful collections in the consolidated statements of operations for the year ended December 31, 2010, decreasing total unrestricted revenues and total expenses by \$30,527,785. No other reclassifications or modifications have been made to the Corporation's 2010 consolidated financial statements as a result of adopting ASU 2011-07.

3. Discontinued Operations

Effective November 30, 2010, the Corporation sold the operating assets of its five wholly-owned subsidiary nursing homes and its wholly-owned dialysis center to an unrelated third party, and discontinued the operations of these facilities. The Board of Trustees approved the plan of sale of these facilities in July 2010.

Concurrent with this sale, the nursing homes also entered into agreements to redeem their fixed rate revenue bonds and pay off their notes payable to the U.S. Department of Housing and Urban Development ("HUD"). The redemption of these revenue bonds and payoff of the HUD notes payable resulted in a loss on early extinguishment of debt of which is comprised primarily of unamortized deferred financing costs and prepayment penalties associated with the payoff of the HUD notes payable.

Effective November 30 2010, Glade Valley Nursing & Rehabilitation Center also sold certain operating assets to the same unrelated third party. The Corporation recognized earnings of \$3,790,459 related to its 50% ownership interest in Glade during 2010. These earnings are included in income from discontinued operations in the consolidated statements of operations.

The following amounts related to discontinued operations are included in income from discontinued operations in the accompanying consolidated statements of operations:

	<u>2011</u>	<u>2010</u>
Total unrestricted revenues	\$ -	\$ 59,803,329
Total expenses	-	57,393,500
Investment income	-	437,011
Net gain on sale of investment in unconsolidated subsidiary	-	3,399,588
Net gain on sale of substantially all tangible and intangible assets	139,000	26,229,064
Income from discontinued operations	\$ 139,000	32,475,492

Adventist HealthCare, Inc. and Controlled Entities

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4. Investments

Short-Term Investments

The Corporation's short-term investments at December 31, 2011 and 2010 are comprised of the following:

	<u>2011</u>	<u>2010</u>
Cash and cash equivalents	\$ 8,822,744	\$ 31,980,927
Marketable certificates of deposit	728,231	726,613
CBAM Intrepid Fund Ltd.	16,402,937	-
CBAM Resolute Fund Ltd.	34,444,018	-
U.S. government securities – Mortgage backed securities	107,011,616	75,728,384
Exchange traded fund	-	50,300,000
Options and futures	-	4,475,500
Corporate bonds - other	-	1,212,820
	<u>\$ 167,409,546</u>	<u>\$ 164,424,244</u>

Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2011 and 2010 is set forth in the following tables:

	<u>2011</u>	<u>2010</u>
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks:		
Cash and cash equivalents	\$ 9,221,439	\$ 3,033,057
U.S. government securities:		
U.S. treasury notes	2,886,702	2,221,022
Mortgage backed securities	6,310,639	8,050,988
Total	18,418,780	13,305,067
Less funds held for current liabilities	<u>2,723,338</u>	<u>8,911,878</u>
Noncurrent portion of assets held under trust indentures and capital lease purchase financing facilities	<u>\$ 15,695,442</u>	<u>\$ 4,393,189</u>

Adventist HealthCare, Inc. and Controlled Entities

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	<u>2011</u>	<u>2010</u>
Professional liability trust fund:		
Cash and cash equivalents	\$ 342,158	\$ 132,698
Equity mutual funds:		
Balanced	3,961,235	5,552,738
Large cap value	731,902	871,869
Growth	-	565,860
Small cap growth	-	227,521
Corporate bonds and other debt securities:		
High quality	4,491,558	2,667,733
Multi sector	1,323,826	2,120,274
	<u>10,850,679</u>	<u>12,138,693</u>
Total		
Less funds held for current liabilities	<u>1,860,185</u>	<u>1,265,100</u>
Noncurrent portion of professional liability trust fund	<u>\$ 8,990,494</u>	<u>\$ 10,873,593</u>
Deferred compensation fund:		
Equity mutual funds:		
Large cap value	\$ -	\$ 1,139,249
Growth	164,057	301,147
Mid cap value	-	190,865
Small cap value	-	14,405
Other	-	124,021
	<u>\$ 164,057</u>	<u>\$ 1,769,687</u>
Total		

The indenture requirements of certain tax exempt financings provide for the establishment and maintenance of various accounts with a trustee (Note 10). These arrangements require the trustee to control the payment of interest and the ultimate repayment of respective debt to bondholders. In addition, under the terms of the capital lease purchase financing facilities with two commercial banks, the Corporation is required to maintain funds in escrow accounts for the purpose of funding future purchases of property and equipment.

The composition of trustee held and escrow funds at December 31, 2011 and 2010 is as follows:

	<u>2011</u>	<u>2010</u>
Debt service reserve fund	\$ 7,367,122	\$ 4,332,192
Principal and interest funds	3,796,699	8,911,878
Lease facility escrow funds	<u>7,254,959</u>	<u>60,997</u>
Total	<u>\$ 18,418,780</u>	<u>\$ 13,305,067</u>

Adventist HealthCare, Inc. and Controlled Entities

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Unrestricted investment income and gains and losses for investments, assets whose use is limited, and cash and cash equivalents are comprised of the following in 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Investment income:		
Interest and dividends, net	\$ 3,858,908	\$ 4,019,832
Interest on trustee held funds	77,117	130,322
Net realized gains on sale of investments	<u>352,683</u>	<u>624,864</u>
Total	<u>\$ 4,288,708</u>	<u>\$ 4,775,018</u>
Other changes in unrestricted net assets:		
Change in net unrealized gains and losses on investments other than trading securities	<u>\$ (557,711)</u>	<u>\$ 896,239</u>

5. Fair Value Measurements and Financial Instruments

Fair Value Measurements

The Corporation measures its short-term investments, assets whose use is limited, investments, beneficial interest in trusts, and derivative financial instruments at fair value on a recurring basis in accordance with accounting principles generally accepted in the United States of America.

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows:

Level 1 – Fair value is based on unadjusted quoted prices in active markets that are accessible to the Corporation for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 – Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 – Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

Adventist HealthCare, Inc. and Controlled Entities

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The fair value of the Corporation's financial instruments was measured using the following inputs at December 31:

	2011			
	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Assets:				
Cash and cash equivalents	\$ 18,519,631	\$ -	\$ -	\$ 18,519,631
Marketable certificates of deposit	-	728,231	-	728,231
Equity mutual funds:				
Large cap value	731,902	-	-	731,902
Growth	212,269	-	-	212,269
Balanced	3,961,235	-	-	3,961,235
Other	-	-	-	-
CBAM Intrepid Fund Ltd.	-	16,402,937	-	16,402,937
CBAM Resolute Fund Ltd.	-	34,444,018	-	34,444,018
U.S. government securities:				
U.S. treasury notes	-	2,886,702	-	2,886,702
Mortgage backed securities	-	114,881,039	-	114,881,039
Corporate bonds and other debt securities:				
High quality	-	4,491,558	-	4,491,558
Multi sector	-	1,323,826	-	1,323,826
Other	-	84,948	-	84,948
Beneficial interest in trusts	-	-	1,406,743	1,406,743
Total	\$ 23,425,037	\$ 175,243,259	\$ 1,406,743	\$ 200,075,039
Liabilities:				
Derivative financial instruments	\$ -	\$ 27,839,846	\$ -	\$ 27,839,846

Adventist HealthCare, Inc. and Controlled Entities

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	2010			
	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Assets:				
Cash and cash equivalents	\$ 35,245,357	\$ -	\$ -	\$ 35,245,357
Marketable certificates of deposit	-	726,613	-	726,613
Options and futures	4,475,500	-	-	4,475,500
Exchange traded fund	50,300,000	-	-	50,300,000
Equity mutual funds:				
Large cap value	2,011,118	-	-	2,011,118
Growth	923,691	-	-	923,691
Mid cap value	190,865	-	-	190,865
Small cap growth	227,521	-	-	227,521
Small cap value	14,405	-	-	14,405
Balanced	5,552,738	-	-	5,552,738
Other	124,021	-	-	124,021
U.S. government securities:				
U.S. treasury notes	-	2,221,022	-	2,221,022
Mortgage backed securities	-	84,161,742	-	84,161,742
Corporate bonds and other debt securities:				
High quality	-	2,667,733	-	2,667,733
Multi sector	-	2,120,274	-	2,120,274
Other	-	1,347,350	-	1,347,350
Beneficial interest in trusts	-	-	1,502,808	1,502,808
Total	\$ 99,065,216	\$ 93,244,734	\$ 1,502,808	\$ 193,812,758
Liabilities:				
Derivative financial instruments	\$ -	\$ 18,554,996	\$ -	\$ 18,554,996

The following table presents the fair value measurements for beneficial interest in trusts that have unobservable inputs at December 31, 2011 and 2010:

Balance, January 1, 2010	\$ 1,399,437
Increase in value, included in changes in temporarily restricted net assets	103,371
Balance, December 31, 2010	1,502,808
Decrease in value, included in changes in temporarily restricted net assets	(96,065)
Balance, December 31, 2011	<u>\$ 1,406,743</u>

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During 2011, the Corporation invested in the CBAM Resolute Fund, Ltd. and the CBAM Intrepid Fund, Ltd. (collectively, the "Funds"). These funds are valued based on the net asset value per share of the funds which is based on the fair value of their underlying assets derived principally from or corroborated by observable market data by correlation or other means. In regards to the Funds, there are no unfunded purchase commitments or restrictions on the sale of the investments. Furthermore, the Corporation has no plans to sell the Funds or a portion of the amounts currently owned. In regards to redemption, the shares of the Funds can be redeemed on the last business day of each calendar month provided that written notice of redemption is provided five business days prior. Partial redemptions of the Funds must be at least \$200,000 and the Corporation cannot redeem a portion of the Funds if it would result in the Corporation holding amounts whose net asset value would be less than the minimum initial subscription amount required. There are no known existing or potential restrictions on redemption as of December 31, 2011. The following represents the investment strategies of the Funds:

Fund	Investment Strategy	Fair Value at December 31, 2011
CBAM Resolute Fund, Ltd	To create an alternative source of income by harnessing risk premiums in global option markets. In pursuit of this objective, the fund will employ its option income strategy which utilizes actively-managed option-based investment structures to create absolute return profiles. This market-neutral strategy is designed to have minimal correlation to underlying market returns over an extended period of time and may be applied in a range of global markets including equities (both individual stocks and baskets of stocks), commodities, interest rates, foreign currencies and other markets where options are traded. The fund may trade and invest in the underlying instruments, related instruments (e.g. futures, forwards and exchange-traded funds or notes), and long and short call options and put options on the underlying or related instruments. The fund will seek to capitalize on a combination of systemic risk premium in global option markets and yields from active cash management.	\$ 34,444,018
CBAM Intrepid Fund, Ltd	To reshape expected distribution of long-term global equity returns by implementing an active combination of three strategies: trend, income and structure. The objective of the fund is to capture a significant proportion of upside equity returns while avoiding a significant proportion of downside equity returns thus reducing the volatility of returns. The trend strategy is designed to provide directional exposure to equity risk premium. The income strategy will utilize actively-managed option-based investment structures designed to harness systemic risk premiums in global markets. The structure strategy is designed to capture returns from lower probability events across global equity and equity volatility markets.	16,402,937
Total		<u>\$ 50,846,955</u>

Adventist HealthCare, Inc. and Controlled Entities

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The following represents a reconciliation of the assets included in the fair value table within the accompanying consolidated balance sheets at December 31:

	<u>2011</u>	<u>2010</u>
Short-term investments (Note 4)	\$ 167,409,546	\$ 164,424,244
Assets whose use is limited (Note 4)		
Current	4,583,523	10,176,978
Under trust indentures, held by trustees	15,695,442	4,393,189
Professional liability trust fund	8,990,494	10,873,593
Deferred compensation fund	164,057	1,769,687
Investments held by foundations (Note 7)	1,825,234	672,259
Beneficial interest in trusts	1,406,743	1,502,808
	<u>\$ 200,075,039</u>	<u>\$ 193,812,758</u>

Beneficial interest in trusts are included in deposits and other noncurrent assets in the accompanying consolidated balance sheets.

The Corporation did not have any financial assets or financial liabilities measured at fair value on a non-recurring basis.

Financial Instruments

The carrying amounts reported in the consolidated balance sheets for cash and cash equivalents, patient accounts receivable, accounts payable and accrued expenses, construction payable, accrued compensation and related items, and due to third party payors approximate their related fair values due to the short-term nature of these instruments. Fair values of the variable rate long-term debt are considered to approximate their carrying amounts in the consolidated balance sheets. The fair value of the Corporation's remaining long-term obligations was approximately \$79,482,508 and \$20,874,018 as of December 31, 2011 and 2010, respectively, and are estimated based on market data provided by the Corporation's financial consultants. In addition to the variable rate debt, the carrying values of the Corporation's HUD mortgages payable also approximate fair value based on similar terms available to the Corporation.

Assets whose use is limited and investments are valued at fair value, which are the amounts reported in the consolidated balance sheets, based on quoted market prices, if available (equity securities and mutual funds), net asset value (CBAM Resolute Fund, Ltd. and CBAM Intrepid Fund, Ltd. investments) or estimated using quoted market prices of similar securities (corporate bonds, government bonds, U.S. government securities, and other).

Beneficial interest in trusts are valued at fair value, which are the amounts reported in the consolidated balance sheets. The fair value takes into consideration the underlying principal for these assets and the estimated present value of future cash flows. The discount rate used to estimate the present value of future cash flows is based on the rate of return for U.S. Treasury securities with similar maturity horizons. These assets are deemed to be measured with Level 3 inputs as disclosed above.

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The Corporation measures its derivative financial instruments at fair value based on proprietary models of an independent third party valuation specialist. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instrument, and considers the credit risk of the Corporation and counterparty. The method used to determine the fair value calculates the estimated future payments required by the derivative financial instrument and discounts these payments using an appropriate discount rate. The value represents the estimated exit price the Corporation would pay to terminate the agreement.

6. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment and accumulated depreciation and amortization at December 31, 2011 and 2010 consist of the following:

	<u>2011</u>	<u>2010</u>
Land and improvements	\$ 15,945,562	\$ 15,927,874
Buildings and improvements	439,753,671	434,045,317
Office furniture and equipment	219,050,283	196,955,370
Computer software and hardware	81,702,484	24,909,125
Equipment under capital leases	34,133,560	34,337,512
Total	790,585,560	706,175,198
Less accumulated depreciation and amortization	<u>(419,554,061)</u>	<u>(387,443,753)</u>
	371,031,499	318,731,445
Construction in progress	<u>19,169,133</u>	<u>60,626,919</u>
	<u>\$ 390,200,632</u>	<u>\$ 379,358,364</u>

Interest incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. During 2011 and 2010, the Corporation incurred interest expense of approximately \$13,517,000 and \$10,368,000, respectively, of which approximately \$969,000 was capitalized in 2011 and \$1,293,000 in 2010. Investment earnings of approximately \$47,000 and \$82,000 were offset against capitalized interest in 2011 and 2010, respectively.

Depreciation expense, including amortization of equipment under capital leases, was \$32,327,906 in 2011 and \$32,354,784 in 2010. Accumulated amortization of equipment under capital lease as of December 31, 2011 and 2010 was \$23,812,407 and \$20,474,353, respectively.

Construction in progress as of December 31, 2011 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were approximately \$679,000 at December 31, 2011. The cost of these projects is expected to be funded through transfers from the Corporation's related foundations as well as proceeds from long-term debt.

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7. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries includes the following at December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Investment in healthcare joint ventures	\$ 3,031,819	\$ 2,621,060
Capital balance in group purchasing organization	766,888	802,567
Investments held by foundations	1,825,234	672,259
Other investments	5,113,078	4,903,567
Total	<u>\$ 10,737,019</u>	<u>\$ 8,999,453</u>

Investment in Healthcare Joint Ventures

The Corporation recognized earnings of \$1,320,566 and \$4,865,585 during 2011 and 2010, respectively, related to its 50% ownership interest in four separate healthcare joint ventures. A brief description of these joint ventures is presented below:

Maryland Regional Cancer Care, LLC (MRCC) – MRCC holds an investment in a joint venture, Chesapeake Potomac Regional Cancer Center, which provides outpatient radiation oncology services to patients in Maryland.

Glade Valley Nursing & Rehabilitation Center, Inc. (Glade) – Glade is organized for the purpose of operating a 124 comprehensive bed nursing facility in Walkersville, Maryland, and is managed by ASLS. Glade sold certain operating assets to an unrelated third party on November 30, 2010. The Corporation recognized earnings of \$3,790,459 related to its 50% interest in Glade during 2010. These earnings are included in income from discontinued operations in the consolidated statements of operations in 2010. (Note 3)

Germantown Outpatient Imaging (GOI) – This organization provides radiology and other imaging services to patients on an outpatient basis in Germantown, Maryland.

Shady Grove Medical Building, LLC (SGMB) – SGMB is organized for the purpose of developing and constructing a cancer care center on the campus of Shady Grove Adventist Hospital.

Summarized financial information related to these joint ventures is presented below:

	<u>2011</u>	<u>2010</u>
Net revenue	\$ 7,549,343	\$ 19,450,790
Revenues in excess of expenses	1,581,002	9,719,960
Total assets	8,352,651	8,035,808
Total liabilities	2,213,397	2,782,756

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Capital Balance in Group Purchasing Organization

The Corporation is a partner in Premier, Inc. (Premier), a health care system group purchasing organization. Partners are required to maintain capital accounts with Premier. The Corporation maintains approximately 0.5% and 0.6% of the total capital of Premier at December 31, 2011 and 2010, respectively. Excess earnings after expenses associated with the purchasing program are credited to partners' capital accounts based on partners' pro rata volume of purchases. Premier's board establishes a required capital balance every six months. Capital balances in excess of the required capital balance are distributed semi-annually. The Corporation recognized earnings of \$1,538,003 in 2011 and \$1,354,490 in 2010, which are included in other revenue in the accompanying consolidated statements of operations.

Investments Held by Foundations

The Foundations also hold marketable debt and equity securities for funds not required to be expended in less than 90 days. These marketable securities are subject to credit and market risks.

Other Investments

On January 1, 2007, the Corporation paid \$3,000,000 to purchase a 10% membership interest in InforMed, LLC (InforMed), which is a provider of chronic disease and medical management, clinical claims data warehousing and analysis, network management, and third party administration based in Annapolis, Maryland. The Corporation accounts for this investment in InforMed on the cost basis method of accounting.

Summarized financial information for InforMed for 2011 and 2010 is as follows:

	<u>2011</u>	<u>2010</u>
Net revenue	\$ 23,032,884	\$ 22,997,301
Net income	3,968,795	2,007,417
Total assets	9,720,465	8,056,036
Total liabilities	4,658,950	4,103,263

In addition to the investment in InforMed, the Corporation holds investments in other healthcare providers in the area which are accounted for under the equity method of accounting. These investments totaled \$2,113,078 and \$1,903,567 as of December 31, 2011 and 2010, respectively.

8. Land Held for Healthcare Development

On February 25, 2002, the Corporation purchased 209 acres of land in Clarksburg, Maryland for approximately \$20,000,000. Concurrent with this purchase, the Corporation entered into a sale agreement with an unrelated third party to be used for residential construction for the sale of 91 acres for \$16,000,000.

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On December 27, 2004, the Corporation purchased an additional adjacent parcel of land in Clarksburg Maryland for \$8,000,000. The purchase price and the related closing costs were financed under a line of credit with a commercial bank. Total costs capitalized related to the above parcels of land and improvements on this land were \$40,993,368 and \$39,406,014 at December 31, 2011 and 2010, respectively.

In July 2006, the Corporation purchased a parcel of land near the Calverton-White Oak area of Silver Spring for approximately \$11,000,000. The Corporation plans to build a replacement hospital for Washington Adventist Hospital. The cost of the land will continue to be reported as land held for healthcare development until such time as the Maryland Health Care Commission approves the Corporation's plan for constructing the new facility. As of December 31, 2011 and 2010, the Corporation had total costs capitalized related to this land and land improvements of \$29,195,032 and \$24,084,654, respectively.

On December 29, 2008, the Corporation participated in a group purchase of 5.31 acres of property located in Boyds, Maryland. The parcel was purchased by Cabin Branch Management, LLC, a Maryland Limited Liability Company of which the Corporation is a voting member. The Corporation does not maintain control of this Limited Liability Company and, therefore, the operation of it is not included in the consolidated financial statements at December 31, 2011 and 2010. The Corporation contributed \$205,045 of the total contracted sales price of \$735,000.

During 2011, Winchester Homes, Inc. and the Corporation created a new entity, Cabin Branch Commons, LLC (Cabin Branch), the purpose of which was to acquire a certain parcel of property known as the "Concordia Property", which was in default with Wachovia Bank. The Corporation paid \$2,294,169 as its initial capital contribution to Cabin Branch. Cabin Branch purchased the note from Wachovia related to the Concordia Property, foreclosed on the Concordia Parcel, and purchased the Concordia Parcel at the foreclosure sale. The Corporation then paid Cabin Branch \$500,000 for construction rights for certain active adult units on the Concordia Parcel. Total costs capitalized related to the above parcel of land were \$2,794,169 at December 31, 2011.

9. Short-Term Financing

The Corporation has a \$3,000,000 unsecured line of credit with a commercial bank, with interest at LIBOR plus 1.50% (1.79% at December 31, 2011). There were no borrowings outstanding under this line of credit as of December 31, 2011 or 2010.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

10. Long Term Obligations

Long term obligations as of December 31, 2011 and 2010 are comprised of the following:

	<u>2011</u>	<u>2010</u>
Fixed rate revenue bonds	\$ 76,985,000	\$ 20,880,000
Variable rate revenue bonds	166,965,000	231,025,000
Note payable	15,000,000	-
Secured lines of credit	36,000,000	36,000,000
Unsecured line of credit	-	20,000,000
Capital lease purchase financing facilities	13,442,580	8,595,867
Other long term liabilities	14,996,491	15,493,592
	<u>323,389,071</u>	<u>331,994,459</u>
Total obligations		
Less current maturities	18,420,042	36,462,427
Less bond discount	207,220	217,010
	<u>304,761,809</u>	<u>295,315,022</u>
Noncurrent portion of long term obligations, net		

Fixed Rate Revenue Bonds

Fixed rate revenue bonds consist of the Maryland Health and Higher Educational Facilities Authority Refunding Revenue Bonds, Series 2003A, Adventist HealthCare, Inc. with a par amount of \$22,925,000 and Montgomery County, Maryland Economic Development Revenue Bonds, Series 1993 Springbrook Adventist Nursing and Rehabilitation Center, Inc. with a par amount of \$5,105,000. These bonds bear interest at fixed coupon rates ranging from 5% to 5.75%. In conjunction with the ASLS asset sale (Note 3), the outstanding debt associated with the Montgomery County, Maryland Economic Development Revenue Bonds, Series 1993 Springbrook Adventist Nursing and Rehabilitation Center, Inc. was defeased in 2010.

In September 2011, the Series 2003B, 2004A and a portion of the Series 2005B bonds (all variable rate revenue bonds) were refunded in conjunction with the issuance of the Series 2011A fixed rate revenue bonds, bearing interest at fixed coupon rates ranging from 5% to 6.25%.

Fixed rate revenue bonds consist of the following at December 31:

	<u>2011</u>	<u>2010</u>
Series 2003A, Adventist HealthCare, Inc.	\$ 19,780,000	\$ 20,880,000
Series 2011A, Adventist HealthCare, Inc.	57,205,000	-
	<u>76,985,000</u>	<u>20,880,000</u>
Total		

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Both of the above issues are subject to trust indentures which impose various covenants on the Support Center, SGAH, WAH, HRMC, ABH, and ARHM (collectively, the "Obligated Group") which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities, and the achievement of certain pre-established financial indicators. Management believes it has complied with the required covenants for the years ending December 31, 2011 and 2010. Debt service reserve funds are required on both of the above series.

Variable Rate Revenue Bonds

Variable rate revenue bonds consist of the following at December 31:

	<u>2011</u>	<u>2010</u>
Maryland Health and Higher Educational Facilities Authority Revenue Bonds		
Series 2003B, Adventist HealthCare, Inc.	\$ -	\$ 33,370,000
Series 2004A, Adventist HealthCare, Inc.	-	30,340,000
Series 2005A, Adventist HealthCare, Inc.	78,000,000	78,000,000
Series 2011B, Adventist HealthCare, Inc.	59,980,000	-
Maryland Health and Higher Educational Facilities Authority Revenue Refunding		
Series 2004B, Adventist HealthCare, Inc.	28,985,000	29,985,000
Series 2005B, Adventist HealthCare, Inc.	-	59,330,000
 Total	 <u>\$ 166,965,000</u>	 <u>\$ 231,025,000</u>

These bonds, with the exception of the 2004B Series Debt, bear interest at a variable rate based on the SIFMA index (0.10% at December 31, 2011), and reset weekly. At December 31, 2011, the tax-exempt rate on the 2005A bonds was 0.08%. The 2004B taxable bonds referenced above bear interest at a variable rate based on the LIBOR index (0.29% at December 31, 2011). The rate on the 2004B bonds at December 31, 2011 was 0.18%. The Corporation's Series 2004B, 2005 and 2011B bonds are subject to an Amended and Restated Master Trust Indenture that imposes various covenants on the Obligated Group which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities, and the achievement of certain pre-established financial indicators. Management believes it has complied with the required covenants for the years ending December 31, 2011 and 2010. The payment of principal and interest on the 2004B and 2005A bonds are secured by separate irrevocable direct-pay letters of credit, with expiration dates in December 2014.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

In September 2011, the remaining portion of the Series 2004A and 2005B bonds (both variable rate revenue bonds) were refunded in conjunction with the issuance of the Series 2011B bond, a direct placement bond with a commercial bank. This bond bears interest at a variable rate that resets after two years. The next reset date on the Series 2011B bond will be in September 2013. The interest rate for the initial two year period is 67% of one month LIBOR plus a spread of 1.77% (1.93% at December 31, 2011). Subsequent to the Series 2011 bond issues, the bonds subject to the Amended and Restated Master Trust Indenture are secured by the unrestricted revenues of the Obligated Group as well as a mortgage in the facilities of Shady Grove Adventist Hospital, Adventist Behavioral Health, Adventist Rehabilitation Hospital of Maryland, Washington Adventist Hospital and Hackettstown Community Hospital. A loss on extinguishment of debt was recognized for \$1,285,000 as a result of the debt refinancing noted above and is included in other income (expense) in the accompanying consolidated statements of operations. The loss was the result of the write-off of unamortized deferred financing costs on the refunded bonds.

Secured Lines of Credit

The Corporation has two secured lines of credit outstanding as follows:

- \$20,000,000 working capital line with a commercial bank that bears interest at LIBOR plus 2.00% (2.29% at December 31, 2011) and expires on December 31, 2013. The balance on the working capital line was \$20,000,000 at December 31, 2011 and 2010.
- \$16,000,000 line of credit that bears interest at LIBOR plus 1.75% (2.04% at December 31, 2011) and expires on June 30, 2013. The balance on the line of credit was \$16,000,000 at December 31, 2011 and 2010.

These lines of credit are secured by Master Notes issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003.

Unsecured Line of Credit and Note Payable

The Corporation had a \$20,000,000 unsecured line of credit outstanding with a commercial bank that bears interest at LIBOR plus 1.00% that expired on January 31, 2011. In February 2011, this line of credit was refinanced into a three year term loan, and bears interest at an interest rate of LIBOR plus 2.50% with a floor of 4.25%. (4.25% at December 31, 2011). This new loan is secured by a Master Note issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003. The note payable balance was \$15,000,000 at December 31, 2011. The unsecured line of credit balance was \$20,000,000 at December 31, 2010.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Capital Lease Purchase Financing Facilities

There are three capital lease purchase financing facilities with two commercial banks. The initial facility was established in June 2007 for \$12,000,000 and bears interest at a rate of 4.31%. The second facility was established in October 2008 for \$8,000,000 and bears interest at a rate of 3.85%. The third facility was established in February 2011 for \$10,000,000 and bears interest at a rate of 3.47%. All facilities have a five year repayment period. Under the terms of the agreements, the commercial banks deposited funds into escrow accounts for the purpose of funding future purchases of new or used medical or medical-related equipment. The commercial banks retain title to the equipment and are considered to be the owner; however, the Corporation is responsible for all related expenses, including but not limited to, insurance, maintenance, and taxes.

Other Long Term Liabilities

This category consists of several capital lease obligations and notes payable on various types of medical and IT equipment. The financed equipment serves as security on these leases. Interest rates on these other long term liabilities range from 3.40% - 6.83%.

Scheduled principal repayments of long term obligations at December 31, 2011 are as follows:

Years ending December 31:	
2012	\$ 18,420,042
2013	19,336,198
2014	22,954,532
2015	23,809,058
2016	18,534,233
Thereafter	<u>220,335,008</u>
Total	<u>\$ 323,389,071</u>

11. Derivative Financial Instruments

The Corporation has entered into four interest rate swap agreements, which are considered derivative financial instruments. The agreements were entered into in order to manage interest rate exposure. The principal objective of the swap agreements is to minimize the risks associated with financing activities by reducing the impact of changes in interest rates on its debt portfolio. The notional amount of the swap agreements is used to measure the interest to be paid or received and does not represent the amount of exposure to credit loss. Exposure to credit loss is limited to the receivable, if any, which may be generated as a result of the swap agreement. Losses related to credit risk are managed by diversification among various swap counterparties and by requiring collateral from the Corporation's swap counterparties at various ratings thresholds while the Corporation has no reciprocal requirement to post collateral.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Prior to September 1, 2011, management had designated two of the interest rate swap agreements as cash flow hedges, which qualified for hedge accounting treatment under accounting principles generally accepted in the United States of America. These two interest rate swap agreements are reported at fair value in the consolidated balance sheets. The effective portion of the change in fair value of these derivatives is reported in the consolidated statements of operations and changes in net assets as an unrealized gain or loss on cash flow derivative financial instrument. The ineffective portion of the change in fair value is reported in the accompanying consolidated statements of operations as a component of interest expense. The two interest rate swap agreements not designated as cash flow hedges were terminated by the Corporation in February 2010 resulting in net cash to the Corporation of \$2,979,530. Changes in fair value of these interest rate swap agreements were reported as a component of other income in the accompanying consolidated statements of operations.

On September 1, 2011, the Corporation refunded the Series 2005B variable rate revenue bonds with the proceeds of the Series 2011A and 2011B bond issues (Note 10). As a result, management de-designated the interest rate swap agreement with a notional amount of \$59,330,000 as a cash flow hedge for financial reporting purposes and recognized a loss of approximately \$5,970,000. This loss was primarily related to the reclassification of cumulative unrealized losses from net assets to other expense in the consolidated statements of operations. No formal designation has been made on the interest rate swap agreement related to the Series 2011 bonds.

In February 2010, the Corporation sold an option to the swap counterparty to terminate one of the interest rate swap agreements designated as a cash flow hedge at an exercise price of \$3,000,000. The Corporation received cash of \$1,255,000 upon sale of this option. Since the option was not exercised by the counterparty on the exercise date in 2010, the Corporation recognized \$1,255,000 in other income in the accompanying consolidated statements of operations. In December 2010, the Corporation sold two separate options to the swap counterparties to terminate their remaining interest rate swap agreements designated as cash flow hedges, both at an exercise price of \$3,000,000. The option related to the interest rate swap agreement with a notional amount of \$59,330,000, as noted in the table below, has an exercise date of December 21, 2012 and the option related to the interest rate swap agreement with a notional amount of \$78,000,000, as noted in the table below, has an exercise date of December 1, 2013. The Corporation received cash of \$3,835,000 in 2010 upon the sale of these options. The Corporation is uncertain as to whether these options will be exercised. If exercised, the Corporation's risk related to changes in interest rates on its debt portfolio would be impacted.

The net cash paid or received under the swap agreements is recognized as an adjustment to interest expense. The net cash paid under the interest rate swap agreements was \$4,620,487 in 2011 and \$4,583,641 in 2010, which is reported as a component of interest expense in the accompanying consolidated statements of operations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

At December 31, 2011 and 2010, the Corporation's derivative financial instruments and related fair values are as follows:

	<u>2011</u>	<u>2010</u>
Agreement for the notional amount of \$59,330,000 requiring the Corporation to pay a fixed interest rate of 3.457% while receiving variable interest rates based upon 67% of LIBOR, maturing January 2021	\$ (7,407,411)	\$ (6,931,033)
Agreement for the notional amount of \$78,000,000 requiring the Corporation to pay a fixed interest rate of 3.567% while receiving variable interest rates based upon 67% of LIBOR, maturing January 2035 and qualifying for cash flow hedge accounting treatment	<u>(20,432,435)</u>	<u>(11,623,963)</u>
Total	<u>\$ (27,839,846)</u>	<u>\$ (18,554,996)</u>

The fair value of the interest rate swap agreements is estimated to be the amount the Corporation would receive or pay to terminate the swap agreements at the reporting date and was based on information supplied by an independent third party valuation agent (Note 5). Additionally, the fair value reflects a credit risk assessment required under accounting principles generally accepted in the United States of America. To the extent that the interest rate swaps qualifying for cash flow hedge accounting treatment are effective in converting the variable interest rate to a fixed rate, the unrealized gain or loss on the derivative financial instruments is excluded from revenues in excess of expenses. Gains or losses resulting from hedge ineffectiveness are recognized in revenues in excess of expenses. Losses of \$43,094 and \$377,414 were recognized as of December 31, 2011 and 2010, respectively as a result of hedge ineffectiveness. Gains or losses resulting from interest rate swap agreements not qualifying for cash flow hedge accounting treatment are entirely recognized as a component of revenues in excess of expenses. The impact of swaps not qualifying for hedge accounting treatment on the consolidated statements of operations were gains of \$95,523 in 2011 and \$1,006,682 in 2010.

On October 3, 2008, the counterparty for the Corporation's fixed pay swap maturing in January 2035, Lehman Brothers, Inc., commenced proceedings under Chapter 11 of the Bankruptcy Code. This action triggered an Event of Default under the ISDA Master Agreement in effect with said party and gave the Corporation the right to terminate the transaction. On October 16, 2008, the Corporation terminated this agreement and concurrently entered into an agreement with a new counterparty that assumed all existing terms and conditions of the original agreement. The termination of the original swap agreement resulted in a gain of \$472,023 which is included in unrestricted net assets in the consolidated balance sheets. This gain is being amortized over the remaining term of the 2005A Series Bonds, or through January 2035. As of December 31, 2011 and 2010, accumulated amortization of \$53,946 and \$35,964, respectively, is included in other changes in net assets and interest expense in the consolidated statements of operations and changes in net assets.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

12. Leases

The Corporation has entered into various operating leases primarily for office space as well as certain equipment items. Rental expense for operating leases was \$16,277,212 in 2011 and \$16,170,532 in 2010. Future minimum payments under non cancelable operating leases with initial terms of one year or more consist of the following during the years ending December 31:

Years ending December 31:	
2012	\$ 12,889,229
2013	11,279,048
2014	10,614,063
2015	10,421,875
2016	10,023,675
Thereafter	<u>78,123,534</u>
Total	<u>\$ 133,351,424</u>

The Corporation has also entered into various sub-lease agreements with tenants that occupy space in the Corporation's buildings. The terms of these sub-leases vary and extend through 2020. Rental income was \$4,142,061 in 2011 and \$4,363,547 in 2010, which has been reported as a component of other operating revenue in the consolidated statements of operations. Future rent payments expected to be received by the Corporation during the years ending December 31 is as follows:

Years ending December 31:	
2012	\$ 2,889,935
2013	2,288,166
2014	2,027,027
2015	1,878,922
2016	1,567,015
Thereafter	<u>1,868,950</u>
Total	<u>\$ 12,520,015</u>

13. Retirement and Health Plans

Defined Contribution Retirement Plan

The Corporation sponsors a 401(a) defined contribution retirement plan, which covers substantially all full-time employees. After twelve months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2% of eligible employees' compensation, plus a matching employer contribution equal to 50% of employee contributions up to 6% of base salary. Retirement plan expense was \$8,451,397 in 2011 and \$8,632,700 in 2010.

ASLS participates in a contributory 403(b) tax deferred annuity retirement plan administered by an insurance company. Employer contributions are 100% matched to employee contributions up to 4% of base salary. Retirement plan expense was \$3,514 in 2011 and \$373,631 in 2010.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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AHHS employees are covered by a separate defined contribution plan. Retirement plan expense was \$287,662 in 2011 and \$267,356 in 2010.

AMSI employees are covered by a 401(k) defined contribution plan. Retirement plan expense was \$10,011 in 2011 and \$20,454 in 2010.

Salary Deferral (457(b)) Plan

Employees who contribute the maximum allowable amount to the 403(b) retirement plan have an opportunity to contribute additional funds on a tax-deferred basis to a 457(b) retirement plan up to the maximum tax-sheltered opportunity. There are no employer contributions to this plan.

Employee Life and Health Benefit Program

The Corporation maintains a self-insurance employee program for its health insurance coverage. The Corporation accrues the estimated costs of incurred and reported and incurred but not reported claims, after consideration of its stop-loss insurance coverage, based upon data provided by the third-party administrator of the program, and historical claims experience. Beginning January 1, 2005, HRMC maintained its own self-insurance program for employee health care coverage.

Deferred Compensation Plan

The Corporation maintains the Adventist HealthCare, Inc. deferred compensation plan (the Plan). The Plan provides cash compensation and other benefits to eligible employees after termination of employment. Fund assets are invested in mutual funds and corporate bonds and other debt securities (Note 4) held by an irrevocable trust, subject to claims made by the employer's creditors in the event of bankruptcy or insolvency. It is the Corporation's policy to fund the Plan based on actuarially determined amounts sufficient to satisfy its obligations in the plan year.

AHC Executive Flex Benefit Program

The AHC Executive Flex Benefit Program (the Program) was implemented to provide additional benefits to eligible employees as defined by the Program. Plan documentation provides for a financial benefit floor equal to 5% of net salary. Funding for benefits earned under this Program are made on a quarterly basis based on actual benefits earned for the year.

14. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for betterments to plant facilities and purchases of equipment or to support operating programs sponsored by the Corporation and its affiliates.

Permanently restricted net assets have been restricted by donor to be maintained by the Corporation in perpetuity.

Net assets were released from donor restriction by satisfying their restricted purposes in the amount of \$5,152,543 in 2011 and \$8,018,325 in 2010.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

15. Commitments and Contingencies

Litigation and Claims

The Corporation is subject to asserted and unasserted claims (in addition to litigation) encountered in the ordinary course of business. In the opinion of management and after consultation with legal counsel, the Corporation has established adequate reserves related to all known matters. The outcome of any potential investigative, regulatory or prosecutorial activity that may occur in the future cannot be predicted with certainty. However, any associated potential future losses resulting from such activity could have a material adverse effect on the Corporation's future financial position, results of operations and liquidity.

As part of the Corporation's ongoing corporate compliance efforts, it was discovered, during 2003, that the Medicare program had been billed for a non-covered procedure furnished to Medicare beneficiaries. The billing mistake, which appears to have occurred over a several year period, has been rectified. At the time of this discovery, the internal control environment was enhanced to prevent such billing errors from happening in the future. In conjunction with these efforts, the Corporation initiated discussions with the appropriate regulatory agencies regarding the potential billing errors, and agreed to refund any payments that proved to be the result of an error. In accordance with generally accepted accounting principles related to loss contingencies, the Corporation recorded a reserve of \$3,200,000 to account for this potential exposure which was reflected as a noncurrent liability on the December 31, 2010 consolidated balance sheet. During 2011, through consultation with legal counsel, management determined that the reserve was no longer required. As a result, the reserve was brought into income during 2011.

Insurance

The Corporation's primary coverage for professional liability is provided through a self-funded insurance retention trust (the "Trust") established on January 1, 1993. The Trust is funded based on actuarial estimates and provides coverage of \$2,000,000 per occurrence with no annual aggregate limitation. The Trust also provides general liability coverage up to \$1,000,000 per occurrence and \$3,000,000 in the aggregate. The Corporation also carries umbrella excess liability insurance on a claims made basis with a commercial carrier, with limits of \$20,000,000 per occurrence and in aggregate.

It is the Corporation's policy to accrue for the ultimate cost of uninsured asserted and unasserted malpractice claims, if any, when incidents occur. Based on a review of the Corporation's prior experience and incidents occurring through December 31, 2011, management determined that the fully-funded professional liability reserve reported at December 31, 2011 and 2010 is adequate in light of the program's excess umbrella policy currently in force and historical claims experience. The estimated professional liability for both asserted and unasserted claims was \$8,946,310 and \$10,221,624 at December 31, 2011 and 2010, respectively. The discount rate used in determining these liabilities was 2.5% and 3.0% at December 31, 2011 and 2010, respectively.

The Corporation is self-insured for unemployment and workers' compensation benefits. The liability for unemployment and worker's compensation claims payable is an estimate based on the Corporation's past experience and is included in the accompanying consolidated balance sheets. It is reasonably possible that the estimates used could change materially in the near term.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Remediation

Certain buildings, which were constructed prior to the passage of the Clean Air Act, contain encapsulated asbestos material. Current law requires that this asbestos be removed in an environmentally safe fashion prior to demolition and renovation of these buildings. At this time, the Corporation has no plans to demolish or renovate these buildings and, as such, cannot reasonably estimate the fair value of the liability for such asbestos removal.

16. Business and Credit Concentrations

The Corporation grants credit to patients, substantially all of whom are local residents. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans or policies.

At December 31, 2011 and 2010, concentrations of gross receivables from third-party payors and others are as follows:

	<u>2011</u>	<u>2010</u>
Medicare	20 %	18 %
Medicaid	21	19
Other third party payers	41	44
Self-pay and others	18	19
	<u>100 %</u>	<u>100 %</u>

Gross patient service revenue, by payor class, consisted of the following for the years ended December 31:

	<u>2011</u>	<u>2010</u>
Medicare	38 %	37 %
Medicaid	5	8
Other third party payers	47	49
Self-pay and others	10	8
	<u>100 %</u>	<u>102 %</u>

The Corporation maintains its cash and cash equivalents with several financial institutions. Cash and cash equivalents on deposit with any one financial institution are insured up to \$250,000.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2011 and 2010

17. Functional Expenses

A summary of the Corporation's operating expenses by function for the years ended December 31 is as follows:

	<u>2011</u>	<u>2010</u>
Hospital acute and ambulatory services	\$ 598,480,933	\$ 592,681,077
Home care services	14,598,518	13,662,643
Other health care services	99,298,313	101,689,891
Other, including general and administrative	26,327,310	21,880,874
Fundraising	<u>1,195,435</u>	<u>1,225,624</u>
Total	<u>\$ 739,900,509</u>	<u>\$ 731,140,109</u>

The Corporation also incurred management and general program expenses related to ASLS that were included in income from discontinued operations in the consolidated statements of operations. During 2010, expenses related to providing program services were approximately \$48,434,000 and expenses related to management and general services were approximately \$8,959,000. The Corporation incurred no such expenses during 2011.

Independent Auditors' Report on Supplementary Information

Board of Trustees
Adventist HealthCare, Inc. and Controlled Entities

We have audited the consolidated financial statements of Adventist HealthCare, Inc. and Controlled Entities as of and for the years ended December 31, 2011 and 2010, and have issued our report thereon dated April 19, 2012 which contained an unqualified opinion on those consolidated financial statements. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information presented on pages 43 to 54 is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.



Wilkes-Barre, Pennsylvania
April 19, 2012

Adventist HealthCare, Inc. and Controlled Entities

 Consolidating Schedule, Balance Sheet
 December 31, 2011

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Assets														
Current Assets														
Cash and cash equivalents	\$ 15,166,805	\$ -	\$ (73,448,071)	\$ 82,286,786	\$ (8,681,669)	\$ 28,152,614	\$ (7,465,469)	\$ (1,120,993)	\$ 5,587,759	\$ 3,600,790	\$ (18,853,428)	\$ 1,972,325	\$ 749,258	\$ 2,386,903
Short term investments	167,409,546	-	167,409,546	-	-	-	-	-	-	-	-	-	-	-
Assets whose use is limited	4,583,523	-	2,860,609	-	1,722,914	-	-	-	-	-	-	-	-	-
Patient accounts receivable, net of estimated allowances of \$92,534,000	129,749,725	-	334,427	53,651,788	47,985,021	9,352,552	6,519,411	-	9,400,078	2,096,838	856,473	(446,863)	-	-
Other receivables, net of estimated allowance for uncollectible accounts of \$2,766,000	8,315,618	-	510,372	1,249,496	1,053,424	499,749	1,393,449	1,263,442	40,327	12,167	206,022	167,904	351,156	1,568,110
Due from third party payors	-	(2,193,623)	-	-	-	278,522	51,242	-	1,617,615	-	-	246,244	-	-
Inventories	12,216,675	-	-	5,513,959	4,226,676	2,086,353	140,175	-	104,013	21,540	-	-	123,959	-
Prepaid expenses and other current assets	3,685,259	-	1,689,314	567,897	731,617	350,143	158,920	-	71,957	55,591	53,443	-	6,377	-
Total current assets	341,127,151	(2,193,623)	99,356,197	143,269,926	47,037,983	40,719,933	797,728	142,449	16,821,749	5,786,926	(17,737,490)	1,939,610	1,230,750	3,955,013
Property and Equipment, Net	390,200,632	-	95,111,114	186,774,096	36,734,891	48,968,147	11,678,285	1,797,401	8,434,290	376,940	153,520	-	171,948	-
Assets Whose Use is Limited														
Under trust indenture and capital lease purchase financing facilities, held by trustees and banks	15,695,442	-	6,541,959	2,927,219	2,988,979	2,423,098	427,301	-	386,886	-	-	-	-	-
Professional liability trust fund	8,990,494	-	8,990,494	-	-	-	-	-	-	-	-	-	-	-
Deferred compensation fund	164,057	-	-	-	164,057	-	-	-	-	-	-	-	-	-
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	2,514,087	-	-	539,268	-	983,111	-	519,699	179,631	-	-	-	-	292,378
Investments and Investments in Unconsolidated Subsidiaries	10,737,019	-	5,173,756	1,793,803	-	1,617,808	-	-	-	-	-	326,418	-	1,825,234
Land Held for Healthcare Development	73,187,614	-	54,963,356	-	10,224,258	-	-	-	-	-	-	-	-	-
Deferred Financing Costs, Net	3,870,269	-	1,369,631	1,059,600	796,356	485,012	86,731	-	72,939	-	-	-	-	-
Intangible Assets, Net	5,979,535	-	87,646	1,630,095	-	867,660	2,074,383	-	1,038,753	202,956	22,024	-	56,018	-
Deposits and Other Noncurrent Assets	6,992,385	-	850,437	1,730,042	5,508	1,334,869	27,674	5,054	32,000	71,390	6,887	-	19,075	2,909,449
Total assets	\$ 859,458,685	\$ (2,193,623)	\$ 272,444,590	\$ 339,724,049	\$ 105,952,032	\$ 97,399,638	\$ 15,092,102	\$ 2,464,603	\$ 26,966,248	\$ 6,438,212	\$ (17,555,059)	\$ 2,266,028	\$ 1,477,791	\$ 8,982,074

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet
December 31, 2011

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Liabilities and Net Assets														
Current Liabilities														
Accounts payable and accrued expenses	\$ 81,619,982	\$ -	\$ 17,208,837	\$ 32,745,474	\$ 18,970,685	\$ 4,861,911	\$ 2,897,405	\$ 61,707	\$ 1,502,113	\$ 873,297	\$ 441,004	\$ 1,513,116	\$ 498,582	\$ 45,851
Accrued compensation and related items	34,294,188	-	3,606,895	12,159,997	8,394,049	3,201,911	2,829,156	389,925	1,680,394	1,161,260	694,005	-	176,596	-
Interest payable	2,508,920	-	2,501,277	-	3,491	-	4,152	-	-	-	-	-	-	-
Due to third party payors	19,611,070	(2,193,623)	-	12,152,677	7,039,783	257,428	1,740,893	-	-	-	-	613,912	-	-
Estimated self-insured professional liability	1,860,185	-	1,860,185	-	-	-	-	-	-	-	-	-	-	-
Current maturities of long-term obligations	18,420,042	-	6,422,085	6,714,107	4,667,469	39,845	515,000	61,536	-	-	-	-	-	-
Total Current Liabilities	158,314,387	(2,193,623)	31,599,279	63,772,255	39,075,477	8,361,095	7,986,606	513,168	3,182,507	2,034,557	1,135,009	2,127,028	675,178	45,851
Construction Payable	197,857	-	-	-	-	197,857	-	-	-	-	-	-	-	-
Long-Term Obligations, Net														
Bonds payable	236,612,788	8	218,195,000	-	18,417,780	-	-	-	-	-	-	-	-	-
Notes payable	48,889,925	-	31,003,325	16,000,000	541,667	-	1,285,479	59,453	-	-	-	-	-	-
Capital lease obligation	19,259,096	-	14,481,230	4,321,837	444,031	11,998	-	-	-	-	-	-	-	-
Internal debt	-	(8)	(212,958,990)	126,338,081	44,234,376	32,229,053	5,809,634	-	4,347,854	-	-	-	-	-
Derivative Financial Instruments	27,839,846	-	27,839,846	-	-	-	-	-	-	-	-	-	-	-
Deferred Compensation	164,057	-	-	-	164,057	-	-	-	-	-	-	-	-	-
Other Liabilities	8,153,150	-	189,998	4,702,056	1,830,530	1,164,437	-	-	200,000	-	-	-	-	66,129
Estimated Self Insured Professional Liability	7,086,125	-	7,086,125	-	-	-	-	-	-	-	-	-	-	-
Total liabilities	506,517,231	(2,193,623)	117,435,814	215,134,229	104,707,918	41,964,440	15,081,719	572,621	7,730,361	2,034,557	1,135,009	2,127,028	675,178	111,980
Net Assets (Deficit)														
Unrestricted	342,823,039	-	154,190,780	124,301,604	559,963	54,512,331	10,384	1,332,270	19,033,148	4,403,655	(18,690,068)	139,000	802,613	2,227,359
Temporarily restricted	9,776,994	-	817,996	298,216	684,151	922,867	(1)	218,291	202,739	-	-	-	-	6,642,735
Permanently restricted	341,421	-	-	-	-	-	-	341,421	-	-	-	-	-	-
Total net assets (deficit)	352,941,454	-	155,008,776	124,599,820	1,244,114	55,435,198	10,383	1,891,982	19,235,887	4,403,655	(18,690,068)	139,000	802,613	8,870,094
Total liabilities and net assets	\$ 859,458,685	\$ (2,193,623)	\$ 272,444,590	\$ 339,724,049	\$ 105,952,032	\$ 97,399,638	\$ 15,092,102	\$ 2,464,603	\$ 26,966,248	\$ 6,438,212	\$ (17,555,059)	\$ 2,266,028	\$ 1,477,791	\$ 8,982,074

Adventist Healthcare, Inc. and Controlled Entities

Consolidating Schedule, Statement of Operations

Year Ended December 31, 2011

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Unrestricted Revenues														
Net patient service revenue	\$ 759,058,738	\$ (255,633)	\$ 4,482,710	\$ 336,796,132	\$ 238,661,457	\$ 86,796,525	\$ 37,526,220	\$ 539,134	\$ 32,765,652	\$ 15,100,444	\$ 6,646,098	\$ -	\$ (1)	\$ -
Provision for doubtful collections	(37,981,741)	-	(41,957)	(13,073,652)	(18,627,321)	(2,692,860)	(2,010,081)	100	(562,664)	(4,247)	(908,292)	-	(60,767)	-
Net patient service revenue less provision for doubtful collections	721,076,997	(255,633)	4,440,753	323,722,480	220,034,136	84,103,665	35,516,139	539,234	32,202,988	15,096,197	5,737,806	-	(60,768)	-
Other revenue	39,604,098	(9,919,937)	4,660,997	7,872,034	4,965,535	4,777,671	9,265,581	6,443,463	280,518	73,799	885,955	-	6,142,274	4,176,208
Total unrestricted revenues	760,681,095	(10,175,570)	9,101,750	331,594,514	224,999,671	88,881,336	44,781,720	6,982,697	32,483,508	15,169,996	6,623,761	-	6,081,506	4,176,208
Operating Expenses														
Salaries and wages	328,703,262	-	15,472,204	118,838,331	86,020,323	39,999,725	28,391,258	4,265,995	17,159,126	10,071,594	6,659,841	-	1,824,865	-
Employee benefits	66,938,101	-	2,670,380	23,361,029	17,069,258	10,492,176	6,501,014	815,056	2,926,082	1,889,445	864,604	-	349,057	-
Contract labor	24,285,444	(1,718,748)	91,770	7,509,831	10,500,708	1,862,041	859,542	351,984	1,087,938	398,480	2,667,415	-	674,485	-
Medical supplies	113,328,285	(68,728)	24,356	52,670,498	42,585,536	12,524,211	2,073,521	29,963	1,559,307	246,165	319,825	-	1,363,631	-
General and administrative	113,695,146	(6,647,097)	33,342,489	38,132,178	26,446,089	9,452,175	2,710,988	879,061	2,989,213	830,751	911,502	-	696,537	3,922,260
Building and maintenance	40,920,193	(1,750,773)	1,062,048	20,831,498	9,139,407	5,219,855	3,439,206	297,602	1,084,064	533,219	562,666	-	501,405	-
Insurance	6,276,544	-	59,174	2,763,581	2,000,293	510,752	215,711	21,666	117,134	116,983	459,152	-	12,098	-
Interest	12,548,031	-	1,237,134	6,674,742	2,731,991	1,368,806	325,023	8,959	203,088	-	290	-	-	-
Depreciation and amortization	33,234,503	-	4,759,839	14,499,696	6,864,233	5,140,125	1,070,637	124,838	544,062	131,116	37,806	-	62,151	-
IT depreciation	-	-	(4,073,630)	1,299,431	1,105,315	1,255,875	185,611	-	112,256	78,442	-	-	36,700	-
Allocation: IT services	-	9,775	(27,932,983)	11,423,854	10,790,410	2,760,319	1,189,751	-	1,326,695	345,845	-	-	86,334	-
AHC management fees	-	1	(23,204,787)	9,460,195	7,259,494	2,863,788	1,514,355	210,445	896,285	430,770	397,411	-	173,063	-
Total expenses	739,900,509	(10,175,570)	3,507,994	307,464,864	222,513,055	93,447,828	48,476,617	7,005,569	30,004,248	15,072,810	12,880,508	-	5,780,326	3,922,260
Income (loss) from operations	20,780,586	-	5,593,756	24,129,650	2,486,616	(4,566,492)	(3,694,897)	(22,872)	2,459,258	97,186	(6,256,747)	-	301,180	253,948
Other (Expense) Income														
Investment income (loss)	4,288,708	-	2,032,698	1,636,595	(8,667)	775,193	(21,002)	11,710	142,268	91,236	(443,305)	-	(517)	72,499
Loss on extinguishment of debt	(1,285,000)	-	(69,394)	(446,372)	(289,513)	(359,037)	(63,359)	-	(57,325)	-	-	-	-	-
Other (expense) income	(6,951,389)	-	(5,922,591)	(259,365)	(129,814)	(633,945)	3,101	-	(8,775)	-	-	-	-	-
Total other (expense) income	(3,947,681)	-	(3,959,287)	930,858	(427,994)	(217,789)	(81,260)	11,710	76,168	91,236	(443,305)	-	(517)	72,499
Revenue and gains in excess of (less than) expenses from continuing operations	16,832,905	-	1,634,469	25,060,508	2,058,622	(4,784,281)	(3,776,157)	(11,162)	2,535,426	188,422	(6,700,052)	-	300,663	326,447
Change in net unrealized gains and losses on investments other than trading securities	(557,711)	-	(310,889)	(130,141)	(15,044)	(75,918)	(2,417)	1,150	(13,760)	(8,059)	(148)	-	(3,511)	1,026
Change in net unrealized loss on derivative financial instrument	(2,786,621)	-	(2,786,621)	-	-	312,196	(21)	-	-	-	-	-	-	-
Transfer from (to) unconsolidated subsidiary	-	-	(2,407,395)	-	112,477	-	-	-	-	-	-	1,891,845	(9,102)	-
Net assets released from restriction for purchase of property and equipment	2,066,669	-	128,104	1,159,465	406,711	280,159	28,630	-	63,600	-	-	-	-	-
Other unrestricted net asset activity	2,286	-	(131,938)	131,279	(4)	(2)	23	5	2,911	4	3	(2)	7	-
Increase (decrease) in unrestricted net assets from continuing operations	15,557,528	-	(3,874,270)	26,221,111	2,562,762	(4,267,846)	(3,749,942)	(10,007)	2,588,177	180,367	(6,700,197)	1,991,843	288,057	327,473
Income from discontinued operations	139,000	-	-	-	-	-	-	-	-	-	-	139,000	-	-
Increase (decrease) in unrestricted net assets	\$ 15,696,528	\$ -	\$ (3,874,270)	\$ 26,221,111	\$ 2,562,762	\$ (4,267,846)	\$ (3,749,942)	\$ (10,007)	\$ 2,588,177	\$ 180,367	\$ (6,700,197)	\$ 2,130,843	\$ 288,057	\$ 327,473

Adventist Healthcare, Inc. and Controlled Entities

 Consolidating Schedule, Statement of Changes in Net Assets
 Year Ended December 31, 2011

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Unrestricted Net Assets														
Revenues in excess of (less than) expenses from continuing operations	\$ 16,832,905	\$ -	\$ 1,634,469	\$ 25,060,508	\$ 2,058,622	\$ (4,784,281)	\$ (3,776,157)	\$ (11,162)	\$ 2,535,426	\$ 188,422	\$ (6,700,052)	\$ -	\$ 300,663	\$ 326,447
Change in net unrealized gains and losses on investments other than trading securities	(557,711)	-	(310,889)	(130,141)	(15,044)	(75,918)	(2,417)	1,150	(13,760)	(8,059)	(148)	-	(3,511)	1,026
Change in net unrealized loss on derivative financial instruments	(2,786,621)	-	(2,786,621)	-	-	-	-	-	-	-	-	-	-	-
Transfers from (to) unconsolidated subsidiary	-	-	(2,407,395)	-	112,477	312,196	(21)	-	-	-	-	1,991,845	(9,102)	-
Net assets released from restriction for purchase of property and equipment	2,066,669	-	128,104	1,159,465	406,711	280,159	28,630	-	63,600	-	-	-	-	-
Other unrestricted net asset activity	2,286	-	(131,938)	131,279	(4)	(2)	23	5	2,911	4	3	(2)	7	-
Increase (decrease) in unrestricted net from continuing operations	15,557,528	-	(3,874,270)	26,221,111	2,562,762	(4,267,846)	(3,749,942)	(10,007)	2,588,177	180,367	(6,700,197)	1,991,843	288,057	327,473
Income from discontinued operations	139,000	-	-	-	-	-	-	-	-	-	-	139,000	-	-
Increase (decrease) in unrestricted net assets	15,696,528	-	(3,874,270)	26,221,111	2,562,762	(4,267,846)	(3,749,942)	(10,007)	2,588,177	180,367	(6,700,197)	2,130,843	288,057	327,473
Temporarily Restricted Net Assets														
Restricted gifts and donations	5,438,196	-	179,320	1,395,942	745,572	265,953	74,919	169,049	23,018	-	-	-	-	2,584,423
Net assets released from restriction for purchase of property and equipment	(2,066,669)	-	(128,104)	(1,159,465)	(406,711)	(280,159)	(28,630)	-	(63,600)	-	-	-	-	-
Net assets released from restriction for use in operations	(3,085,874)	-	(179,015)	(418,631)	(273,688)	-	(46,289)	(193,130)	(1,007)	-	-	-	-	(1,974,114)
Change in value of beneficial interest in charitable remainder trusts and charitable gift annuities	(88,213)	-	(60,992)	-	-	-	-	-	-	-	-	-	-	(27,221)
Change in discount of pledges receivable and provision for doubtful pledges	(66,327)	-	-	-	-	-	-	-	-	-	-	-	-	(66,327)
Donor restricted investment income	2,762	-	-	-	-	-	-	-	-	-	-	-	-	2,762
Other temporarily restricted net assets	(2,908)	-	(1)	(1)	-	-	(1)	-	(2,905)	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	130,967	-	(188,792)	(182,155)	65,173	(14,206)	(1)	(24,081)	(44,494)	-	-	-	-	519,523
Increase (decrease) in net assets	15,827,495	-	(4,063,062)	26,038,956	2,627,935	(4,282,052)	(3,749,943)	(34,088)	2,543,683	180,367	(6,700,197)	2,130,843	288,057	846,996
Net assets (deficit), beginning	337,113,959	-	159,071,838	98,550,864	(1,383,821)	59,717,250	3,760,326	1,926,070	16,692,204	4,223,288	(11,989,871)	(1,991,843)	514,556	8,023,098
Net assets (deficit), ending	\$ 352,941,454	\$ -	\$ 155,008,776	\$ 124,589,820	\$ 1,244,114	\$ 55,435,198	\$ 10,383	\$ 1,891,982	\$ 19,235,887	\$ 4,403,655	\$ (18,690,068)	\$ 139,000	\$ 802,613	\$ 8,870,094

Adventist Healthcare, Inc. and Controlled Entities

 Consolidating Schedule, Statement of Cash Flows
 Year Ended December 31, 2011

	Consolidated Adventist Healthcare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Consolidated Adventist Senior Living Services	Consolidated Adventist Management Services, Inc.	Combined Adventist HealthCare, Inc. Foundations
Cash Flows from Operating Activities														
Increase (decrease) in net assets	\$ 15,827,495	\$ -	\$ (4,063,062)	\$ 26,038,966	\$ 2,627,935	\$ (4,282,052)	\$ (3,749,943)	\$ (34,088)	\$ 2,543,683	\$ 180,367	\$ (6,700,197)	\$ 2,130,843	\$ 288,057	\$ 846,996
Adjustments to reconcile increase (decrease) in net assets to cash provided by (used in) operating activities:														
Provision for uncollectible accounts	37,981,741	-	41,958	13,073,651	18,627,321	2,692,860	2,010,081	(100)	562,664	4,247	908,292	-	60,767	-
Depreciation and amortization	33,234,503	-	4,759,839	14,499,696	6,864,233	5,140,125	1,070,637	124,838	544,062	131,116	37,806	-	62,151	-
Amortization allocation among affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gain on sale of property and equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gain on derivative financial instrument termination	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss on extinguishment of debt	1,285,000	-	69,394	446,372	289,513	359,037	63,359	-	57,325	-	-	-	-	-
Restricted contributions and grants	(2,939,713)	-	(179,320)	(1,395,492)	(745,572)	(265,953)	(74,919)	(169,049)	(23,018)	-	-	-	-	(86,390)
Earnings recognized from unconsolidated subsidiaries and affiliates	(3,479,875)	(1,125,993)	(1,050,735)	(1,038,065)	-	(265,064)	-	-	-	-	-	-	-	-
Amortization of bond discounts	9,790	-	-	9,790	-	-	-	-	-	-	-	-	-	-
Amortization of physician income guarantees	1,208,211	-	-	185,882	107,019	915,310	-	-	-	-	-	-	-	-
Non cash transfers among affiliates	-	-	415,572	-	(112,477)	(312,197)	-	-	-	-	-	-	9,102	-
Cash transfers among affiliates	-	(2,726,825)	2,123,755	(131,910)	-	-	-	-	-	-	-	(1,991,845)	-	2,726,825
Change in net unrealized gains and losses on investments other than trading securities	557,711	223,446	310,889	1,837	13,047	6,141	1,128	-	870	-	-	-	-	353
Change in net unrealized loss of derivative financial instruments	9,284,850	-	9,284,850	-	-	-	-	-	-	-	-	-	-	-
Change in value of charitable remainder trusts and obligation to annuitants	88,213	-	60,992	-	-	-	-	-	-	-	-	-	-	27,221
Change in discount on pledges receivable and provision for doubtful pledges	72,384	-	-	-	-	-	-	-	-	-	-	-	-	72,384
Changes in assets and liabilities:														
Patient accounts receivable, net	(45,932,449)	-	(79,350)	(19,946,574)	(23,943,577)	(1,238,644)	(1,815,419)	-	(1,322,148)	23,366	(1,088,256)	3,478,153	-	-
Other receivables, net	2,388,603	(731,625)	1,293,540	76,362	(144,858)	57,662	697,769	589,207	(14,627)	6,624	(113,615)	886,805	(47,049)	(187,592)
Inventories, prepaid expenses and other current assets	(313,741)	-	263,500	(594,717)	(20,635)	3,807	(41,374)	-	29,485	(12,101)	(2,582)	-	58,376	2,500
Accounts payable and accrued expenses	4,799,036	-	(3,163,205)	9,159,308	1,214,432	(4,045)	360,789	(66,083)	(168,178)	(193,295)	(39,374)	(2,323,932)	(9,377)	31,997
Accrued compensation and related expenses	(19,640)	731,625	(365,563)	307,144	(74,288)	43,459	38,698	26,865	186,528	89,945	7,957	(1,021,490)	9,480	-
Interest payable	1,490,774	-	1,483,131	-	3,491	-	4,152	-	-	-	-	-	-	-
Estimated self-insured professional liability	(1,275,314)	-	(1,275,314)	-	-	-	-	-	-	-	-	-	-	-
Due to third party payors	(806,800)	-	-	966,464	(88,966)	710,885	(263,178)	-	(952,096)	-	-	(1,178,909)	-	-
Other noncurrent assets and liabilities	(3,246,188)	-	(851,962)	6,728	(2,882,569)	386,806	(2)	-	-	(9,241)	2,051	-	-	-
Net cash provided by (used in) operating activities	50,095,609	(3,629,372)	9,078,909	41,657,642	1,743,840	3,948,137	(1,698,222)	471,590	1,444,950	221,027	(6,987,918)	(20,375)	431,507	3,434,294
Cash Flows from Investing Activities														
Purchase of property and equipment	(42,089,576)	-	(17,622,819)	(11,632,161)	(7,158,792)	(4,043,829)	(698,141)	(30,570)	(652,464)	(153,179)	(71,766)	-	(25,855)	-
Payments to physicians under income guarantees	(231,081)	-	-	(19,299)	-	(181,782)	-	-	-	-	-	-	-	-
Decrease (increase) in investments and investments in unconsolidated subsidiaries	(4,595,550)	(223,446)	(3,218,776)	-	-	-	-	-	-	-	-	-	-	(1,153,328)
Net additions to land held for healthcare development	(9,491,901)	-	(4,381,523)	-	(5,110,378)	-	-	-	-	-	-	-	-	-
Proceeds from the sale of property and equipment, net of transaction costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net proceeds from derivative financial instrument transactions	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Distributions from investments in unconsolidated subsidiaries	2,895,265	1,125,993	643,397	813,250	-	312,625	-	-	-	-	-	-	-	-
(Increase) decrease in trustee held funds and restricted cash	(14,038,642)	-	836,434	(2,615,712)	(336,379)	(1,195,728)	(151,210)	(88,933)	(480,828)	-	-	-	-	(6,285)
Net cash (used in) provided by investing activities	(57,521,485)	902,547	(23,743,287)	(13,453,922)	(12,605,549)	(5,108,714)	(849,351)	(119,503)	(1,133,292)	(153,179)	(71,766)	-	(25,855)	(1,159,614)
Cash Flows from Financing Activities														
Cash transfers among affiliates	-	2,726,825	(2,123,755)	131,910	-	-	-	-	-	-	-	1,991,845	-	(2,726,825)
Allocation of financing costs among affiliates	-	-	329,514	(272,508)	(31,633)	(21,089)	(4,284)	-	-	-	-	-	-	-
Payment of financing costs	(1,560,784)	-	(92,344)	(594,000)	(358,797)	(391,738)	(71,041)	-	(52,864)	-	-	-	-	-
Proceeds from capital lease facility	10,000,000	-	5,000,000	5,000,000	-	-	-	-	-	-	-	-	-	-
Proceeds from issuance of bonds	117,185,000	-	5,236,002	46,413,332	29,155,125	27,237,053	4,795,634	-	4,347,854	-	-	-	-	-
Repayments of long-term obligations, net	(138,337,431)	-	(13,406,890)	(50,862,622)	(33,377,671)	(29,923,405)	(5,450,671)	(58,251)	(5,257,921)	-	-	-	-	-
Repayment of short term financing	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from restricted contributions and grants	2,939,713	-	179,320	1,395,492	745,572	265,953	74,919	169,049	23,018	-	-	-	-	86,390
Net cash (used in) provided by financing activities	(9,773,502)	2,726,825	(4,878,153)	1,211,604	(3,867,404)	(2,833,226)	(655,443)	110,798	(939,913)	-	-	1,991,845	-	(2,640,435)
Net increase (decrease) in cash and cash equivalents	(17,199,378)	-	(19,542,531)	29,415,324	(14,729,113)	(3,993,803)	(3,203,016)	462,885	(628,655)	67,848	(7,059,684)	1,971,470	405,652	(365,755)
Cash and cash equivalents, beginning	32,366,183	-	(53,905,540)	52,871,462	6,047,444	32,146,417	(4,262,453)	\$ (1,583,878)	6,216,414	3,532,942	(11,793,744)	855	343,606	2,752,658
Cash and cash equivalents, ending	\$ 15,166,805	\$ -	\$ (73,448,071)	\$ 82,286,786	\$ (8,681,669)	\$ 28,152,614	\$ (7,465,469)	\$ (1,120,993)	\$ 5,587,759	\$ 3,600,790	\$ (18,853,428)	\$ 1,972,325	\$ 749,258	\$ 2,386,903
Supplemental Disclosure of Cash Flow Information														
Interest paid	\$ 11,797,692	\$ -	\$ (224,840)	\$ 6,696,573	\$ 3,242,430	\$ 1,550,323	\$ 320,871	\$ 8,959	\$ 203,086	\$ -	\$ 290	\$ -	\$ -	\$ -
Supplemental Disclosure of Noncash Investing and Financing Activities														
Capital lease obligation incurred for equipment	\$ 2,547,043	\$ -	\$ 2,547,043	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Construction payable for property and equipment	\$ 197,857	\$ -	\$ -	\$ -	\$ -	\$ 197,857	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Adventist Healthcare, Inc. - Obligated Group

 Combining Schedule, Balance Sheet
 December 31, 2011

Assets	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health	Adventist Rehabilitation Hospital of Maryland
Current Assets								
Cash and cash equivalents	\$ 26,431,950	\$ -	\$ (73,448,071)	\$ 82,286,786	\$ (8,681,669)	\$ 28,152,614	\$ (7,465,469)	\$ 5,587,759
Short-term investments	167,409,546	-	167,409,546	-	-	-	-	-
Assets whose use is limited	4,583,523	-	2,860,609	-	1,722,914	-	-	-
Patient accounts receivable, net of estimated allowances of \$86,391,000	127,243,277	-	334,427	53,651,788	47,985,021	9,352,552	6,519,411	9,400,078
Other receivables, net of estimated allowance for uncollectible accounts of \$1,028,000	4,746,817	-	510,372	1,249,496	1,053,424	499,749	1,393,449	40,327
Due from third party payors	-	(1,947,379)	-	-	-	278,522	51,242	1,617,615
Due from affiliates	-	-	-	-	-	-	-	-
Inventories	12,071,176	-	-	5,513,959	4,226,676	2,086,353	140,175	104,013
Prepaid expenses and other current assets	3,569,848	-	1,689,314	567,897	731,617	350,143	158,920	71,957
Total current assets	346,056,137	(1,947,379)	99,356,197	143,269,926	47,037,983	40,719,933	797,728	16,821,749
Property and Equipment, Net	387,700,823	-	95,111,114	186,774,096	36,734,891	48,968,147	11,678,285	8,434,290
Assets Whose Use is Limited								
Under trust indenture and capital lease purchase financing facilities, held by trustees and banks	15,695,442	-	6,541,959	2,927,219	2,988,979	2,423,098	427,301	386,886
Professional liability trust fund	8,990,494	-	8,990,494	-	-	-	-	-
Deferred compensation fund	164,057	-	-	-	164,057	-	-	-
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	1,702,010	-	-	539,268	-	983,111	-	179,631
Investments and Investments in Unconsolidated Subsidiaries	8,585,367	-	5,173,756	1,793,803	-	1,617,808	-	-
Land Held for Healthcare Development	73,187,614	-	54,963,356	-	18,224,258	-	-	-
Deferred Financing Costs	3,870,269	-	1,369,631	1,059,600	796,356	485,012	86,731	72,939
Intangible Assets, Net	5,698,537	-	87,646	1,630,095	-	867,660	2,074,383	1,038,753
Deposits and Other Noncurrent Assets	3,980,530	-	850,437	1,730,042	5,508	1,334,869	27,674	32,000
Total assets	\$ 855,631,280	\$ (1,947,379)	\$ 272,444,590	\$ 339,724,049	\$ 105,952,032	\$ 97,399,638	\$ 15,092,102	\$ 26,966,248

Adventist Healthcare, Inc. - Obligated Group

 Combining Schedule, Balance Sheet
 December 31, 2011

	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health	Adventist Rehabilitation Hospital of Maryland
Liabilities and Net Assets								
Current Liabilities								
Accounts payable and accrued expenses	\$ 78,186,425	\$ -	\$ 17,208,837	\$ 32,745,474	\$ 18,970,685	\$ 4,861,911	\$ 2,897,405	\$ 1,502,113
Accrued compensation and related items	31,872,402	-	3,606,895	12,159,997	8,394,049	3,201,911	2,829,156	1,680,394
Interest payable	2,508,920	-	2,501,277	-	3,491	-	4,152	-
Due to third party payors	19,243,402	(1,947,379)	-	12,152,677	7,039,783	257,428	1,740,893	-
Estimated self-insured professional liability	1,860,185	-	1,860,185	-	-	-	-	-
Current portion of long-term obligations	18,358,506	-	6,422,085	6,714,107	4,667,469	39,845	515,000	-
Total current liabilities	152,029,840	(1,947,379)	31,599,279	63,772,255	39,075,477	8,361,095	7,986,606	3,182,507
Construction Payable	197,857	-	-	-	-	197,857	-	-
Long-Term Obligations, Net								
Bonds payable	236,612,788	8	218,195,000	-	18,417,780	-	-	-
Notes payable	48,830,472	-	31,003,326	16,000,000	541,667	-	1,285,479	-
Capital lease obligation	19,259,096	-	14,481,230	4,321,837	444,031	11,998	-	-
Internal debt	-	(8)	(212,958,990)	128,338,081	44,234,376	32,229,053	5,809,634	4,347,854
Derivative Financial Instruments	27,839,846	-	27,839,846	-	-	-	-	-
Deferred Compensation	164,057	-	-	-	164,057	-	-	-
Other Liabilities	8,087,021	-	189,998	4,702,056	1,830,530	1,164,437	-	200,000
Estimated Self Insured Professional Liability	7,086,125	-	7,086,125	-	-	-	-	-
Total liabilities	500,107,102	(1,947,379)	117,435,814	215,134,229	104,707,918	41,964,440	15,081,719	7,730,361
Net Assets (Deficit)								
Unrestricted	352,608,210	-	154,190,780	124,301,604	559,963	54,512,331	10,384	19,033,148
Temporarily restricted	2,915,968	-	817,996	288,216	684,151	922,867	(1)	202,739
Total net assets	355,524,178	-	155,008,776	124,589,820	1,244,114	55,435,198	10,383	19,235,887
Total liabilities and net assets	<u>\$ 855,631,280</u>	<u>\$ (1,947,379)</u>	<u>\$ 272,444,590</u>	<u>\$ 339,724,049</u>	<u>\$ 105,952,032</u>	<u>\$ 97,399,638</u>	<u>\$ 15,092,102</u>	<u>\$ 26,966,248</u>

Adventist Healthcare, Inc. - Obligated Group

Combining Schedule, Statement of Operations

Year Ended December 31, 2011

	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Adventist Rehabilitation Hospital of Maryland
Unrestricted Revenues								
Net patient service revenue	\$ 736,773,063	\$ (255,633)	\$ 4,482,710	\$ 336,796,132	\$ 238,661,457	\$ 86,796,525	\$ 37,526,220	\$ 32,765,652
Provision for doubtful collections	(37,008,535)	-	(41,957)	(13,073,652)	(18,627,321)	(2,692,860)	(2,010,081)	(562,664)
Net patient service revenue less provision for doubtful collections	699,764,528	(255,633)	4,440,753	323,722,480	220,034,136	84,103,665	35,516,139	32,202,988
Other revenue	27,519,671	(4,282,665)	4,660,997	7,872,034	4,965,535	4,777,671	9,265,581	260,518
Total unrestricted revenues	727,284,199	(4,538,298)	9,101,750	331,594,514	224,999,671	88,881,336	44,781,720	32,463,506
Operating Expenses								
Salaries and wages	305,880,967	-	15,472,204	118,838,331	86,020,323	39,999,725	28,391,258	17,159,126
Employee benefits	63,019,939	-	2,670,380	23,361,029	17,069,258	10,492,176	6,501,014	2,926,082
Contract labor	20,237,245	(1,674,583)	91,770	7,509,831	10,500,706	1,862,041	859,542	1,087,938
Medical supplies	111,374,498	(62,931)	24,356	52,670,498	42,585,536	12,524,211	2,073,521	1,559,307
General and administrative	111,983,088	(1,090,044)	33,342,489	38,132,178	26,446,089	9,452,175	2,710,988	2,989,213
Building and maintenance	39,065,338	(1,710,740)	1,062,048	20,831,498	9,139,407	5,219,855	3,439,206	1,084,064
Insurance	5,666,645	-	59,174	2,763,581	2,000,293	510,752	215,711	117,134
Interest	12,538,782	-	1,237,134	6,674,742	2,731,991	1,366,806	325,023	203,086
Depreciation and amortization	32,878,592	-	4,759,839	14,499,696	6,864,233	5,140,125	1,070,637	544,062
IT depreciation	(115,142)	-	(4,073,630)	1,299,431	1,105,315	1,255,875	185,611	112,256
Allocation: IT services	(441,954)	-	(27,932,983)	11,423,854	10,790,410	2,760,319	1,189,751	1,326,695
AHC management fees	(1,211,690)	-	(23,204,787)	9,460,195	7,259,494	2,863,768	1,514,355	895,285
Total expenses	700,876,308	(4,538,298)	3,507,994	307,464,864	222,513,055	93,447,828	48,476,617	30,004,248
Income (loss) from operations	26,407,891	-	5,593,756	24,129,650	2,486,616	(4,566,492)	(3,694,897)	2,459,258
Other (Expense) Income								
Investment income (loss)	4,557,085	-	2,032,698	1,636,595	(8,667)	775,193	(21,002)	142,268
Loss on extinguishment of debt	(1,285,000)	-	(69,394)	(446,372)	(289,513)	(359,037)	(63,359)	(57,325)
Other income (expense)	(6,951,389)	-	(5,922,591)	(259,365)	(129,814)	(633,945)	3,101	(8,775)
Total other (expense) income	(3,679,304)	-	(3,959,287)	930,858	(427,994)	(217,789)	(81,260)	76,168
Revenue in excess of (less than) expenses	22,728,587	-	1,634,469	25,060,508	2,058,622	(4,784,281)	(3,776,157)	2,535,426
Change in net unrealized gains and losses on investments other than trading securities	(548,169)	-	(310,889)	(130,141)	(15,044)	(75,918)	(2,417)	(13,760)
Change in net unrealized loss on derivative financial instrument	(2,786,621)	-	(2,786,621)	-	-	-	-	-
Transfers from (to) unconsolidated subsidiaries	(1,982,743)	-	(2,407,395)	-	112,477	312,196	(21)	-
Net assets released from restriction for purchase of property and equipment	2,066,669	-	128,104	1,159,465	406,711	280,159	28,630	63,600
Other unrestricted net asset activity	2,269	-	(131,938)	131,279	(4)	(2)	23	2,911
Increase (decrease) in unrestricted net assets	\$ 19,479,992	\$ -	\$ (3,874,270)	\$ 26,221,111	\$ 2,562,762	\$ (4,267,846)	\$ (3,749,942)	\$ 2,588,177

Adventist Healthcare, Inc. - Obligated Group

 Combining Schedule, Statement of Cash Flows
 Year Ended December 31, 2011

	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health	Adventist Rehabilitation Hospital of Maryland
Cash Flows from Operating Activities								
Increase (decrease) in net assets	\$ 19,115,517	\$ -	\$ (4,063,062)	\$ 26,038,956	\$ 2,627,935	\$ (4,282,052)	\$ (3,749,943)	\$ 2,543,683
Adjustments to reconcile increase (decrease) in net assets to cash provided by (used in) operating activities:								
Provision for uncollectible accounts	37,008,535	-	41,958	13,073,651	18,627,321	2,692,860	2,010,081	562,664
Depreciation and amortization	32,878,592	-	4,759,839	14,499,696	6,864,233	5,140,125	1,070,637	544,062
Amortization allocation among affiliates	-	-	-	-	-	-	-	-
Gain on derivative financial instrument termination	-	-	-	-	-	-	-	-
Loss on extinguishment of debt	1,285,000	-	69,394	446,372	289,513	359,037	63,359	57,325
Restricted contributions and grants	(2,684,274)	-	(179,320)	(1,395,492)	(745,572)	(265,953)	(74,919)	(23,018)
Earnings from investments and investments in unconsolidated subsidiaries	(2,353,864)	-	(1,050,735)	(1,038,065)	-	(265,064)	-	-
Amortization of bond discounts	9,790	-	-	-	9,790	-	-	-
Amortization of physician income guarantees	1,208,211	-	-	185,882	107,019	915,310	-	-
Net organization transfer among affiliates	-	-	-	-	-	-	-	-
Non cash transfers among affiliates	(9,102)	-	415,572	-	(112,477)	(312,197)	-	-
Cash transfers among affiliates	1,991,845	-	2,123,755	(131,910)	-	-	-	-
Change in unrealized gains and losses on investments other than trading securities	548,169	214,257	310,889	1,837	13,047	6,141	1,128	870
Change in net unrealized loss on derivative financial instruments	9,284,850	-	9,284,850	-	-	-	-	-
Change in value of charitable remainder trusts and obligation to annuitants	60,992	-	60,992	-	-	-	-	-
Changes in assets and liabilities:								
Patient accounts receivable, net	(48,345,712)	-	(79,350)	(19,946,574)	(23,943,577)	(1,238,644)	(1,815,419)	(1,322,148)
Other receivables, net	1,965,848	-	1,293,540	76,362	(144,858)	57,662	697,769	(14,627)
Inventories, prepaid expenses and other current assets	(359,934)	-	263,500	(594,717)	(20,635)	3,807	(41,374)	29,485
Accounts payable and accrued expenses	7,399,101	-	(3,163,205)	9,159,308	1,214,432	(4,045)	360,789	(168,178)
Accrued compensation and related expenses	135,978	-	(365,563)	307,144	(74,288)	43,459	38,698	186,528
Interest payable	1,490,774	-	1,483,131	-	3,491	-	4,152	-
Estimated self-insured professional liability	(1,275,314)	-	(1,275,314)	-	-	-	-	-
Due to third party payors	373,109	-	-	966,464	(88,966)	710,885	(263,178)	(952,096)
Other noncurrent assets and liabilities	(3,338,998)	-	(851,962)	8,728	(2,882,568)	386,806	(2)	-
Net cash provided by (used in) operating activities	56,389,113	214,257	9,078,909	41,657,642	1,743,840	3,948,137	(1,698,222)	1,444,550
Cash Flows from Investing Activities								
Purchase of property and equipment	(41,808,206)	-	(17,622,819)	(11,632,161)	(7,158,792)	(4,043,829)	(698,141)	(652,464)
Payments to physicians under income guarantees	(201,081)	-	-	(19,299)	-	(181,782)	-	-
Decrease (increase) in investments and investments in unconsolidated subsidiaries	(3,433,033)	(214,257)	(3,218,776)	-	-	-	-	-
Net additions to land held for healthcare development	(9,491,901)	-	(4,381,523)	-	(5,110,378)	-	-	-
Net proceeds from derivative financial instrument transactions	-	-	-	-	-	-	-	-
Distributions from investments in unconsolidated subsidiaries	1,769,272	-	643,397	813,250	-	312,625	-	-
Decrease (increase) in trustee held funds and restricted cash	(3,943,423)	-	836,434	(2,615,712)	(336,379)	(1,195,728)	(151,210)	(480,828)
Net cash (used in) provided by investing activities	(57,108,372)	(214,257)	(23,743,287)	(13,453,922)	(12,605,549)	(5,108,714)	(849,351)	(1,133,292)
Cash Flows from Financing Activities								
Net organization transfer - cash transfer from ASLS	-	-	-	-	-	-	-	-
Cash transfers among affiliates	(1,991,845)	-	(2,123,755)	131,910	-	-	-	-
Allocation of financing costs among affiliates	-	-	329,514	(272,508)	(31,633)	(21,089)	(4,284)	-
Payments of financing costs	(1,560,784)	-	(92,344)	(594,000)	(358,797)	(391,738)	(71,041)	(52,864)
Proceeds from capital lease	10,000,000	-	5,000,000	5,000,000	-	-	-	-
Repayments of long-term obligations, net	(138,279,180)	-	(13,406,890)	(50,862,622)	(33,377,671)	(29,923,405)	(5,450,671)	(5,257,921)
Change in short-term financing	-	-	-	-	-	-	-	-
Proceeds from bond issue	117,185,000	-	5,236,002	46,413,332	29,155,125	27,237,053	4,795,634	4,347,854
Proceeds from restricted contributions and grants	2,684,274	-	179,320	1,395,492	745,572	265,953	74,919	23,018
Net cash (used in) provided by financing activities	(11,962,535)	-	(4,878,153)	1,211,604	(3,867,404)	(2,833,226)	(655,443)	(939,913)
Net (decrease) increase in cash and cash equivalents	(12,681,794)	-	(19,542,531)	29,415,324	(14,729,113)	(3,993,803)	(3,203,016)	(628,655)
Cash and cash equivalents, beginning	39,113,744	-	(53,905,540)	52,871,462	6,047,444	32,146,417	(4,262,453)	6,216,414
Cash and cash equivalents, ending	\$ 26,431,950	\$ -	\$ (73,448,071)	\$ 82,286,786	\$ (8,681,669)	\$ 28,152,614	\$ (7,465,469)	\$ 5,587,759
Supplemental Disclosure of Cash Flow Information								
Interest paid	\$ 11,788,443	\$ -	\$ (224,840)	\$ 6,696,573	\$ 3,242,430	\$ 1,550,323	\$ 320,871	\$ 203,086
Supplemental Disclosure of Noncash Investing and Financing Activities								
Capital lease obligation incurred for equipment	\$ 2,547,043	\$ -	\$ 2,547,043	\$ -	\$ -	\$ -	\$ -	\$ -
Construction payable for property and equipment	\$ 197,857	\$ -	\$ -	\$ -	\$ -	\$ 197,857	\$ -	\$ -

Adventist HealthCare, Inc. - Foundations

 Combining Schedule, Balance Sheet
 December 31, 2011

	Combined Adventist HealthCare, Inc. Foundations	Eliminating Entries	Shady Grove Adventist Hospital Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Hackettstown Community Hospital Foundation, Inc.	Adventist Behavioral Health Foundation, Inc.
Assets						
Current Assets						
Cash and cash equivalents	\$ 2,386,903	\$ -	\$ 1,071,305	\$ 961,365	\$ 53,096	\$ 301,137
Current portion pledges receivable, less allowance for doubtful pledges of \$103,000	1,556,559	-	1,306,975	54,244	142,360	52,980
Other receivables	11,551	-	-	95	11,456	-
Prepaid expenses and other current assets	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total current assets	3,955,013	-	2,378,280	1,015,704	206,912	354,117
Cash and Cash Equivalents Held for Capital Acquisitions	292,378	-	-	140,441	-	151,937
Investments	1,825,234	-	1,819,517	5,717	-	-
Beneficial Interest in Trusts	716,337	-	-	716,337	-	-
Noncurrent Portion of Pledges Receivable	<u>2,193,112</u>	<u>-</u>	<u>2,058,710</u>	<u>27,000</u>	<u>107,402</u>	<u>-</u>
Total assets	<u>\$ 8,982,074</u>	<u>\$ -</u>	<u>\$ 6,256,507</u>	<u>\$ 1,905,199</u>	<u>\$ 314,314</u>	<u>\$ 506,054</u>
Liabilities and Net Assets						
Current Liabilities						
Accounts payable and accrued expenses	\$ 45,851	\$ -	\$ 35,071	\$ 301	\$ 7,211	\$ 3,268
Liability to Charitable Gift Annuities	<u>66,129</u>	<u>-</u>	<u>66,129</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>111,980</u>	<u>-</u>	<u>101,200</u>	<u>301</u>	<u>7,211</u>	<u>3,268</u>
Net Assets						
Unrestricted	2,227,359	-	1,427,000	446,285	31,115	322,959
Temporarily restricted	<u>6,642,735</u>	<u>-</u>	<u>4,728,307</u>	<u>1,458,613</u>	<u>275,988</u>	<u>179,827</u>
Total net assets	<u>8,870,094</u>	<u>-</u>	<u>6,155,307</u>	<u>1,904,898</u>	<u>307,103</u>	<u>502,786</u>
Total liabilities and net assets	<u>\$ 8,982,074</u>	<u>\$ -</u>	<u>\$ 6,256,507</u>	<u>\$ 1,905,199</u>	<u>\$ 314,314</u>	<u>\$ 506,054</u>

Adventist HealthCare, Inc. - Foundations

 Combining Schedule, Statement of Operations
 Year Ended December 31, 2011

	Combined Adventist HealthCare, Inc. Foundations	Eliminating Entries	Shady Grove Adventist Hospital Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Hackettstown Adventist Hospital Foundation, Inc.	Adventist Behavioral Health Foundation Inc.
Changes in Unrestricted Net Assets						
Unrestricted Revenues, Gains, And Other Support						
Contributions, net	\$ 2,202,094	\$ -	\$ 162,565	\$ 1,921,954	\$ 65,155	\$ 52,420
Investment income	72,499	-	71,254	-	119	1,126
Net assets released from restrictions	<u>1,974,114</u>	<u>-</u>	<u>1,071,835</u>	<u>171,701</u>	<u>587,799</u>	<u>142,779</u>
Total unrestricted revenues, gains, and other support	<u>4,248,707</u>	<u>-</u>	<u>1,305,654</u>	<u>2,093,655</u>	<u>653,073</u>	<u>196,325</u>
Expenses						
General administrative expenses	473,231	-	103,231	199,543	170,232	225
In-kind gifts expended	<u>722,204</u>	<u>-</u>	<u>131,043</u>	<u>591,161</u>	<u>-</u>	<u>-</u>
Total expenses before transfers to the hospitals	1,195,435	-	234,274	790,704	170,232	225
Transfers to the hospitals	<u>2,726,825</u>	<u>-</u>	<u>1,000,000</u>	<u>1,172,268</u>	<u>477,638</u>	<u>76,919</u>
Total expenses	<u>3,922,260</u>	<u>-</u>	<u>1,234,274</u>	<u>1,962,972</u>	<u>647,870</u>	<u>77,144</u>
Revenues in excess of expenses	326,447	-	71,380	130,683	5,203	119,181
Change in net unrealized gains on investments other than trading securities	<u>1,026</u>	<u>-</u>	<u>1,026</u>	<u>-</u>	<u>-</u>	<u>-</u>
Increase in unrestricted net assets	327,473	-	72,406	130,683	5,203	119,181
Unrestricted net assets, beginning	<u>1,899,886</u>	<u>-</u>	<u>1,354,594</u>	<u>315,602</u>	<u>25,912</u>	<u>203,778</u>
Unrestricted net assets, ending	<u>\$ 2,227,359</u>	<u>\$ -</u>	<u>\$ 1,427,000</u>	<u>\$ 446,285</u>	<u>\$ 31,115</u>	<u>\$ 322,959</u>
Changes in Temporarily Restricted Net Assets						
Contributions, net	\$ 2,584,423	\$ -	\$ 1,960,397	\$ 156,324	\$ 444,854	\$ 22,848
Net assets released from restrictions	(1,974,114)	-	(1,071,835)	(171,701)	(587,799)	(142,779)
Change in value of beneficial interest in trusts	(27,221)	-	7,852	(35,073)	-	-
Change in discount of pledges receivable and provision for doubtful pledges	(66,327)	-	(65,460)	(867)	-	-
Investment income and unrealized gain on investments	<u>2,762</u>	<u>-</u>	<u>2,762</u>	<u>-</u>	<u>-</u>	<u>-</u>
Increase (decrease) in temporarily restricted net assets	519,523	-	833,716	(51,317)	(142,945)	(119,931)
Temporarily restricted net assets, beginning	<u>6,123,212</u>	<u>-</u>	<u>3,894,591</u>	<u>1,509,930</u>	<u>418,933</u>	<u>299,758</u>
Temporarily restricted net assets, ending	<u>\$ 6,642,735</u>	<u>\$ -</u>	<u>\$ 4,728,307</u>	<u>\$ 1,458,613</u>	<u>\$ 275,988</u>	<u>\$ 179,827</u>

Adventist HealthCare, Inc. - Foundations

 Combining Schedule, Statements of Cash Flows
 Year Ended December 31, 2011

	Combined Adventist HealthCare, Inc. Foundations	Eliminating Entries	Shady Grove Adventist Hospital Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Hackettstown Adventist Hospital Foundation, Inc.	Potomac Ridge Foundation, Inc.
Cash Flows from Operating Activities						
Increase (decrease) in net assets	\$ 846,996	\$ -	\$ 906,122	\$ 79,366	\$ (137,742)	\$ (750)
Adjustments to reconcile change in net assets to net cash provided by operating activities:						
Contributions restricted for long-term purposes	(86,390)	-	(2,665)	(83,725)	-	-
Transfers to Hospitals	2,726,825	-	1,000,000	1,172,268	477,638	76,919
Provision for doubtful pledges	66,121	-	49,496	1,900	14,725	-
Net change in unrealized gains and losses on investments other than trading securities	353	-	353	-	-	-
Change in beneficial interest in trusts	27,221	-	(7,852)	35,073	-	-
Change in discount in pledges receivable	6,263	-	15,964	-	(9,701)	-
Change in assets and liabilities:						
Prepaid expense and other assets	2,500	-	-	-	2,500	-
Pledge receivable, net	(181,641)	-	(283,741)	(9,309)	116,337	(4,928)
Other receivable	(5,951)	-	-	(95)	(5,856)	-
Accounts payable and accrued expenses	31,997	-	30,853	(189)	(1,935)	3,268
Net cash provided by operating activities	<u>3,434,294</u>	<u>-</u>	<u>1,708,530</u>	<u>1,195,289</u>	<u>455,966</u>	<u>74,509</u>
Cash Flows from Investing Activities						
Net increase in investments	(1,153,328)	-	(1,153,328)	-	-	-
Net increase in restricted cash	<u>(6,286)</u>	<u>-</u>	<u>-</u>	<u>(21,306)</u>	<u>-</u>	<u>15,020</u>
Net cash (used in) provided by investing activities	<u>(1,159,614)</u>	<u>-</u>	<u>(1,153,328)</u>	<u>(21,306)</u>	<u>-</u>	<u>15,020</u>
Cash Flows from Financing Activities						
Contributions restricted for long-term purposes	86,390	-	2,665	83,725	-	-
Transfers to Hospitals	<u>(2,726,825)</u>	<u>-</u>	<u>(1,000,000)</u>	<u>(1,172,268)</u>	<u>(477,638)</u>	<u>(76,919)</u>
Net cash used in financing activities	<u>(2,640,435)</u>	<u>-</u>	<u>(997,335)</u>	<u>(1,088,543)</u>	<u>(477,638)</u>	<u>(76,919)</u>
Net (decrease) increase in cash and cash equivalents	(365,755)	-	(442,133)	85,440	(21,672)	12,610
Cash and cash equivalents, beginning	<u>2,752,658</u>	<u>-</u>	<u>1,513,438</u>	<u>875,925</u>	<u>74,768</u>	<u>288,527</u>
Cash and cash equivalents, ending	<u>\$ 2,386,903</u>	<u>\$ -</u>	<u>\$ 1,071,305</u>	<u>\$ 961,365</u>	<u>\$ 53,096</u>	<u>\$ 301,137</u>

Adventist HealthCare, Inc. and Controlled Entities

Financial Statements and
Supplementary Information

December 31, 2012 and 2011



Adventist HealthCare, Inc. and Controlled Entities

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Independent Auditors' Report

Board of Trustees
Adventist HealthCare, Inc. and Controlled Entities

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Adventist HealthCare, Inc. and controlled entities (collectively, the "Corporation"), which comprise the consolidated balance sheet as of December 31, 2012 and 2011, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Adventist HealthCare, Inc. and controlled entities as of December 31, 2012 and 2011, and the results of its operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating and combining information presented on pages 43 to 50 is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

A handwritten signature in cursive script that reads "ParenteBeard LLC".

Wilkes-Barre, Pennsylvania
April 29, 2013

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 19,965,512	\$ 15,166,805
Short-term investments	155,416,945	167,409,546
Assets whose use is limited	5,722,017	4,583,523
Patient accounts receivable, net of estimated allowances of \$104,455,000 in 2012 and \$92,534,000 in 2011	138,952,125	129,749,725
Other receivables, net of estimated allowance for doubtful collections of \$2,350,000 in 2012 and \$2,766,000 in 2011	9,124,293	8,315,618
Inventories	12,781,870	12,216,675
Prepaid expenses and other current assets	<u>3,306,192</u>	<u>3,685,259</u>
Total current assets	345,268,954	341,127,151
Property and Equipment, Net	382,975,709	390,200,632
Assets Whose Use is Limited		
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	9,843,484	15,695,442
Professional liability trust fund	6,122,473	8,990,494
Deferred compensation fund	164,057	164,057
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	2,650,934	2,514,087
Investments and Investments in Unconsolidated Subsidiaries	9,533,604	10,737,019
Land Held for Healthcare Development	76,230,174	73,187,614
Deferred Financing Costs, Net	3,374,836	3,870,269
Intangible Assets, Net	5,693,334	5,979,535
Deposits and Other Noncurrent Assets	<u>5,562,034</u>	<u>6,992,385</u>
Total assets	<u>\$ 847,419,593</u>	<u>\$ 859,458,685</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 75,480,655	\$ 81,619,982
Accrued compensation and related items	30,866,740	34,294,188
Interest payable	3,043,488	2,508,920
Due to third party payors	26,873,945	19,611,070
Estimated self-insured professional liability	1,241,672	1,860,185
Current maturities of long-term obligations	<u>38,270,987</u>	<u>18,420,042</u>
Total current liabilities	175,777,487	158,314,387
Construction Payable	124,101	197,857
Long-Term Obligations, Net		
Bonds payable	231,407,570	236,612,788
Notes payable	23,435,834	48,889,925
Capital lease obligations	15,183,624	19,259,096
Derivative Financial Instruments	28,169,723	27,839,846
Deferred Compensation	164,057	164,057
Other Liabilities	5,520,386	8,153,150
Estimated Self-Insured Professional Liability	<u>6,023,754</u>	<u>7,086,125</u>
Total liabilities	<u>485,806,536</u>	<u>506,517,231</u>
Net Assets		
Unrestricted	353,330,451	342,823,039
Temporarily restricted	7,941,185	9,776,994
Permanently restricted	<u>341,421</u>	<u>341,421</u>
Total net assets	<u>361,613,057</u>	<u>352,941,454</u>
Total liabilities and net assets	<u>\$ 847,419,593</u>	<u>\$ 859,458,685</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Operations
Years Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Unrestricted Revenues		
Net patient service revenue	\$ 750,046,733	\$ 759,058,738
Provision for doubtful collections	(51,208,518)	(37,981,741)
Net patient service revenue less provision for doubtful collections	698,838,215	721,076,997
Other revenue	<u>38,996,177</u>	<u>39,604,098</u>
Total unrestricted revenues	<u>737,834,392</u>	<u>760,681,095</u>
Expenses		
Salaries and wages	318,265,132	328,703,262
Employee benefits	65,579,382	66,938,101
Contract labor	28,552,211	24,285,444
Medical supplies	108,309,375	113,328,285
General and administrative	123,329,243	113,666,146
Building and maintenance	38,173,052	40,920,193
Insurance	5,602,629	6,276,544
Interest	11,189,977	12,548,031
Depreciation and amortization	<u>36,467,510</u>	<u>33,234,503</u>
Total expenses	<u>735,468,511</u>	<u>739,900,509</u>
Income from operations	<u>2,365,881</u>	<u>20,780,586</u>
Other Income (Expense)		
Investment income	2,839,941	4,288,708
Loss on extinguishment of debt	-	(1,285,000)
Other income (expense)	<u>162,746</u>	<u>(6,951,389)</u>
Total other income (expense)	<u>3,002,687</u>	<u>(3,947,681)</u>
Revenues in excess of expenses from continuing operations	5,368,568	16,832,905
Change in net unrealized gains and losses on investments other than trading securities	395,380	(557,711)
Change in net unrealized loss on derivative financial instruments	(555,316)	(2,786,621)
Net assets released from restriction for purchase of property and equipment	4,008,780	2,066,669
Other unrestricted net asset activity	<u>(210,000)</u>	<u>2,286</u>
Increase in unrestricted net assets from continuing operations	9,007,412	15,557,528
Income from discontinued operations	<u>1,500,000</u>	<u>139,000</u>
Increase in unrestricted net assets	<u>\$ 10,507,412</u>	<u>\$ 15,696,528</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Changes in Net Assets
Years Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Unrestricted Net Assets		
Revenues in excess of expenses from continuing operations	\$ 5,368,568	\$ 16,832,905
Change in net unrealized gains and losses on investments other than trading securities	395,380	(557,711)
Change in net unrealized loss on derivative financial instruments	(555,316)	(2,786,621)
Net assets released from restriction for purchase of property and equipment	4,008,780	2,066,669
Other unrestricted net asset activity	<u>(210,000)</u>	<u>2,286</u>
 Increase in unrestricted net assets from continuing operations	 9,007,412	 15,557,528
 Income from discontinued operations	 <u>1,500,000</u>	 <u>139,000</u>
 Increase in unrestricted net assets	 <u>10,507,412</u>	 <u>15,696,528</u>
Temporarily Restricted Net Assets		
Restricted gifts and donations	8,680,029	5,438,196
Net assets released from restriction for purchase of property and equipment	(4,008,780)	(2,066,669)
Net assets released from restriction used for operations	(6,613,695)	(3,085,874)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	106,075	(88,213)
Change in discount of pledges receivable and provision for doubtful pledges	(16,886)	(66,327)
Donor restricted investment income	17,448	2,762
Other temporarily restricted net asset activity	<u>-</u>	<u>(2,908)</u>
 (Decrease) increase in temporarily restricted net assets	 <u>(1,835,809)</u>	 <u>130,967</u>
Permanently Restricted Net Assets		
Other permanently restricted net asset activity	<u>-</u>	<u>-</u>
 Increase in net assets	 8,671,603	 15,827,495
 Net Assets, Beginning	 <u>352,941,454</u>	 <u>337,113,959</u>
 Net Assets, Ending	 <u>\$ 361,613,057</u>	 <u>\$ 352,941,454</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows

Years Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Cash Flows from Operating Activities		
Increase in net assets	\$ 8,671,603	\$ 15,827,495
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for doubtful collections	51,208,518	37,981,741
Depreciation and amortization	36,467,510	33,234,503
Loss on extinguishment of debt	-	1,285,000
Restricted contributions and grants	(5,985,585)	(2,939,713)
Earnings recognized from unconsolidated subsidiaries and affiliates	(3,026,134)	(3,479,857)
Amortization of bond discounts	9,790	9,790
Amortization of physician income guarantees	156,138	1,208,211
Gain on divesture of interest in unconsolidated subsidiary	(3,090,298)	-
Change in net unrealized gains and losses on investments other than trading securities	(395,380)	557,711
Change in net unrealized loss on derivative financial instruments	555,316	9,284,850
Change in value of beneficial interest in trusts and charitable gift annuity	(106,075)	88,213
Change in discount on pledges receivable and provision for doubtful pledges	16,886	72,384
Changes in assets and liabilities:		
Patient accounts receivable, net	(60,410,918)	(45,932,449)
Other receivables, net	(885,133)	2,368,603
Inventories, prepaid expenses and other current assets	(186,128)	(313,741)
Accounts payable and accrued expenses	(6,139,327)	4,799,036
Accrued compensation and related items	(3,427,448)	(19,640)
Interest payable	534,568	1,490,774
Estimated self-insured professional liability	(1,680,884)	(1,275,314)
Due to third party payors	7,262,875	(805,800)
Other noncurrent assets and liabilities	(1,338,663)	(3,346,188)
Net cash provided by operating activities	<u>18,211,231</u>	<u>50,095,609</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Cash Flows
Years Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Cash Flows from Investing Activities		
Purchase of property and equipment	\$ (24,526,941)	\$ (42,089,576)
Payments to physicians under income guarantees	(79,680)	(201,081)
Decrease (increase) in investments and investments in unconsolidated subsidiaries	10,392,031	(4,595,550)
Net additions to land held for healthcare development	(3,042,560)	(9,491,901)
Proceeds from divestiture of interest in unconsolidated subsidiary	5,842,152	-
Distributions from investments in unconsolidated subsidiaries	2,555,418	2,895,265
Decrease (increase) in trustee held funds and restricted cash	8,362,865	(4,038,642)
	<u>(496,715)</u>	<u>(57,521,485)</u>
Net cash used in investing activities		
Cash Flows From Financing Activities		
Payment of financing costs	(166,398)	(1,560,784)
Proceeds from issuance of bonds	-	117,185,000
Proceeds from capital lease facility	-	10,000,000
Repayments on long-term obligations, net	(18,734,996)	(138,337,431)
Proceeds from restricted contributions and grants	5,985,585	2,939,713
	<u>(12,915,809)</u>	<u>(9,773,502)</u>
Net cash used in financing activities		
Net increase (decrease) in cash and cash equivalents	4,798,707	(17,199,378)
Cash and cash equivalents, beginning	<u>15,166,805</u>	<u>32,366,183</u>
Cash and cash equivalents, ending	<u>\$ 19,965,512</u>	<u>\$ 15,166,805</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 11,521,995</u>	<u>\$ 11,797,692</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Capital lease obligation incurred for equipment	<u>\$ 3,841,370</u>	<u>\$ 2,547,043</u>
Construction payable for property and equipment	<u>\$ 124,101</u>	<u>\$ 197,857</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2012 and 2011

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

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

AHC is comprised of several operating divisions. Shady Grove Adventist Hospital (SGAH) is a 339-bed acute care hospital located in Rockville, Maryland. Washington Adventist Hospital (WAH) is a 271-bed acute care hospital with 24 acute rehabilitation beds located in Takoma Park, Maryland. Adventist Behavioral Health (ABH) is comprised of two separate facilities located in Maryland. ABH – Rockville is a 107-bed psychiatric hospital with 59 residential treatment rooms and 32 group home beds for adolescents. ABH – Eastern Shore is the region's only acute care and residential mental health resource for children and adolescents, which has 15 acute care psychiatric beds and 59 residential treatment rooms. The Support Center is comprised of the corporate office that provides corporate and centralized shared service functions that benefit the entire healthcare system. The Support Center is comprised of the following units: Adventist Choice Nursing (ACN), Adventist Home Assistance (AHA) and the AHC Benefit business unit. ACN provides skilled nursing care to individual patients and other healthcare entities not affiliated with AHC. AHA provides non-clinical assistance to homebound patients who cannot perform certain daily activities on their own. The AHC Benefit business unit administers the self insured health benefit program including health insurance, dental and vision coverage for Adventist HealthCare, Inc. and controlled entities.

Hackettstown Community Hospital d.b.a. Hackettstown Regional Medical Center (HRMC) is a 111-bed not-for-profit acute care hospital organized under the laws of the State of New Jersey. The primary purpose of HRMC is to participate in the health ministry of the Seventh-day Adventist Church and to promote the wholeness of man physically, mentally and spiritually through acute care hospital services. HRMC is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

Adventist Rehabilitation Hospital of Maryland, Inc. (ARHM) is comprised of two outpatient sites in Maryland. ARHM - Rockville is a 53-bed rehabilitation facility and ARHM - Takoma Park is a 24-bed rehabilitation facility. ARHM is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

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

Adventist HealthCare, Inc. and Controlled Entities

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Adventist Medical Group (AMG), formerly known as Adventist Physician Services, Inc., is a not-for-profit entity that provides physician professional health services to further provide necessary services to the communities it serves. AMG is tax-exempt under Section 501(c)3 of the Internal Revenue Code. In November 2011, Adventist Healthcare, Inc. contracted with Medical Faculty Associates, Inc. (MFA) to employ the AMG employees, through a wholly owned affiliate of MFA, in exchange for certain economic support to facilitate the growth by MFA of the AMG practices.

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

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

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

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

Principles of Consolidation

The consolidated financial statements for 2012 and 2011 include the accounts of AHC, the controlling parent, HRMC, ARHM, the Lourie Center, AMG, ASLS, AHHS, AMSI, the Foundations, and their majority-owned subsidiaries and controlled affiliates (collectively, the "Corporation"). All significant intercompany balances and transactions have been eliminated in the consolidated financial statements of the Corporation.

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through April 29, 2013, the date the consolidated financial statements were issued.

Adventist HealthCare, Inc. and Controlled Entities

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Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risk Factors

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance; however, the possible future financial effects of this matter on the Corporation, if any, are not presently determinable.

Maryland Health Services Cost Review Commission

Patient charges of SGAH, WAH, ABH and ARHM are subject to review and approval by the Maryland Health Services Cost Review Commission (HSCRC). Management has filed the required reports with the HSCRC for each facility and believes they are in compliance with HSCRC requirements.

The HSCRC has placed into its methodology a rate system which, among other things, causes SGAH and WAH to calculate the amount of revenue lost or gained due to variances from approved rates. Revenue lost due to undercharges in rates is recouped through increases in prospective rates. Similarly, revenue gained due to overcharges in rates is paid back, wholly or in part, through reductions in prospective rates.

The Corporation reported net undercharges of \$6,987,996 and \$5,093,938 as of December 31, 2012 and 2011, respectively. These undercharges reflect (1) the variance between actual patient charges and the rate orders, and (2) a provision for expected rate adjustments related to the case mix experience of WAH and SGAH. The net amounts are reported as a component of net patient service revenue and patient accounts receivable in the consolidated financial statements. Since the HSCRC's rate year extends from July 1 through June 30, these amounts will continue to fluctuate until the end of the rate year, at which time any over/under charges are amortized on the straight-line basis over the following rate year.

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Under Maryland law, charges of specialty hospitals such as ARHM are subject to review and approval by the HSCRC. HSCRC regulations also include a provision whereby a hospital may apply for an exemption from the requirements to charge for services in accordance with the HSCRC regulations. Certain conditions regarding the percentage of revenue related to Medicare and Medicaid patients and total revenues must be met to receive the initial exemption and must be met each year thereafter. Reporting requirements as established by the HSCRC continue if an exemption regarding charging for services is received. The Corporation's management believes ARHM met the conditions for exemption during 2012 and 2011.

Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and certificates of deposit purchased with original maturities of less than 90 days, excluding assets whose use is limited.

Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful collections and provision for doubtful collections. For patient accounts receivable associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful collections and provision for doubtful collections, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful collections.

The Corporation's allowance for doubtful collections for self-pay patients increased from 65% of self pay accounts receivable at December 31, 2011 to 67% of self pay accounts receivable at December 31, 2012. In addition, the Corporation's self-pay account writeoffs, net of recoveries, increased from \$34,474,114 in 2011 to \$38,639,959 in 2012 which was the result of both increased services provided to self-pay patients and negative trends experienced in the collection of amounts from self-pay patients in 2012. The Corporation does not maintain a material allowance for doubtful collections from third party payors, nor did it have significant writeoffs from third-party payors.

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Other Receivables

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients and pledges from donors. These services include, but are not limited to, fees from educational programs, rental of health care facility space, interest earned, and management services provided to unconsolidated subsidiaries. Other receivables are written off when they are determined to be uncollectible based on management's assessment of individual accounts. The allowance for doubtful accounts is estimated based upon historical collection experience and other managerial information.

Assets Whose Use Is Limited

Assets whose use is limited includes assets held by bond trustees under trust indentures, assets set aside as required by the Corporation's self-funded professional liability trust, and assets set aside for deferred compensation agreements. Amounts available to meet current liabilities of the Corporation have been reclassified as current assets in the accompanying consolidated balance sheets.

Investments and Investment Risk

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Cash and cash equivalents and certificates of deposit are carried at cost which approximates fair value. Investments in joint ventures are accounted for using the equity or cost method of accounting depending on the Corporation's ownership interest. Investment income or loss (including realized gains and losses on investments, write-downs of the cost basis of investments due to an other-than-temporary decline in fair value, interest, and dividends) is included in the determination of revenues in excess of expenses from continuing operations unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the determination of revenues in excess of expenses unless the investments are trading securities. Donor-restricted investment income is reported as an increase in temporarily restricted net assets.

The Corporation's investments are comprised of a variety of financial instruments. The fair values reported in the consolidated balance sheets are subject to various risks including changes in the equity markets, the interest rate environment, and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying consolidated financial statements could change materially in the near term.

Inventories

Inventories of drugs, medical supplies and surgical supplies are valued at the lower of cost or market. Cost is determined primarily by the weighted average cost method.

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Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful lives of the assets using the straight-line method. Equipment under capital leases is amortized on the straight-line method over the shorter period of the lease term or estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the accompanying consolidated statements of operations.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment losses are recognized in the consolidated statements of operations as a component of revenues in excess of expenses from continuing operations as they are determined. The Corporation reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, the Corporation calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, an impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. There were no impairment losses reported in 2012 or 2011.

Intangible Assets

The Corporation's intangible assets primarily include costs in excess of net assets acquired related to certain business acquisitions. The Corporation is amortizing certain intangible assets over a period not to exceed 40 years. Amortization of these intangible assets was \$286,201 and \$310,317 in 2012 and 2011, respectively. Accumulated amortization of intangible assets was \$2,282,787 and \$1,996,586 as of December 31, 2012 and 2011, respectively.

Deferred Financing Costs

Costs incurred in connection with the issuance of long-term obligations have been deferred and are being amortized over the term of the related obligation using the straight-line method. Amortization was \$661,831 and \$596,280 in 2012 and 2011, respectively. Accumulated amortization of deferred financing costs was \$3,203,288 and \$2,541,457 at December 31, 2012 and 2011, respectively.

Due to Third Party Payors

The Corporation receives advances from third party payors to provide working capital for services rendered to the beneficiaries of such services. These advances are principally determined based on the timing differences between the provision of care and the anticipated payment date of the claim for service in accordance with HSCRC's rate regulations. These advances are subject to periodic adjustment.

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For HRMC, the Medicare and Medicaid programs pay for primarily all inpatient and outpatient services at predetermined rates. Regulations require annual retroactive settlements for cost-based reimbursement through cost reports filed by HRMC. These retroactive settlements are estimated and recorded in the consolidated financial statements in the year in which they occur. The estimated settlements recorded at December 31, 2012 and 2011 could differ from actual settlements based on the results of cost report audits.

For certain Corporation subsidiaries, services provided on behalf of Medicare and Medicaid beneficiaries are ultimately reimbursed at cost. For cost reimbursement programs, statements of reimbursable costs are filed with the applicable program that compute the difference between reimbursable cost and interim payments, in order to determine a final settlement for services rendered to patients covered under these programs. Contractual reimbursements are affected by limitations relating to charges and the reasonableness of costs (subject to limitations) and are subject to audits by the agencies administering the applicable program.

The Corporation's working capital advances and all expected third party payor settlement activity are classified as current liabilities in the accompanying consolidated balance sheets.

Derivative Financial Instruments

The Corporation has entered into interest rate swap agreements, which are considered derivative financial instruments, to manage its interest rate exposure on certain long-term obligations (Note 11). The interest rate swap agreements are reported at fair value in the accompanying consolidated balance sheets. Prior to September 1, 2011, management had designated two of the interest rate swap agreements as cash flow hedges. On September 1, 2011, management de-designated one of the interest rate swap agreements as a cash flow hedge as a result of the refunding of the Series 2005 bonds (Note 11). The related effective changes in fair value for the cash flow hedges are reported in the accompanying consolidated statements of operations as an unrealized gain or loss on cash flow derivative financial instruments and the ineffective portion of the change in fair value is reported as a component of interest expense. For the interest rate swap not designated as a cash flow hedge, changes in fair value are reported as a component of other non-operating income.

Estimated Self-Insured Professional Liability

The provision for estimated self-insured professional liability includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, including costs associated with litigating or settling claims. Anticipated insurance recoveries associated with reported claims are reported separately in the Corporation's consolidated balance sheets at net realizable value.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose, including the purchase of capital renovations and equipment, providing health education to the community, and designation for the furtherance of programs provided by specific operating departments. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

Adventist HealthCare, Inc. and Controlled Entities

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Revenues in Excess of Expenses from Continuing Operations

The consolidated statements of operations include the determination of revenues in excess of expenses from continuing operations. Revenues in excess of expenses from continuing operations is the Corporation's performance indicator. Changes in unrestricted net assets which are excluded from the determination of revenues in excess of expenses from continuing operations, consistent with industry practice, include income from discontinued operations, unrealized gains and losses on investments other than trading securities, the effective portion of the unrealized loss on derivative financial instruments, transfers with unconsolidated subsidiaries, contributions of long-lived assets (including contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets), and other unrestricted net asset activity.

Net Patient Service Revenue

The Corporation reports net patient service revenue at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including an estimate for retroactive adjustments that may occur as a result of future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, review and investigations. Net patient service revenue reported in the consolidated statements of operations is reduced both by (1) estimated allowances for the excess of charges over anticipated patient or third party payor payments and (2) a provision for doubtful collections. Certain of the health care services provided by the Corporation are reimbursed by third party payors on the basis of the lower of cost or charges, with costs subject to certain imposed limitations.

Patient accounts receivable are reported at net realizable value and include charges for accounts due from Medicare, Medicaid, other commercial and managed care insurers, and self-paying patients (Note 16). Patient accounts receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed earlier. The Corporation also deducts from patient accounts receivable an estimated allowance for doubtful collections related to patients and allowances for the excess of charges over the payments to be received from third party payors.

Adventist HealthCare, Inc. and Controlled Entities

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The Corporation has agreements with third-party payors that provide for payments to the Corporation at amounts different from its established rates. The Corporation recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, the Corporation recognizes revenues on the basis of its standard rates, discounted in accordance with the Corporation's policy. On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable to pay for the services provided. Thus, the Corporation records a significant provision for doubtful collections related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision for doubtful collections), recognized in 2012 and 2011 from these major payor sources, are as follows:

	Patient Service Revenues (Net of Contractual Allowances and Discounts)				
	Medicare	Medicaid	Other Third Party Payors	Self Pay and Other	Total
December 31, 2012	<u>\$ 223,110,227</u>	<u>\$ 27,936,252</u>	<u>\$ 395,015,470</u>	<u>\$ 103,984,784</u>	<u>\$ 750,046,733</u>
December 31, 2011	<u>\$ 211,300,605</u>	<u>\$ 31,139,889</u>	<u>\$ 401,266,797</u>	<u>\$ 115,351,447</u>	<u>\$ 759,058,738</u>

During February 2012, the Corporation received approximately \$11.5 million in cash from Medicaid as an advance on patient claim balances.

Income Taxes

The Corporation accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined there were no tax uncertainties that met the recognition threshold in 2012 or 2011.

The Corporation's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.

The Corporation's federal Exempt Organization Business Income Tax Returns for 2009, 2010 and 2011 remain subject to examination by the Internal Revenue Service.

Charity Care

The Corporation provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Such patients are identified based on financial information obtained from the patient (or their guarantor) and subsequent analysis which includes the patient's ability to pay for services rendered. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as a component of net patient service revenue or patient accounts receivable.

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The Corporation maintains records to identify and monitor the level of charity care it provides. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the Corporation amounted to approximately \$14,040,000 in 2012 and \$16,919,000 in 2011. In accordance with the reimbursement methodology set forth by the HSCRC, the Corporation received cash payments from the state wide uncompensated care pool which totaled \$1,102,785 and \$1,074,807 for 2012 and 2011, respectively. The funds were received by the Corporation because charity care was provided in excess of the statewide average and are included in net patient service revenue in the accompanying consolidated statements of operations.

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or when the underlying conditions have been substantially met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Restricted funds to be used for capital acquisitions have been reported as noncurrent assets in the accompanying consolidated balance sheets, while other restricted cash and investments are included with the cash and cash equivalents of unrestricted net assets.

Investment income that is earned on donor restricted net assets and subject to similar restrictions is reported as temporarily restricted net assets. Gifts, grants, and bequests not restricted by donors are reported as other operating income.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

Reclassifications

Certain amounts relating to 2011 have been reclassified to conform to the 2012 reporting format.

Adventist HealthCare, Inc. and Controlled Entities

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2. Adoption of Accounting Standards

Fair Value Measurements

In May 2011, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) No. 2011-04, *Fair Value Measurements and Disclosures (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU No. 2011-04 includes new and clarified guidance on fair value measurements (highest and best use, equity instruments, managed net portfolio positions, and application of premiums and discounts) and disclosure (quantitative information, valuation processes and sensitivity of unobservable inputs, assets not in highest and best use, and assets not measured at fair value). The adoption of the amended guidance required certain additional disclosures in the notes to the Corporation’s consolidated financial statements on a prospective basis.

Charity Care

In August 2010, the Financial Accounting Standards Board (FASB) issued amended disclosure guidance relating to the measurement of charity care provided. The guidance requires that direct and indirect costs be used as the basis of measurement for charity care disclosure purposes. The guidance also requires disclosure of the method used to identify or determine such costs. The adoption of the amended guidance revised the disclosure in the notes to the Corporation’s consolidated financial statements but did not impact amounts reported in the consolidated financial statements.

Insurance Claims

In August 2010, the FASB issued Accounting Standards Update 2010-24, Presentation of Insurance Claims and Related Insurance Recoveries, which amended guidance relating to the presentation of insurance claims and related insurance recoveries. The guidance clarifies that health care entities may not net insurance recoveries against a related claim liability. In addition, the amount of the claim liability should be determined without consideration of insurance recoveries and estimated insurance recoveries, if any, should be measured and presented separately within the balance sheet. The adoption of the amended guidance did not have an impact on the Corporation’s consolidated financial statements.

Net Patient Service Revenue and Allowance for Doubtful Collections

In July 2011, the FASB issued Accounting Standards Update No. 2011-07 (ASU 2011-07) to amend and expand existing authoritative accounting guidance. In issuing ASU 2011-07, the FASB’s objective was to provide financial statement users with greater transparency about a health care entity’s net patient service revenues and related allowance for doubtful collections.

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ASU 2011-07 requires health care entities to make the following changes to its existing accounting practices:

- Change the presentation of their statement of operations by reclassifying the provision for doubtful collections from an operating expense to a deduction from patient service revenues, net of contractual allowances and discounts;
- Disclose its policies for recognizing its provision for doubtful collections by major payor source of revenue, and provide qualitative and quantitative information about significant changes in the health care entities' allowance for doubtful collections; and
- Disclose, by major payor source, its policy for collectability in determining the timing and amount of patient service revenue, net of contractual allowances and discounts, to be recognized, and its patient service revenue, net of contractual allowances and discounts.

Upon adoption, ASU 2011-07 requires retrospective application to the requirements of presenting the provision for doubtful collections in the statement of operations, and prospective application of the disclosure requirements.

The Corporation elected to adopt ASU 2011-07 for the year ended December 31, 2011.

3. Discontinued Operations

Effective November 30, 2010, the Corporation sold the operating assets of its five wholly-owned subsidiary nursing homes and its wholly-owned dialysis center to an unrelated third party, and discontinued the operations of these facilities. The Board of Trustees approved the plan of sale of these facilities in July 2010.

Effective November 30, 2010, Glade Valley Nursing & Rehabilitation Center also sold certain operating assets to the same unrelated third party.

The following amounts related to discontinued operations are included in income from discontinued operations in the accompanying consolidated statements of operations:

	<u>2012</u>	<u>2011</u>
Net gain on sale of substantially all tangible and intangible assets	\$ 1,500,000	139,000
Income from discontinued operations	\$ 1,500,000	139,000

Adventist HealthCare, Inc. and Controlled Entities

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4. Investments

Short-Term Investments

The Corporation's short-term investments at December 31, 2012 and 2011 are comprised of the following:

	<u>2012</u>	<u>2011</u>
Cash and cash equivalents	\$ 3,036,726	\$ 8,822,744
Marketable certificates of deposit	740,259	728,231
CBAM Intrepid Fund Ltd.	16,326,184	16,402,937
CBAM Resolute Fund Ltd.	35,128,531	34,444,018
U.S. government securities – mortgage backed securities	<u>100,185,245</u>	<u>107,011,616</u>
Total	<u>\$ 155,416,945</u>	<u>\$ 167,409,546</u>

Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2012 and 2011 is set forth in the following tables:

	<u>2012</u>	<u>2011</u>
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks:		
Cash and cash equivalents	\$ 6,238,614	\$ 9,221,439
U.S. government securities:		
U.S. treasury notes	1,179,181	2,886,702
Mortgage backed securities	<u>6,906,034</u>	<u>6,310,639</u>
Total	14,323,829	18,418,780
Less funds held for current liabilities	<u>4,480,345</u>	<u>2,723,338</u>
Noncurrent portion of assets held under trust indentures and capital lease purchase financing facilities	<u>\$ 9,843,484</u>	<u>\$ 15,695,442</u>

Adventist HealthCare, Inc. and Controlled Entities

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	<u>2012</u>	<u>2011</u>
Professional liability trust fund:		
Cash and cash equivalents	\$ 676,322	\$ 342,158
Equity mutual funds:		
Balanced	6,687,823	3,961,235
Large cap value	-	731,902
Corporate bonds and other debt securities:		
High quality	-	4,491,558
Multi sector	-	1,323,826
	<u>7,364,145</u>	<u>10,850,679</u>
Total		
Less funds held for current liabilities	<u>1,241,672</u>	<u>1,860,185</u>
Noncurrent portion of professional liability trust fund	<u>\$ 6,122,473</u>	<u>\$ 8,990,494</u>

Deferred compensation fund:		
Equity mutual funds:		
Growth	<u>\$ 164,057</u>	<u>\$ 164,057</u>
Total	<u>\$ 164,057</u>	<u>\$ 164,057</u>

The indenture requirements of certain tax exempt financings provide for the establishment and maintenance of various accounts with a trustee (Note 10). These arrangements require the trustee to control the payment of interest and the ultimate repayment of respective debt to bondholders. In addition, under the terms of the capital lease purchase financing facilities with two commercial banks, the Corporation is required to maintain funds in escrow accounts for the purpose of funding future purchases of property and equipment.

The composition of trustee held and escrow funds at December 31, 2012 and 2011 is as follows:

	<u>2012</u>	<u>2011</u>
Debt service reserve fund	\$ 7,394,992	\$ 7,367,122
Principal and interest funds	4,480,345	3,796,699
Lease facility escrow funds	<u>2,448,492</u>	<u>7,254,959</u>
Total	<u>\$ 14,323,829</u>	<u>\$ 18,418,780</u>

Adventist HealthCare, Inc. and Controlled Entities

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Unrestricted investment income and gains and losses for investments, assets whose use is limited, and cash and cash equivalents are comprised of the following in 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Investment income:		
Interest and dividends, net	\$ 4,244,519	\$ 3,858,908
Interest on trustee held funds	156,496	77,117
Net realized (losses) gains on sale of investments	<u>(1,561,074)</u>	<u>352,683</u>
Total	<u>\$ 2,839,941</u>	<u>\$ 4,288,708</u>
Other changes in unrestricted net assets:		
Change in net unrealized gains and losses on investments other than trading securities	<u>\$ 395,380</u>	<u>\$ (557,711)</u>

5. Fair Value Measurements and Financial Instruments

Fair Value Measurements

The Corporation measures its short-term investments, assets whose use is limited, investments, beneficial interest in trusts, and derivative financial instruments at fair value on a recurring basis in accordance with accounting principles generally accepted in the United States of America.

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows:

Level 1 – Fair value is based on unadjusted quoted prices in active markets that are accessible to the Corporation for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 – Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 – Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

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December 31, 2012 and 2011

The fair value of the Corporation's financial instruments was measured using the following inputs at December 31:

	Carrying Value	Fair Value	2012		
			Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value					
Assets:					
Cash and cash equivalents	\$ 10,515,221	\$ 10,515,221	\$ 10,515,221	\$ -	\$ -
Marketable certificates of deposit	740,259	740,259		740,259	-
Equity mutual funds:			-		
Growth	212,357	212,357	212,357	-	-
Balanced	6,687,823	6,687,823	6,687,823	-	-
CBAM Intrepid Fund Ltd.	16,326,184	16,326,184	-	16,326,184	-
CBAM Resolute Fund Ltd.	35,128,531	35,128,531	-	35,128,531	-
U.S. government securities:					
U.S. treasury notes	1,179,181	1,179,181	-	1,179,181	-
Mortgage backed securities	108,112,698	108,112,698	-	108,112,698	-
Corporate bonds and other debt securities:					
Multi sector	77,923	77,923	-	77,923	-
Beneficial interest in trusts	1,506,265	1,506,625	-	-	1,506,625
	<u>\$ 180,486,442</u>	<u>\$ 180,486,802</u>	<u>\$ 17,415,401</u>	<u>\$ 161,564,776</u>	<u>\$ 1,506,625</u>
Liabilities:					
Derivative financial instruments	\$ 28,169,723	\$ 28,169,723	\$ -	\$ 28,169,723	\$ -
Disclosed at Fair Value					
Cash and cash equivalents	\$ 19,965,512	\$ 19,965,512	\$ 19,965,512	\$ -	\$ -
Pledges receivable	3,618,480	3,401,407	-	-	3,401,407
Long-term debt, excluding capital leases (Note 10):					
Fixed rate revenue bonds	75,830,000	86,136,498	-	86,136,498	-
Variable rate revenue bonds	160,990,000	160,990,000	-	160,990,000	-
Note payable	13,000,000	13,000,000	-	-	13,000,000
Secured lines of credit	35,500,000	35,500,000	-	-	35,500,000

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

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	2011				
	Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value					
Assets:	\$	\$	\$	\$	\$
Cash and cash equivalents	18,519,631	18,519,631	18,519,631	-	-
Marketable certificates of deposit	728,231	728,231		728,231	-
Equity mutual funds:			-		
Large cap value	731,902	731,902	731,902	-	-
Growth	212,269	212,269	212,269	-	-
Balanced	3,961,235	3,961,235	3,961,235	-	-
CBAM Intrepid Fund Ltd.	16,402,937	16,402,937	-	16,402,937	-
CBAM Resolute Fund Ltd.	34,444,018	34,444,018	-	34,444,018	-
U.S. government securities:					
U.S. treasury notes	2,886,702	2,886,702	-	2,886,702	-
Mortgage backed securities	114,881,039	114,881,039	-	114,881,039	-
Corporate bonds and other debt securities:					
High quality	4,491,558	4,491,558	-	4,491,558	-
Multi sector	1,323,826	1,323,826	-	1,323,826	-
Other	84,948	84,948	-	84,948	-
Beneficial interest in trusts	1,406,743	1,406,743	-	-	1,406,743
	<u>\$ 200,075,039</u>	<u>\$ 200,075,039</u>	<u>\$ 23,425,037</u>	<u>\$ 175,243,259</u>	<u>\$ 1,406,743</u>
Liabilities:					
Derivative financial instruments	<u>\$ 27,839,846</u>	<u>\$ 27,839,846</u>	<u>\$ -</u>	<u>\$ 27,839,846</u>	<u>\$ -</u>

Disclosed at Fair Value

Cash and cash equivalents	\$ 15,166,805	\$ 15,166,805	\$ 15,166,805	\$ -	\$ -
Pledges receivable	4,900,612	4,454,893	-	-	4,454,893
Long-term debt, excluding capital leases (Note 10):					
Fixed rate revenue bonds	76,985,000	79,482,508	-	79,482,508	-
Variable rate revenue bonds	166,965,000	166,965,000	-	166,965,000	-
Note payable	15,000,000	15,000,000	-	-	15,000,000
Secured lines of credit	36,000,000	36,000,000	-	-	36,000,000

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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The following table presents the fair value measurements for beneficial interest in trusts that have unobservable inputs at December 31, 2012 and 2011:

Balance, January 1, 2011	\$ 1,502,808
Decrease in value, included in changes in temporarily restricted net assets	<u>(96,065)</u>
Balance, December 31, 2011	1,406,743
Increase in value, included in changes in temporarily restricted net assets	<u>99,522</u>
Balance, December 31, 2012	<u><u>\$ 1,506,265</u></u>

The following represents a reconciliation of the assets reported at fair value included in the fair value table within the accompanying consolidated balance sheets at December 31:

	<u>2012</u>	<u>2011</u>
Short-term investments (Note 4)	\$ 155,416,945	\$ 167,409,546
Assets whose use is limited (Note 4)		
Current portion	5,722,017	4,583,523
Under trust indentures, held by trustees	9,843,484	15,695,442
Professional liability trust fund	6,122,473	8,990,494
Deferred compensation fund	164,057	164,057
Investments held by foundations (Note 7)	1,711,201	1,825,234
Beneficial interest in trusts	<u>1,506,265</u>	<u>1,406,743</u>
Total	<u><u>\$ 180,486,442</u></u>	<u><u>\$ 200,075,039</u></u>

The Corporation did not have any financial assets or financial liabilities measured at fair value on a non-recurring basis.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value and for financial instruments disclosed at fair value. There have been no changes in methodologies used at December 31, 2012 and 2011.

Cash and cash equivalents: The carrying amounts approximate fair value because of the short maturity of these financial instruments.

Marketable certificates of deposit and equity Mutual Funds: Valued based on quoted market prices.

U.S. government securities, corporate bonds and other debt securities: Valued based on estimated quoted market prices of similar securities.

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Beneficial interest in trusts: Beneficial interest in trusts are valued based on the fair value of the trusts underlying assets which represents a proxy for discounted present value of future cash flows. Beneficial interest in trusts are included in deposits and other noncurrent assets in the accompanying consolidated balance sheet.

Pledges receivable: Valued based on the original pledge amount, adjusted by a discount rate that a market participant would demand and an evaluation of uncollectible pledges. Pledges receivables are included in prepaid and other current assets and deposits and other noncurrent assets in the accompanying consolidated balance sheet.

Long-term debt: The fair value of the fixed rate debt is estimated based on market data provided by the Corporation's financial consultants. Fair values of the remaining long-term debt are considered to approximate their carrying amounts in the consolidated balance sheets.

During 2011, the Corporation invested in the CBAM Resolute Fund, Ltd. and the CBAM Intrepid Fund, Ltd. (collectively, the "Funds"). These funds are valued based on the net asset value per share of the funds which is based on the fair value of their underlying assets derived principally from or corroborated by observable market data by correlation or other means. In regards to the Funds, there are no unfunded purchase commitments or restrictions on the sale of the investments. Furthermore, the Corporation has no plans to sell the Funds or a portion of the amounts currently owned. In regards to redemption, the shares of the Funds can be redeemed on the last business day of each calendar month provided that written notice of redemption is provided five business days prior. Partial redemptions of the Funds must be at least \$200,000 and the Corporation cannot redeem a portion of the Funds if it would result in the Corporation holding amounts whose net asset value would be less than the minimum initial subscription amount required. There are no known existing or potential restrictions on redemption as of December 31, 2012.

Adventist HealthCare, Inc. and Controlled Entities

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The following represents the investment strategies of the Funds and the Corporation's investments measured at fair value at December 31:

Fund	Investment Strategy	2012	2011
CBAM Resolute Fund, Ltd	To create an alternative source of income by harnessing risk premiums in global option markets. In pursuit of this objective, the fund will employ its option income strategy which utilizes actively-managed option-based investment structures to create absolute return profiles. This market-neutral strategy is designed to have minimal correlation to underlying market returns over an extended period of time and may be applied in a range of global markets including equities (both individual stocks and baskets of stocks), commodities, interest rates, foreign currencies and other markets where options are traded. The fund may trade and invest in the underlying instruments, related instruments (e.g. futures, forwards and exchange-traded funds or notes), and long and short call options and put options on the underlying or related instruments. The fund will seek to capitalize on a combination of systemic risk premium in global option markets and yields from active cash management.	\$ 35,128,531	\$ 34,444,018
CBAM Intrepid Fund, Ltd	To reshape expected distribution of long-term global equity returns by implementing an active combination of three strategies: trend, income and structure. The objective of the fund is to capture a significant proportion of upside equity returns while avoiding a significant proportion of downside equity returns thus reducing the volatility of returns. The trend strategy is designed to provide directional exposure to equity risk premium. The income strategy will utilize actively-managed option-based investment structures designed to harness systemic risk premiums in global markets. The structure strategy is designed to capture returns from lower probability events across global equity and equity volatility markets.	16,326,184	16,402,937
		\$ 51,454,715	\$ 50,846,955

The Corporation measures its derivative financial instruments at fair value based on proprietary models of an independent third-party valuation specialist. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instrument, and considers the credit risk of the Corporation and counterparty. The method used to determine the fair value calculates the estimated future payments required by the derivative financial instrument and discounts these payments using an appropriate discount rate. The value represents the estimated exit price the Corporation would pay to terminate the agreement.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2012 and 2011

6. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment and accumulated depreciation and amortization at December 31, 2012 and 2011 consist of the following:

	<u>2012</u>	<u>2011</u>
Land and improvements	\$ 16,317,221	\$ 15,945,562
Buildings and improvements	447,893,682	439,753,671
Office furniture and equipment	208,287,934	219,050,283
Computer software and hardware	88,887,771	81,702,484
Equipment under capital leases	23,072,291	34,133,560
	<u>784,458,899</u>	<u>790,585,560</u>
Total	784,458,899	790,585,560
Less accumulated depreciation and amortization	<u>(415,697,434)</u>	<u>(419,554,061)</u>
	368,761,465	371,031,499
Construction in progress	<u>14,214,244</u>	<u>19,169,133</u>
	<u>\$ 382,975,709</u>	<u>\$ 390,200,632</u>

Interest incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. During 2012 and 2011, the Corporation incurred interest expense of approximately \$12,394,000 and \$13,517,000, respectively, of which approximately \$1,204,000 was capitalized in 2012 and \$969,000 in 2011. Investment earnings of approximately \$42,000 and \$47,000 were offset against capitalized interest in 2012 and 2011, respectively.

Depreciation expense, including amortization of equipment under capital leases, was \$35,519,478 in 2012 and \$32,327,906 in 2011. Accumulated amortization of equipment under capital lease as of December 31, 2012 and 2011 was \$14,245,776 and \$23,812,407, respectively.

Construction in progress as of December 31, 2012 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were approximately \$1,220,000 at December 31, 2012. The cost of these projects is expected to be funded through transfers from the Corporation's related foundations and from operations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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7. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries includes the following at December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Investment in healthcare joint ventures	\$ 3,458,082	\$ 3,031,819
Capital balance in group purchasing organization	798,206	766,888
Investments held by foundations	1,711,201	1,825,234
Other investments	<u>3,566,115</u>	<u>5,113,078</u>
Total	<u>\$ 9,533,604</u>	<u>\$ 10,737,019</u>

Investment in Healthcare Joint Ventures

The Corporation recognized earnings of \$1,536,380 and \$1,320,566 during 2012 and 2011, respectively, related to its ownership interest in three separate healthcare joint ventures. A brief description of these joint ventures is presented below:

Chesapeake Potomac Regional Cancer Center (CPRCC) – CPRCC provides outpatient radiation oncology services to patients in Maryland. The Corporation has a 20% ownership interest in CPRCC.

Germantown Outpatient Imaging (GOI) – This organization provides radiology and other imaging services to patients on an outpatient basis in Germantown, Maryland. The Corporation has a 50% ownership interest in GOI.

Shady Grove Medical Building, LLC (SGMB) – SGMB is organized for the purpose of developing and constructing a cancer care center on the campus of Shady Grove Adventist Hospital. The Corporation has a 50% ownership interest in SGMB.

Summarized financial information related to these joint ventures is presented below:

	<u>2012</u>	<u>2011</u>
Net revenue	\$ 8,029,917	\$ 7,549,343
Revenues in excess of expenses	1,920,402	1,581,002
Total assets	15,354,353	8,352,651
Total liabilities	6,040,098	2,213,397

Capital Balance in Group Purchasing Organization

The Corporation is a partner in Premier, Inc. (Premier), a health care system group purchasing organization. Partners are required to maintain capital accounts with Premier. The Corporation maintains approximately 0.5% of the total capital of Premier at December 31, 2012 and 2011. Excess earnings after expenses associated with the purchasing program are credited to partners' capital accounts based on partners' pro rata volume of purchases. Premier's board establishes a required capital balance every six months. Capital balances in excess of the required capital balance are distributed semi-annually. The Corporation recognized earnings of \$1,489,754 in 2012 and \$1,538,003 in 2011, which is included in other revenue in the accompanying consolidated statements of operations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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Investments Held by Foundations

The Foundations also hold marketable debt and equity securities for funds not required to be expended in less than 90 days. These marketable securities are subject to credit and market risks.

Other Investments

On January 1, 2007, the Corporation paid \$3,000,000 to purchase a 10% membership interest in InforMed, LLC (InforMed), which is a provider of chronic disease and medical management, clinical claims data warehousing and analysis, network management, and third party administration based in Annapolis, Maryland. The Corporation accounted for this investment in InforMed on the cost basis method of accounting. During 2012, the Corporation sold its investment in InforMed and recognized a gain on the sale of \$3,090,298, which is included in other income (expense) in the accompanying consolidated statement of operations.

In addition, the Corporation holds investments in other healthcare providers in the area which are accounted for under the equity method of accounting. These investments totaled \$3,566,115 and \$2,113,078 as of December 31, 2012 and 2011, respectively.

8. Land Held for Healthcare Development

On February 25, 2002, the Corporation purchased 209 acres of land in Clarksburg, Maryland for approximately \$20,000,000. Concurrent with this purchase, the Corporation entered into a sale agreement with an unrelated third party to be used for residential construction for the sale of 91 acres for \$16,000,000.

On December 27, 2004, the Corporation purchased an additional adjacent parcel of land in Clarksburg, Maryland for \$8,000,000. The purchase price and the related closing costs were financed under a line of credit with a commercial bank. Total costs capitalized related to the above parcels of land and improvements on this land were \$42,332,391 and \$40,993,368 at December 31, 2012 and 2011, respectively.

In July 2006, the Corporation purchased a parcel of land near the Calverton-White Oak area of Silver Spring for approximately \$11,000,000. The Corporation plans to build a replacement hospital for Washington Adventist Hospital. The cost of the land will continue to be reported as land held for healthcare development until such time as the Maryland Health Care Commission approves the Corporation's plan for constructing the new facility. As of December 31, 2012 and 2011, the Corporation had total costs capitalized related to this land and land improvements of \$30,898,569 and \$29,195,032, respectively.

On December 29, 2008, the Corporation participated in a group purchase of 5.31 acres of property located in Boyds, Maryland. The parcel was purchased by Cabin Branch Management, LLC, a Maryland Limited Liability Company of which the Corporation is a voting member. The Corporation does not maintain control of this Limited Liability Company and, therefore, the operation of it is not included in the consolidated financial statements at December 31, 2012 and 2011. The Corporation contributed \$205,045 of the total contracted sales price of \$735,000.

Adventist HealthCare, Inc. and Controlled Entities

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During 2011, Winchester Homes, Inc. and the Corporation created a new entity, Cabin Branch Commons, LLC (Cabin Branch), the purpose of which was to acquire a certain parcel of property known as the "Concordia Property", which was in default with Wells Fargo (formerly known as Wachovia Bank). The Corporation paid \$2,294,169 as its initial capital contribution to Cabin Branch. Cabin Branch purchased the note from Wachovia related to the Concordia Property, foreclosed on the Concordia Parcel, and purchased the Concordia Parcel at the foreclosure sale. The Corporation then paid Cabin Branch \$500,000 for construction rights for certain active adult units on the Concordia Parcel. Total costs capitalized related to the above parcel of land were \$2,794,169 at December 31, 2012.

9. Short-Term Financing

The Corporation has a \$3,000,000 unsecured line of credit with a commercial bank, with interest at LIBOR plus 1.50% (1.71% at December 31, 2012). There were no borrowings outstanding under this line of credit as of December 31, 2012 or 2011.

10. Long Term Obligations

Long term obligations as of December 31, 2012 and 2011 are comprised of the following:

	<u>2012</u>	<u>2011</u>
Fixed rate revenue bonds	\$ 75,830,000	\$ 76,985,000
Variable rate revenue bonds	160,990,000	166,965,000
Secured lines of credit	35,500,000	36,000,000
Note payable	13,000,000	15,000,000
Capital lease purchase financing facilities	8,362,130	13,442,580
Other long term liabilities	14,813,315	14,996,491
	<u>308,495,445</u>	<u>323,389,071</u>
Less current maturities	38,270,987	18,420,042
Less bond discount	197,430	207,220
	<u>\$ 270,027,028</u>	<u>\$ 304,761,809</u>

Fixed Rate Revenue Bonds

Fixed rate revenue bonds consist of the Maryland Health and Higher Educational Facilities Authority Refunding Revenue Bonds, Series 2003A, Adventist HealthCare, Inc. with a par amount of \$22,925,000.

In September 2011, the Series 2003B, 2004A and a portion of the Series 2005B bonds (all variable rate revenue bonds) were refunded in conjunction with the issuance of the Series 2011A fixed rate revenue bonds, bearing interest at fixed coupon rates ranging from 5% to 6.25%.

Adventist HealthCare, Inc. and Controlled Entities

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Fixed rate revenue bonds consist of the following at December 31:

	<u>2012</u>	<u>2011</u>
Series 2003A, Adventist HealthCare, Inc.	\$ 18,625,000	\$ 19,780,000
Series 2011A, Adventist HealthCare, Inc.	<u>57,205,000</u>	<u>57,205,000</u>
Total	<u>\$ 75,830,000</u>	<u>\$ 76,985,000</u>

Both of the above issues are subject to trust indentures which impose various covenants on the Support Center, SGAH, WAH, HRMC, ABH, and ARHM (collectively, the "Obligated Group") which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities, and the achievement of certain pre-established financial indicators. Management believes it has complied with the required covenants for the years ending December 31, 2012 and 2011. Debt service reserve funds are required on both of the above series.

Variable Rate Revenue Bonds

Variable rate revenue bonds consist of the following at December 31:

	<u>2012</u>	<u>2011</u>
Maryland Health and Higher Educational Facilities Authority Revenue Bonds		
Series 2005A, Adventist HealthCare, Inc.	\$ 78,000,000	\$ 78,000,000
Series 2011B, Adventist HealthCare, Inc.	55,005,000	59,980,000
Maryland Health and Higher Educational Facilities Authority Revenue Refunding Series 2004B, Adventist HealthCare, Inc.	<u>27,985,000</u>	<u>28,985,000</u>
Total	<u>\$ 160,990,000</u>	<u>\$ 166,965,000</u>

The Series 2005A Bonds bear interest at a variable rate based on the SIFMA index (0.13% at December 31, 2012), and reset weekly. At December 31, 2012, the tax-exempt rate on the 2005A bonds was 0.12%. The 2004B taxable bonds referenced above bear interest at a variable rate based on the LIBOR index (0.21% at December 31, 2012). The rate on the 2004B bonds at December 31, 2012 was 0.17%. The Corporation's Series 2004B, 2005A and 2011B bonds are subject to an Amended and Restated Master Trust Indenture that imposes various covenants on the Obligated Group which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities, and the achievement of certain pre-established financial indicators. Management believes it has complied with the required covenants for the years ending December 31, 2012 and 2011. The payment of principal and interest on the 2004B and 2005A bonds are secured by separate irrevocable direct-pay letters of credit, with expiration dates in December 2014. Letters of credit are required to be maintained for the 2004B and 2005A bonds through their maturity dates.

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In September 2011, the remaining portion of the Series 2004A and 2005B bonds (both variable rate revenue bonds) were refunded in conjunction with the issuance of the Series 2011B bond, a direct placement bond with a commercial bank. This bond bears interest at a variable rate that resets after two years. The next reset date on the Series 2011B bond will be in September 2013. The interest rate for the initial two year period is 67% of one month LIBOR plus a spread of 1.77% (1.91% at December 31, 2012). Subsequent to the Series 2011 bond issues, the bonds subject to the Amended and Restated Master Trust Indenture are secured by the unrestricted revenues of the Obligated Group as well as a mortgage in the facilities of Shady Grove Adventist Hospital, Adventist Behavioral Health, Adventist Rehabilitation Hospital of Maryland, Washington Adventist Hospital and Hackettstown Community Hospital. A loss on extinguishment of debt was recognized in 2011 for \$1,285,000 as a result of the debt refinancing noted above and is included in other income (expense) in the accompanying consolidated statements of operations. The loss was the result of the write-off of unamortized deferred financing costs on the refunded bonds.

Secured Lines of Credit

The Corporation has two secured lines of credit outstanding as follows:

- \$20,000,000 line of credit with a commercial bank that bears interest at LIBOR plus 2.00% (2.21% at December 31, 2012). The amortization on the line extends to December 31, 2017, however the line is up for renewal at December 31, 2013. As such, the entire outstanding balance is shown as a component of current maturities of long-term obligations in the consolidated balance sheet at December 31, 2012. The balance on the working capital line was \$19,500,000 and \$20,000,000 at December 31, 2012 and 2011, respectively.
- \$16,000,000 line of credit that bears interest at LIBOR plus 1.75% (1.96% at December 31, 2012) and expires on June 30, 2014. The balance on the line of credit was \$16,000,000 at December 31, 2012 and 2011.

These lines of credit are secured by Master Notes issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003.

Note Payable

The Corporation had a \$20,000,000 unsecured line of credit outstanding with a commercial bank that bears interest at LIBOR plus 1.00% that expired on January 31, 2011. In February 2011, this line of credit was refinanced into a three year term loan, and bears interest at an interest rate of LIBOR plus 2.50% with a floor of 4.25% (4.25% at December 31, 2012). This new loan is secured by a Master Note issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003. In February 2012, the amortization of this note was amended and the term was extended for an additional year. This note expires in March of 2015. The note payable balance was \$13,000,000 at December 31, 2012 and \$15,000,000 at December 31, 2011.

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Capital Lease Purchase Financing Facilities

There are three capital lease purchase financing facilities with two commercial banks. The initial facility was established in June 2007 for \$12,000,000 and bears interest at a rate of 4.31%. The second facility was established in October 2008 for \$8,000,000 and bears interest at a rate of 3.85%. The third facility was established in February 2011 for \$10,000,000 and bears interest at a rate of 3.47%. All facilities have a five year repayment period. Under the terms of the agreements, the commercial banks deposited funds into escrow accounts for the purpose of funding future purchases of new or used medical or medical-related equipment. The commercial banks retain title to the equipment and are considered to be the owner; however, the Corporation is responsible for all related expenses, including but not limited to, insurance, maintenance, and taxes.

Other Long Term Liabilities

This category consists of several capital lease obligations and notes payable on various types of medical and IT equipment. The financed equipment serves as security on these leases. Interest rates on these other long term liabilities range from 3.40% - 6.83%.

Scheduled principal repayments of long term obligations at December 31, 2012 are as follows:

Years ending December 31:	
2013	\$ 38,270,987
2014	21,424,823
2015	22,311,858
2016	14,334,801
2017	8,865,000
Thereafter	<u>203,287,976</u>
Total	<u>\$ 308,495,445</u>

11. Derivative Financial Instruments

The Corporation has entered into two interest rate swap agreements, which are considered derivative financial instruments. The agreements were entered into in order to manage interest rate exposure. The principal objective of the swap agreements is to minimize the risks associated with financing activities by reducing the impact of changes in interest rates on its debt portfolio. The notional amount of the swap agreements is used to measure the interest to be paid or received and does not represent the amount of exposure to credit loss. Exposure to credit loss is limited to the receivable, if any, which may be generated as a result of the swap agreement. Losses related to credit risk are managed by diversification among various swap counterparties and by requiring collateral from the Corporation's swap counterparties at various ratings thresholds while the Corporation has no reciprocal requirement to post collateral.

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December 31, 2012 and 2011

Prior to September 1, 2011, management had designated the interest rate swap agreements as cash flow hedges, which qualified for hedge accounting treatment under accounting principles generally accepted in the United States of America. These two interest rate swap agreements are reported at fair value in the consolidated balance sheets. The effective portion of the change in fair value of these derivatives is reported in the consolidated statements of operations and changes in net assets as an unrealized gain or loss on cash flow derivative financial instrument. The ineffective portion of the change in fair value is reported in the accompanying consolidated statements of operations as a component of interest expense.

On September 1, 2011, the Corporation refunded the Series 2005B variable rate revenue bonds with the proceeds of the Series 2011A and 2011B bond issues (Note 10). As a result, management de-designated the interest rate swap agreement with a notional amount of \$59,330,000 as a cash flow hedge for financial reporting purposes and recognized a loss of approximately \$5,970,000. This loss was primarily related to the reclassification of cumulative unrealized losses from net assets to other expense in the consolidated statements of operations. No formal designation has been made on the interest rate swap agreement related to the Series 2011 bonds.

In December 2010, the Corporation sold two separate options to the swap counterparties to terminate their remaining interest rate swap agreements designated as cash flow hedges, both at an exercise price of \$3,000,000. The option related to the interest rate swap agreement with a notional amount of \$59,330,000, as noted in the table below, had an exercise date of December 21, 2012 and the swap counterparty did not exercise this option. The other option related to the interest rate swap agreement with a notional amount of \$78,000,000, as noted in the table below, has an exercise date of December 1, 2013. The Corporation is uncertain as to whether this option will be exercised. If exercised, the Corporation's risk related to changes in interest rates on its debt portfolio would be impacted.

The net cash paid or received under the swap agreements is recognized as either an adjustment to interest expense or other income. The net cash paid under the interest rate swap agreements was \$4,611,952 in 2012 and \$4,620,487 in 2011. For 2012, \$2,656,541 is reported as a component of interest expense in the accompanying consolidated statements of operations. This represents the net cash paid related to the swap agreement that continues to be accounted for using hedge accounting. The remaining amount for 2012 is reported as a component of other income in the accompanying consolidated statement of operations, which is related to the swap agreement that no longer qualifies for hedge accounting. In 2011, \$4,132,966 of the net cash paid was reported as a component of interest expense and the remaining amount is reported as a component of other income in the accompanying consolidated statement of operations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2012 and 2011

At December 31, 2012 and 2011, the Corporation's derivative financial instruments and related fair values are as follows:

	<u>2012</u>	<u>2011</u>
Agreement for the notional amount of \$59,330,000 requiring the Corporation to pay a fixed interest rate of 3.457% while receiving variable interest rates based upon 67% of LIBOR, maturing January 2021	\$ (8,030,190)	\$ (7,407,411)
Agreement for the notional amount of \$78,000,000 requiring the Corporation to pay a fixed interest rate of 3.567% while receiving variable interest rates based upon 67% of LIBOR, maturing January 2035 and qualifying for cash flow hedge accounting treatment	<u>(20,139,533)</u>	<u>(20,432,435)</u>
Total	<u>\$ (28,169,723)</u>	<u>\$ (27,839,846)</u>

The fair value of the interest rate swap agreements is estimated to be the amount the Corporation would receive or pay to terminate the swap agreements at the reporting date and was based on information supplied by an independent third party valuation agent (Note 5). Additionally, the fair value reflects a credit risk assessment required under accounting principles generally accepted in the United States of America. To the extent that the interest rate swaps qualifying for cash flow hedge accounting treatment are effective in converting the variable interest rate to a fixed rate, the unrealized gain or loss on the derivative financial instruments is excluded from revenues in excess of expenses. Gains or losses resulting from hedge ineffectiveness are recognized in revenues in excess of expenses. Gains of \$305,855 and losses of \$43,094 were recognized as of December 31, 2012 and 2011, respectively as a result of hedge ineffectiveness. Gains or losses resulting from interest rate swap agreements not qualifying for cash flow hedge accounting treatment are entirely recognized as a component of revenues in excess of expenses. The impact of swaps not qualifying for hedge accounting treatment on the consolidated statements of operations were gains of \$514,069 in 2012 and \$95,523 in 2011.

On October 3, 2008, the counterparty for the Corporation's fixed pay swap maturing in January 2035, Lehman Brothers, Inc., commenced proceedings under Chapter 11 of the Bankruptcy Code. This action triggered an Event of Default under the ISDA Master Agreement in effect with said party and gave the Corporation the right to terminate the transaction. On October 16, 2008, the Corporation terminated this agreement and concurrently entered into an agreement with a new counterparty that assumed all existing terms and conditions of the original agreement. The termination of the original swap agreement resulted in a gain of \$472,023 which is included in unrestricted net assets in the consolidated balance sheets. This gain is being amortized over the remaining term of the 2005A Series Bonds, or through January 2035. As of December 31, 2012 and 2011, accumulated amortization of \$53,946 and \$35,964, respectively, is included in other changes in net assets and interest expense in the consolidated statements of operations and changes in net assets.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2012 and 2011

12. Leases

The Corporation has entered into various operating leases primarily for office space as well as certain equipment items. Rental expense for operating leases was \$19,606,916 in 2012 and \$16,277,212 in 2011. Future minimum payments under non cancelable operating leases with initial terms of one year or more consist of the following during the years ending December 31:

Years ending December 31:	
2013	\$ 11,919,498
2014	11,299,387
2015	10,916,457
2016	10,419,876
2017	9,651,943
Thereafter	<u>69,870,862</u>
Total	<u>\$ 124,078,023</u>

The Corporation has also entered into various sub-lease agreements with tenants that occupy space in the Corporation's buildings. The terms of these sub-leases vary and extend through 2020. Rental income was \$4,335,800 in 2012 and \$4,142,061 in 2011, which has been reported as a component of other operating revenue in the consolidated statements of operations. Future rent payments expected to be received by the Corporation during the years ending December 31 is as follows:

Years ending December 31:	
2013	\$ 2,901,623
2014	2,381,895
2015	2,195,396
2016	1,705,683
2017	1,048,521
Thereafter	<u>842,559</u>
Total	<u>\$ 11,075,677</u>

13. Retirement and Health Plans

Defined Contribution Retirement Plan

The Corporation sponsors a 401(a) defined contribution retirement plan, which covers substantially all full-time employees. After twelve months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2% of eligible employees' compensation, plus a matching employer contribution equal to 50% of employee contributions up to 6% of base salary. Retirement plan expense was \$8,328,142 in 2012 and \$8,451,397 in 2011.

AHHS employees are covered by a separate defined contribution plan. Retirement plan expense was \$293,163 in 2012 and \$287,662 in 2011.

AMSI employees are covered by a 401(k) defined contribution plan. Retirement plan expense was \$3,042 in 2012 and \$10,011 in 2011.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2012 and 2011

Salary Deferral (457(b)) Plan

Employees who contribute the maximum allowable amount to the 403(b) retirement plan have an opportunity to contribute additional funds on a tax-deferred basis to a 457(b) retirement plan up to the maximum tax-sheltered opportunity. There are no employer contributions to this plan.

Employee Life and Health Benefit Program

The Corporation maintains a self-insurance employee program for its health insurance coverage. The Corporation accrues the estimated costs of incurred and reported and incurred but not reported claims, after consideration of its stop-loss insurance coverage, based upon data provided by the third-party administrator of the program and historical claims experience. Beginning January 1, 2005, HRMC maintained its own self-insurance program for employee health care coverage.

Deferred Compensation Plan

The Corporation maintains the Adventist HealthCare, Inc. deferred compensation plan (the Plan). The Plan provides cash compensation and other benefits to eligible employees after termination of employment. Fund assets are invested in mutual funds and corporate bonds and other debt securities (Note 4) held by an irrevocable trust, subject to claims made by the employer's creditors in the event of bankruptcy or insolvency. It is the Corporation's policy to fund the Plan based on actuarially determined amounts sufficient to satisfy its obligations in the plan year.

AHC Executive Flex Benefit Program

The AHC Executive Flex Benefit Program (the Program) was implemented to provide additional benefits to eligible employees as defined by the Program. Plan documentation provides for a financial benefit floor equal to 5% of net salary. Funding for benefits earned under this Program are made on a quarterly basis based on actual benefits earned for the year.

14. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for betterments to plant facilities and purchases of equipment or to support operating programs sponsored by the Corporation and its affiliates.

Permanently restricted net assets have been restricted by donor to be maintained by the Corporation in perpetuity.

Net assets were released from donor restriction by satisfying their restricted purposes in the amount of \$10,622,475 in 2012 and \$5,152,543 in 2011.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2012 and 2011

15. Commitments and Contingencies

Litigation and Claims

The Corporation is subject to asserted and unasserted claims (in addition to litigation) encountered in the ordinary course of business. In the opinion of management and after consultation with legal counsel, the Corporation has established adequate reserves related to all known matters. The outcome of any potential investigative, regulatory or prosecutorial activity that may occur in the future cannot be predicted with certainty. However, any associated potential future losses resulting from such activity could have a material adverse effect on the Corporation's future financial position, results of operations and liquidity.

Insurance

The Corporation's primary coverage for professional liability is provided through a self-funded insurance retention trust (the "Trust") established on January 1, 1993. The Trust is funded based on actuarial estimates and provides coverage of \$2,000,000 per occurrence with no annual aggregate limitation. The Trust also provides general liability coverage up to \$1,000,000 per occurrence and \$3,000,000 in the aggregate. The Corporation also carries umbrella excess liability insurance on a claims made basis with a commercial carrier, with limits of \$20,000,000 per occurrence and in aggregate.

It is the Corporation's policy to accrue for the ultimate cost of uninsured asserted and unasserted malpractice claims, if any, when incidents occur. Based on a review of the Corporation's prior experience and incidents occurring through December 31, 2012, management determined that the fully-funded professional liability reserve reported at December 31, 2012 and 2011 is adequate in light of the program's excess umbrella policy currently in force and historical claims experience. The estimated professional liability for both asserted and unasserted claims was \$7,265,426 and \$8,946,310 at December 31, 2012 and 2011, respectively. The discount rate used in determining these liabilities was 2.5% at both December 31, 2012 and 2011.

The Corporation is self-insured for unemployment and workers' compensation benefits. The liability for unemployment and worker's compensation claims payable is an estimate based on the Corporation's past experience and is included in the accompanying consolidated balance sheets. It is reasonably possible that the estimates used could change materially in the near term.

Remediation

Certain buildings, which were constructed prior to the passage of the Clean Air Act, contain encapsulated asbestos material. Current law requires that this asbestos be removed in an environmentally safe fashion prior to demolition and renovation of these buildings. At this time, the Corporation has no plans to demolish or renovate these buildings and, as such, cannot reasonably estimate the fair value of the liability for such asbestos removal.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2012 and 2011

16. Business and Credit Concentrations

The Corporation grants credit to patients, substantially all of whom are local residents. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans or policies.

At December 31, 2012 and 2011, concentrations of gross receivables from third-party payors and others are as follows:

	<u>2012</u>	<u>2011</u>
Medicare	19 %	20 %
Medicaid	17	21
Other third party payers	39	41
Self-pay and others	25	18
	<u>100 %</u>	<u>100 %</u>

Gross patient service revenue, by payor class, consisted of the following for the years ended December 31:

	<u>2012</u>	<u>2011</u>
Medicare	39 %	38 %
Medicaid	5	5
Other third party payers	46	47
Self-pay and others	10	10
	<u>100 %</u>	<u>100 %</u>

The Corporation maintains its cash and cash equivalents with several financial institutions. Cash and cash equivalents on deposit with any one financial institution are insured up to \$250,000.

17. Functional Expenses

A summary of the Corporation's operating expenses by function for the years ended December 31 is as follows:

	<u>2012</u>	<u>2011</u>
Hospital acute and ambulatory services	\$ 593,503,783	\$ 598,480,933
Home care services	14,314,302	14,598,518
Other health care services	101,221,270	99,298,313
Other, including general and administrative	25,537,867	26,327,310
Fundraising	891,289	1,195,435
Total	<u>\$ 735,468,511</u>	<u>\$ 739,900,509</u>

Adventist HealthCare, Inc. and Controlled Entities

 Consolidating Schedule, Balance Sheet
 December 31, 2012

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Assets														
Current Assets														
Cash and cash equivalents	\$ 19,965,512	\$ -	\$ (54,478,539)	\$ 81,015,781	\$ (14,380,256)	\$ 33,909,739	\$ (9,338,903)	\$ (1,522,881)	\$ 7,993,788	\$ 2,867,332	\$ (28,754,123)	\$ 1,820,035	\$ (227,919)	\$ 1,061,458
Short term investments	155,416,945	-	155,416,945	-	-	-	-	-	-	-	-	-	-	-
Assets whose use is limited	5,722,017	-	3,978,461	-	1,743,556	-	-	-	-	-	-	-	-	-
Patient accounts receivable, net of estimated allowances of \$104,455,000	138,952,125	-	262,628	65,178,096	42,934,200	9,047,327	8,016,718	-	9,280,729	2,253,410	2,172,172	(193,155)	-	-
Other receivables, net of estimated allowance for uncollectible accounts of \$2,392,000	9,124,293	(118,771)	1,594,753	1,506,669	823,469	631,865	890,994	1,532,727	40,830	(3,047)	289,829	167,904	326,539	1,440,532
Due from third party payors	-	(2,522,686)	-	-	-	-	155,500	-	2,129,063	-	-	64,918	-	17,261
Inventories	12,781,870	-	-	5,978,104	4,343,303	2,080,790	132,480	-	104,013	-	-	-	-	143,180
Prepaid expenses and other current assets	3,306,192	-	913,803	652,864	758,141	414,610	213,936	2,371	41,324	44,184	229,754	-	27,005	8,200
Total current assets	345,268,954	(2,641,457)	107,688,051	154,331,514	36,222,413	46,239,831	71,169	12,217	19,589,747	5,161,879	(26,062,368)	1,859,702	286,066	2,510,190
Property and Equipment, Net														
Property and Equipment, Net	382,975,709	-	97,162,037	182,782,815	35,625,870	45,479,206	10,939,987	1,681,950	8,629,437	375,414	117,639	-	181,354	-
Assets Whose Use is Limited														
Under trust indenture and capital lease purchase financing facilities, held by trustees and banks	9,843,484	-	2,658,256	996,879	2,936,548	2,433,738	429,483	-	388,580	-	-	-	-	-
Professional liability trust fund	6,122,473	-	6,122,473	-	-	-	-	-	-	-	-	-	-	-
Deferred compensation fund	164,057	-	-	-	164,057	-	-	-	-	-	-	-	-	-
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition														
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	2,650,934	-	-	330,025	-	1,283,434	-	569,604	186,851	-	-	-	-	281,020
Investments and Investments in Unconsolidated Subsidiaries														
Investments and Investments in Unconsolidated Subsidiaries	9,533,604	-	4,053,726	2,009,091	-	1,433,168	-	-	-	-	-	326,418	-	1,711,201
Land Held for Healthcare Development														
Land Held for Healthcare Development	76,230,174	-	56,302,379	-	19,927,795	-	-	-	-	-	-	-	-	-
Deferred Financing Costs, Net														
Deferred Financing Costs, Net	3,374,836	-	1,052,171	963,528	740,748	465,373	82,988	-	70,028	-	-	-	-	-
Intangible Assets, Net														
Intangible Assets, Net	5,693,334	-	58,856	1,528,214	-	867,660	1,968,451	-	1,006,543	193,980	19,213	-	50,417	-
Deposits and Other Noncurrent Assets														
Deposits and Other Noncurrent Assets	5,562,034	-	1,098,908	1,275,413	5,508	626,354	26,674	5,054	32,000	30,828	6,887	-	42,581	2,411,827
Total assets	\$ 847,419,593	\$ (2,641,457)	\$ 276,196,857	\$ 344,217,479	\$ 95,622,939	\$ 98,828,764	\$ 13,518,752	\$ 2,268,825	\$ 29,903,186	\$ 5,762,101	\$ (25,918,629)	\$ 2,186,120	\$ 560,418	\$ 6,914,238

Adventist HealthCare, Inc. and Controlled Entities

 Consolidating Schedule, Balance Sheet
 December 31, 2012

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Liabilities and Net Assets														
Current Liabilities														
Accounts payable and accrued expenses	\$ 75,480,655	\$ -	\$ 17,754,532	\$ 28,383,489	\$ 17,016,923	\$ 5,049,203	\$ 2,306,261	\$ 7,796	\$ 1,024,365	\$ 510,228	\$ 2,367,995	\$ 452,956	\$ 595,314	\$ 11,593
Accrued compensation and related items	30,866,740	(118,771)	3,419,589	10,810,294	7,990,680	3,111,044	2,061,201	366,980	1,640,848	964,981	455,252	376	164,266	-
Interest payable	3,043,488	-	3,035,845	-	3,491	-	4,152	-	-	-	-	-	-	-
Due to third party payors	26,873,945	(2,522,686)	-	17,396,329	9,936,098	465,851	1,168,330	-	336,235	-	-	93,788	-	-
Estimated self-insured professional liability	1,241,672	-	1,241,672	-	-	-	-	-	-	-	-	-	-	-
Current maturities of long-term obligations	38,270,987	-	27,693,485	6,084,008	3,914,842	7,949	511,250	59,453	-	-	-	-	-	-
Total Current Liabilities	175,777,487	(2,641,457)	53,145,123	62,674,120	38,862,034	8,634,047	6,051,194	434,229	3,001,448	1,475,209	2,823,247	547,120	759,580	11,593
Construction Payable	124,101	-	-	-	-	124,101	-	-	-	-	-	-	-	-
Long-Term Obligations, Net														
Bonds payable	231,407,570	-	214,195,000	-	17,212,570	-	-	-	-	-	-	-	-	-
Notes payable	23,435,834	-	6,781,105	15,000,000	520,000	-	1,134,729	-	-	-	-	-	-	-
Capital lease obligation	15,183,624	-	10,660,061	3,467,829	1,055,734	-	-	-	-	-	-	-	-	-
Internal debt	-	-	(208,959,000)	123,764,783	42,807,676	32,229,053	5,809,634	-	4,347,854	-	-	-	-	-
Derivative Financial Instruments	28,169,723	-	28,169,723	-	-	-	-	-	-	-	-	-	-	-
Deferred Compensation	164,057	-	-	-	164,057	-	-	-	-	-	-	-	-	-
Other Liabilities	5,520,386	-	2,505	3,365,878	756,055	1,136,373	-	-	200,000	-	-	-	-	59,575
Estimated Self Insured Professional Liability	6,023,754	-	6,023,754	-	-	-	-	-	-	-	-	-	-	-
Total liabilities	485,806,536	(2,641,457)	110,018,271	208,272,610	101,378,126	42,123,574	12,995,557	434,229	7,549,302	1,475,209	2,823,247	547,120	759,580	71,168
Net Assets (Deficit)														
Unrestricted	353,330,451	-	165,484,310	135,656,597	(6,324,481)	55,491,986	523,197	1,249,035	22,136,967	4,286,892	(28,741,876)	1,639,000	(199,162)	2,127,986
Temporarily restricted	7,941,185	-	694,276	288,272	569,294	1,213,204	(2)	244,140	216,917	-	-	-	-	4,715,084
Permanently restricted	341,421	-	-	-	-	-	-	341,421	-	-	-	-	-	-
Total net assets (deficit)	361,613,057	-	166,178,586	135,944,869	(5,755,187)	56,705,190	523,195	1,834,596	22,353,884	4,286,892	(28,741,876)	1,639,000	(199,162)	6,843,070
Total liabilities and net assets	<u>\$ 847,419,593</u>	<u>\$ (2,641,457)</u>	<u>\$ 276,196,857</u>	<u>\$ 344,217,479</u>	<u>\$ 95,622,939</u>	<u>\$ 98,828,764</u>	<u>\$ 13,518,752</u>	<u>\$ 2,268,825</u>	<u>\$ 29,903,186</u>	<u>\$ 5,762,101</u>	<u>\$ (25,918,629)</u>	<u>\$ 2,186,120</u>	<u>\$ 560,418</u>	<u>\$ 6,914,238</u>

Adventist Healthcare, Inc. and Controlled Entities

Consolidating Schedule, Statement of Operations
Year Ended December 31, 2012

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Unrestricted Revenues														
Net patient service revenue	\$ 750,046,733	\$ (290,660)	\$ 4,647,335	\$ 326,648,159	\$ 230,658,816	\$ 89,849,396	\$ 37,459,458	\$ 622,411	\$ 35,106,377	\$ 14,654,674	\$ 10,690,767	\$ -	\$ -	\$ -
Provision for doubtful collections	(51,208,518)	-	(28,081)	(16,402,422)	(26,075,851)	(5,073,404)	(1,481,124)	-	(1,056,193)	(110,968)	(950,536)	-	(29,941)	-
Net patient service revenue less provision for doubtful collections	698,838,215	(290,660)	4,619,254	310,245,737	204,582,965	84,775,992	35,978,334	622,411	34,050,184	14,543,708	9,740,231	-	(29,941)	-
Other revenue	38,996,177	(10,893,587)	3,980,180	9,535,883	5,695,711	5,058,306	7,000,240	6,350,801	255,518	77,360	991,635	-	5,732,888	5,211,242
Total unrestricted revenues	737,834,392	(11,184,247)	8,599,434	319,781,620	210,278,676	89,834,298	42,978,574	6,973,212	34,305,702	14,621,068	10,731,866	-	5,702,947	5,211,242
Operating Expenses														
Salaries and wages	319,265,132	-	15,224,453	118,063,259	84,386,218	37,902,503	24,130,153	4,126,002	17,700,855	9,971,027	4,986,950	-	1,773,712	-
Employee benefits	65,579,382	(833)	1,930,799	24,463,617	17,421,491	8,925,281	5,491,151	885,768	3,473,472	1,933,291	711,654	-	343,691	-
Contract labor	28,552,211	(711,294)	93,503	10,625,442	10,868,828	1,889,023	1,015,188	397,055	862,503	205,816	2,727,243	-	578,904	-
Medical supplies	108,309,375	(84,696)	51,939,018	39,986,954	11,580,260	1,745,434	29,489	1,440,827	249,291	242,326	1,280,751	-	1,280,751	-
General and administrative	123,329,243	(8,637,231)	31,687,418	37,156,050	28,931,402	9,549,865	2,842,310	951,064	3,122,536	1,033,807	10,612,033	-	676,552	5,403,437
Building and maintenance	38,173,052	(1,781,560)	1,046,034	19,758,354	8,309,434	5,293,456	3,019,147	273,516	1,169,674	326,535	272,580	-	485,882	-
Insurance	5,602,629	-	58,725	2,494,940	1,746,543	453,511	191,749	21,249	106,577	100,897	417,060	-	11,378	-
Interest	11,189,977	-	177,592	6,570,528	2,473,946	1,407,093	338,749	4,564	217,401	-	-	-	104	-
Depreciation and amortization	36,467,510	-	7,328,147	14,941,805	6,977,880	5,289,170	1,020,363	115,450	590,599	116,477	38,643	-	49,176	-
IT depreciation	-	3	(6,772,887)	4,001,112	801,191	1,364,789	131,398	-	364,496	74,290	-	-	35,608	-
Allocation: IT services	-	31,363	(25,276,126)	11,559,579	8,194,676	2,631,128	1,147,037	-	1,285,343	342,907	-	-	84,093	-
AHC management fees	-	1	(22,333,544)	9,346,852	6,563,347	2,641,884	1,216,892	267,116	922,530	430,148	775,252	-	169,522	-
Total expenses	735,468,511	(11,184,247)	3,063,835	310,920,356	216,661,910	88,927,963	42,289,571	7,071,273	31,256,813	14,784,486	20,783,741	-	5,489,373	5,403,437
Income (loss) from operations	2,365,881	-	5,535,599	8,861,264	(6,383,234)	906,335	689,003	(98,061)	3,048,889	(163,418)	(10,051,875)	-	213,574	(192,195)
Other Income (Expense)														
Investment income (loss)	2,839,941	-	1,618,981	1,094,714	(506,403)	529,528	(135,068)	11,150	105,239	54,838	61	-	(13,541)	80,442
Other income (expense)	162,746	-	2,437,334	(1,047,322)	(505,871)	(637,213)	(48,985)	-	(35,197)	-	-	-	-	-
Total other income (expense)	3,002,687	-	4,056,315	47,392	(1,012,274)	(107,685)	(184,053)	11,150	70,042	54,838	61	-	(13,541)	80,442
Revenue and gains in excess of (less than expenses from continuing operations)	5,368,568	-	9,591,914	8,908,656	(7,395,508)	798,650	504,950	(86,911)	3,118,931	(108,580)	(10,051,814)	-	200,033	(111,753)
Change in net unrealized gains and losses on investment other than trading securities	395,380	-	698,922	(210,042)	(10,672)	(73,422)	(365)	3,676	(15,112)	(8,183)	6	-	(1,808)	12,380
Change in net unrealized loss on derivative financia instrument	(555,316)	-	(555,316)	-	-	-	-	-	-	-	-	-	-	-
Transfer from (to) unconsolidated subsidiary	-	-	1,200,000	-	-	-	-	-	-	-	-	-	(1,200,000)	-
Net assets released from restriction for purchase of property and equipment	4,008,780	-	358,010	2,866,379	521,736	254,427	8,228	-	-	-	-	-	-	-
Other unrestricted net asset activity	(210,000)	-	-	(210,000)	-	-	-	-	-	-	-	-	-	-
Increase (decrease) in unrestricted net assets from continuing operations	9,007,412	-	11,293,530	11,354,993	(6,884,444)	979,655	512,813	(83,235)	3,103,819	(116,763)	(10,051,808)	-	(1,001,775)	(99,373)
Income from discontinued operations	1,500,000	-	-	-	-	-	-	-	-	-	-	1,500,000	-	-
Increase (decrease) in unrestricted net assets	\$ 10,507,412	\$ -	\$ 11,293,530	\$ 11,354,993	\$ (6,884,444)	\$ 979,655	\$ 512,813	\$ (83,235)	\$ 3,103,819	\$ (116,763)	\$ (10,051,808)	\$ 1,500,000	\$ (1,001,775)	\$ (99,373)

Adventist Healthcare, Inc. - Obligated Group

 Combining Schedule, Balance Sheet
 December 31, 2012

Assets	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health	Adventist Rehabilitation Hospital of Maryland
Current Assets								
Cash and cash equivalents	\$ 44,721,610	\$ -	\$ (54,478,539)	\$ 81,015,781	\$ (14,380,256)	\$ 33,909,739	\$ (9,338,903)	\$ 7,993,788
Short-term investments	155,416,945	-	155,416,945	-	-	-	-	-
Assets whose use is limited	5,722,017	-	3,978,461	-	1,743,556	-	-	-
Patient accounts receivable, net of estimated allowances of \$99,921,000	134,719,698	-	262,628	65,178,096	42,934,200	9,047,327	8,016,718	9,280,729
Other receivables, net of estimated allowance for uncollectible accounts of \$802,000	5,369,809	(118,771)	1,594,753	1,506,669	823,469	631,865	890,994	40,830
Due from third party payors	-	(2,440,507)	-	-	-	155,500	155,944	2,129,063
Inventories	12,638,690	-	-	5,978,104	4,343,303	2,080,790	132,480	104,013
Prepaid expenses and other current assets	2,994,678	-	913,803	652,864	758,141	414,610	213,936	41,324
Total current assets	361,583,447	(2,559,278)	107,688,051	154,331,514	36,222,413	46,239,831	71,169	19,589,747
Property and Equipment, Net	380,619,352	-	97,162,037	182,782,815	35,625,870	45,479,206	10,939,987	8,629,437
Assets Whose Use is Limited								
Under trust indenture and capital lease purchase financing facilities, held by trustees and banks	9,843,484	-	2,658,256	996,879	2,936,548	2,433,738	429,483	388,580
Professional liability trust fund	6,122,473	-	6,122,473	-	-	-	-	-
Deferred compensation fund	164,057	-	-	-	164,057	-	-	-
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	1,800,310	-	-	330,025	-	1,283,434	-	186,851
Investments and Investments in Unconsolidated Subsidiaries	7,495,985	-	4,053,726	2,009,091	-	1,433,168	-	-
Land Held for Healthcare Development	76,230,174	-	56,302,379	-	19,927,795	-	-	-
Deferred Financing Costs	3,374,836	-	1,052,171	963,528	740,748	465,373	82,988	70,028
Intangible Assets, Net	5,429,724	-	58,856	1,528,214	-	867,660	1,968,451	1,006,543
Deposits and Other Noncurrent Assets	3,064,857	-	1,098,908	1,275,413	5,508	626,354	26,674	32,000
Total assets	\$ 855,728,699	\$ (2,559,278)	\$ 276,196,857	\$ 344,217,479	\$ 95,622,939	\$ 98,828,764	\$ 13,518,752	\$ 29,903,186

Adventist Healthcare, Inc. - Obligated Group

Combining Schedule, Balance Sheet

December 31, 2012

	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health	Adventist Rehabilitation Hospital of Maryland
Liabilities and Net Assets								
Current Liabilities								
Accounts payable and accrued expenses	\$ 71,534,773	\$ -	\$ 17,754,532	\$ 28,383,489	\$ 17,016,923	\$ 5,049,203	\$ 2,306,261	\$ 1,024,365
Accrued compensation and related items	28,914,885	(118,771)	3,419,589	10,810,294	7,990,680	3,111,044	2,061,201	1,640,848
Interest payable	3,043,488	-	3,035,845	-	3,491	-	4,152	-
Due to third party payors	26,862,336	(2,440,507)	-	17,396,329	9,936,098	465,851	1,168,330	336,235
Estimated self-insured professional liability	1,241,672	-	1,241,672	-	-	-	-	-
Current portion of long-term obligations	38,211,534	-	27,693,485	6,084,008	3,914,842	7,949	511,250	-
Total current liabilities	169,808,688	(2,559,278)	53,145,123	62,674,120	38,862,034	8,634,047	6,051,194	3,001,448
Construction Payable	124,101	-	-	-	-	124,101	-	-
Long-Term Obligations, Net								
Bonds payable	231,407,570	-	214,195,000	-	17,212,570	-	-	-
Notes payable	23,435,834	-	6,781,105	15,000,000	520,000	-	1,134,729	-
Capital lease obligation	15,183,624	-	10,660,061	3,467,829	1,055,734	-	-	-
Internal debt	-	-	(208,959,000)	123,764,783	42,807,676	32,229,053	5,809,634	4,347,854
Derivative Financial Instruments	28,169,723	-	28,169,723	-	-	-	-	-
Deferred Compensation	164,057	-	-	-	164,057	-	-	-
Other Liabilities	5,460,811	-	2,505	3,365,878	756,055	1,136,373	-	200,000
Estimated Self Insured Professional Liability	6,023,754	-	6,023,754	-	-	-	-	-
Total liabilities	479,778,162	(2,559,278)	110,018,271	208,272,610	101,378,126	42,123,574	12,995,557	7,549,302
Net Assets (Deficit)								
Unrestricted	372,968,576	-	165,484,310	135,656,597	(6,324,481)	55,491,986	523,197	22,136,967
Temporarily restricted	2,981,961	-	694,276	288,272	569,294	1,213,204	(2)	216,917
Total net assets	375,950,537	-	166,178,586	135,944,869	(5,755,187)	56,705,190	523,195	22,353,884
Total liabilities and net assets	<u>\$ 855,728,699</u>	<u>\$ (2,559,278)</u>	<u>\$ 276,196,857</u>	<u>\$ 344,217,479</u>	<u>\$ 95,622,939</u>	<u>\$ 98,828,764</u>	<u>\$ 13,518,752</u>	<u>\$ 29,903,186</u>

Adventist Healthcare, Inc. - Obligated Group

Combining Schedule, Statement of Operations

Year Ended December 31, 2012

	Combined AHC Obligated Group	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Adventist Rehabilitation Hospital of Maryland
Unrestricted Revenues								
Net patient service revenue	\$ 724,078,881	\$ (290,660)	\$ 4,647,335	\$ 326,648,159	\$ 230,658,816	\$ 89,849,396	\$ 37,459,458	\$ 35,106,377
Provision for doubtful collections	(50,117,075)	-	(28,081)	(16,402,422)	(26,075,851)	(5,073,404)	(1,481,124)	(1,056,193)
Net patient service revenue less provision for doubtful collections	673,961,806	(290,660)	4,619,254	310,245,737	204,582,965	84,775,992	35,978,334	34,050,184
Other revenue	28,226,325	(3,299,513)	3,980,180	9,535,883	5,695,711	5,058,306	7,000,240	255,518
Total unrestricted revenues	702,188,131	(3,590,173)	8,599,434	319,781,620	210,278,676	89,834,298	42,978,574	34,305,702
Operating Expenses								
Salaries and wages	297,407,441	-	15,224,453	118,063,259	84,386,218	37,902,503	24,130,153	17,700,855
Employee benefits	61,705,040	(771)	1,930,799	24,463,617	17,421,491	8,925,281	5,491,151	3,473,472
Contract labor	24,644,478	(710,009)	93,503	10,625,442	10,868,828	1,889,023	1,015,188	862,503
Medical supplies	106,527,899	(64,315)	(100,279)	51,939,018	39,986,954	11,580,260	1,745,434	1,440,827
General and administrative	112,216,027	(1,073,554)	31,687,418	37,156,050	28,931,402	9,549,865	2,842,310	3,122,536
Building and maintenance	36,854,575	(1,741,524)	1,046,034	19,758,354	8,309,434	5,293,456	3,019,147	1,169,674
Insurance	5,052,045	-	58,725	2,494,940	1,746,543	453,511	191,749	106,577
Interest	11,185,309	-	177,592	6,570,528	2,473,946	1,407,093	338,749	217,401
Depreciation and amortization	36,147,764	-	7,328,147	14,941,605	6,977,880	5,289,170	1,020,363	590,599
IT depreciation	(109,901)	-	(6,772,887)	4,001,112	801,191	1,364,789	131,398	364,496
Allocation: IT services	(458,363)	-	(25,276,126)	11,559,579	8,194,676	2,631,128	1,147,037	1,285,343
AHC management fees	(1,642,039)	-	(22,333,544)	9,346,852	6,563,347	2,641,884	1,216,892	922,530
Total expenses	689,530,275	(3,590,173)	3,063,835	310,920,356	216,661,910	88,927,963	42,289,571	31,256,813
Income (loss) from operations	12,657,856	-	5,535,599	8,861,264	(6,383,234)	906,335	689,003	3,048,889
Other Income (Expense)								
Investment income (loss)	2,706,991	-	1,618,981	1,094,714	(506,403)	529,528	(135,068)	105,239
Loss on extinguishment of debt	-	-	-	-	-	-	-	-
Other income (expense)	162,746	-	2,437,334	(1,047,322)	(505,871)	(637,213)	(48,985)	(35,197)
Total other income (expense)	2,869,737	-	4,056,315	47,392	(1,012,274)	(107,685)	(184,053)	70,042
Revenue in excess of (less than) expenses	15,527,593	-	9,591,914	8,908,656	(7,395,508)	798,650	504,950	3,118,931
Change in net unrealized gains and losses on investments other than trading securities	389,309	-	698,922	(210,042)	(10,672)	(73,422)	(365)	(15,112)
Change in net unrealized loss on derivative financial instrument	(555,316)	-	(555,316)	-	-	-	-	-
Transfers from (to) unconsolidated subsidiaries	1,200,000	-	1,200,000	-	-	-	-	-
Net assets released from restriction for purchase of property and equipment	4,008,780	-	358,010	2,866,379	521,736	254,427	8,228	-
Other unrestricted net asset activity	(210,000)	-	-	(210,000)	-	-	-	-
Increase (decrease) in unrestricted net assets	\$ 20,360,366	\$ -	\$ 11,293,530	\$ 11,354,993	\$ (6,884,444)	\$ 979,655	\$ 512,813	\$ 3,103,819

Adventist HealthCare, Inc. - Foundations

 Combining Schedule, Balance Sheet
 December 31, 2012

	Combined Adventist HealthCare, Inc. Foundations	Eliminating Entries	Shady Grove Adventist Hospital Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Hackettstown Community Hospital Foundation, Inc.	Adventist Behavioral Health Foundation, Inc.
Assets						
Current Assets						
Cash and cash equivalents	\$ 1,061,458	\$ -	\$ 142,052	\$ 760,113	\$ 67,509	\$ 91,784
Current portion pledges receivable, less allowance for doubtful pledges of \$78,000	1,436,777	-	1,211,349	168,450	29,673	27,305
Other receivables	3,755	-	-	1,250	2,505	-
Prepaid expenses and other current assets	<u>8,200</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,200</u>	<u>-</u>
Total current assets	2,510,190	-	1,353,401	929,813	107,887	119,089
Cash and Cash Equivalents Held for Capital Acquisitions	281,020	-	-	144,409	-	136,611
Investments	1,711,201	-	1,705,484	5,717	-	-
Beneficial Interest in Trusts	815,859	-	-	815,859	-	-
Noncurrent Portion of Pledges Receivable	<u>1,595,968</u>	<u>-</u>	<u>1,592,459</u>	<u>3,509</u>	<u>-</u>	<u>-</u>
Total assets	<u>\$ 6,914,238</u>	<u>\$ -</u>	<u>\$ 4,651,344</u>	<u>\$ 1,899,307</u>	<u>\$ 107,887</u>	<u>\$ 255,700</u>
Liabilities and Net Assets						
Current Liabilities						
Accounts payable and accrued expenses	\$ 11,593	\$ -	\$ 883	\$ 183	\$ 10,527	\$ -
Liability to Charitable Gift Annuities	<u>59,575</u>	<u>-</u>	<u>59,575</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>71,168</u>	<u>-</u>	<u>60,458</u>	<u>183</u>	<u>10,527</u>	<u>-</u>
Net Assets						
Unrestricted	2,127,986	-	1,532,412	460,078	36,223	99,273
Temporarily restricted	<u>4,715,084</u>	<u>-</u>	<u>3,058,474</u>	<u>1,439,046</u>	<u>61,137</u>	<u>156,427</u>
Total net assets	<u>6,843,070</u>	<u>-</u>	<u>4,590,886</u>	<u>1,899,124</u>	<u>97,360</u>	<u>255,700</u>
Total liabilities and net assets	<u>\$ 6,914,238</u>	<u>\$ -</u>	<u>\$ 4,651,344</u>	<u>\$ 1,899,307</u>	<u>\$ 107,887</u>	<u>\$ 255,700</u>

Adventist HealthCare, Inc. - Foundations

Combining Schedule, Statement of Operations

Year Ended December 31, 2012

	Combined Adventist HealthCare, Inc. Foundations	Eliminating Entries	Shady Grove Adventist Hospital Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Hackettstown Adventist Hospital Foundation, Inc.	Adventist Behavioral Health Foundation Inc.
Changes in Unrestricted Net Assets						
Unrestricted Revenues, Gains, And Other Support						
Contributions, net	\$ 493,401	\$ -	\$ 115,300	\$ 298,570	\$ 78,874	\$ 657
Investment income	80,442	-	79,732	-	51	659
Net assets released from restrictions	<u>4,717,841</u>	<u>-</u>	<u>3,296,686</u>	<u>747,118</u>	<u>632,872</u>	<u>41,165</u>
Total unrestricted revenues, gains, and other support	<u>5,291,684</u>	<u>-</u>	<u>3,491,718</u>	<u>1,045,688</u>	<u>711,797</u>	<u>42,481</u>
Expenses						
General administrative expenses	570,513	-	238,510	173,438	156,621	1,944
In-kind gifts expended	<u>320,776</u>	<u>-</u>	<u>159,880</u>	<u>160,896</u>	<u>-</u>	<u>-</u>
Total expenses before transfers to the hospitals	891,289	-	398,390	334,334	156,621	1,944
Transfers to the hospitals	<u>4,512,148</u>	<u>-</u>	<u>3,000,296</u>	<u>697,561</u>	<u>550,068</u>	<u>264,223</u>
Total expenses	<u>5,403,437</u>	<u>-</u>	<u>3,398,686</u>	<u>1,031,895</u>	<u>706,689</u>	<u>266,167</u>
Revenues in excess of expenses	(111,753)	-	93,032	13,793	5,108	(223,686)
Change in net unrealized gains on investments other than trading securities	<u>12,380</u>	<u>-</u>	<u>12,380</u>	<u>-</u>	<u>-</u>	<u>-</u>
(Decrease) increase in unrestricted net assets	(99,373)	-	105,412	13,793	5,108	(223,686)
Unrestricted net assets, beginning	<u>2,227,359</u>	<u>-</u>	<u>1,427,000</u>	<u>446,285</u>	<u>31,115</u>	<u>322,959</u>
Unrestricted net assets, ending	<u>\$ 2,127,986</u>	<u>\$ -</u>	<u>\$ 1,532,412</u>	<u>\$ 460,078</u>	<u>\$ 36,223</u>	<u>\$ 99,273</u>
Changes in Temporarily Restricted Net Assets						
Contributions, net	\$ 2,683,553	\$ -	\$ 1,595,847	\$ 651,920	\$ 418,021	\$ 17,765
Net assets released from restrictions	(4,717,841)	-	(3,296,686)	(747,118)	(632,872)	(41,165)
Change in value of beneficial interest in trusts	106,075	-	6,553	99,522	-	-
Change in discount of pledges receivable and provision for doubtful pledges	(16,886)	-	7,005	(23,891)	-	-
Investment income and unrealized gain on investments	<u>17,448</u>	<u>-</u>	<u>17,448</u>	<u>-</u>	<u>-</u>	<u>-</u>
(Decrease) increase in temporarily restricted net assets	(1,927,651)	-	(1,669,833)	(19,567)	(214,851)	(23,400)
Temporarily restricted net assets, beginning	<u>6,642,735</u>	<u>-</u>	<u>4,728,307</u>	<u>1,458,613</u>	<u>275,988</u>	<u>179,827</u>
Temporarily restricted net assets, ending	<u>\$ 4,715,084</u>	<u>\$ -</u>	<u>\$ 3,058,474</u>	<u>\$ 1,439,046</u>	<u>\$ 61,137</u>	<u>\$ 156,427</u>

FAYAZ SHAWL, MD, FRCP, FACC

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CLINICAL PROFESSOR OF MEDICINE
GEORGE WASHINGTON UNIVERSITY
2150 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20037

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

September 4th, 2013

Dear Joyce:

I am writing not only as Director of Interventional Cardiology here but as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

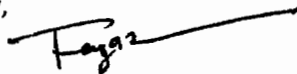
As you know, I am a practicing interventional cardiologist and have over 1600 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provides, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

In addition to supporting the hospital's relocation, I am writing to inform you that I plan to continue to have medical office space located on the Takoma Park campus after the main hospital relocates to White Oak. The patients in my medical practice are well served by continuation of a medical office in Takoma Park.

Again, I reiterate my support for the hospital's plans and look forward to the opening of the new facility in White Oak and the continuation of hospital and health care services in Takoma Park.

Sincerely,



Fayaz Shawl, MD, FACP, FSCAI, FACC
Clinical Professor of Medicine (GWU)
Director, Interventional Cardiology
Washington Adventist Hospital

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing pediatrician with 3000 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

In addition to supporting the hospital's relocation, I am writing to inform you that I plan to continue to have medical office space located on the Takoma Park campus after the main hospital relocates to White Oak. The patients in my medical practice are well served by continuation of a medical office in Takoma Park.

Again, I reiterate my support for the hospital's plans and look forward to the opening of the new facility in White Oak and the continuation of hospital and health care services in Takoma Park.

Sincerely,



Felicia Bassey-Akamune, MD, FAAP
Milestone Medical Services Inc
7676 New Hampshire Ave #420
Takoma Park, MD 20912

Olivier L. KREITMANN, M.D., F.A.C.O.G.

Gynecology, Gynecologic Surgery, Robotic surgery, Urogynecology, Phlebology.

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4201 Mitchellville Road, Suite 102, Bowie, MD, 20716

Office: (301) 587-3714 Fax: (301) 587-3719 Cell: (301) 785-0032

www.kreitmannmd.com olkreitmann@gmail.com NPI:1598700353 DEA: BK0430431

Our mission is to improve the quality of life of women, through education, counseling, medicine, and surgery.

September 13, 2013

Joyce Newmyer

President

Washington Adventist Hospital

7600 Carroll Avenue

Takoma Park, MD 20912

Dear Mrs. Newmyer,

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak, while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing gynecologist with over 7,000 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provides, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

Washington Adventist Hospital is an important part of the health care system and a lifeline for thousands of people in the region. The sooner this is approved, the sooner the community will benefit.

I strongly support this plan and recommend approval by the State Health officials.

Sincerely,

Oliver Kreitmann, M.D.



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September 13, 2013

**Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912**

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Was Adventist Hospital's plans to develop a new facility in White Oak while retaining the existin Park campus for hospital and other health care services.

As you know, I am a practicing Cardiologist with 3000 active patients in my medical practio

Based upon my experience as a physician, I believe your proposal is a solid plan that desen from State health officials as it is obvious that the hospital needs a new, more accessible ca better parking and more medical office space anchored by a new facility with private room necessary elements of a 21st century hospital. While the staff provide, and patients receive care at Washington Adventist Hospital, the hospital infrastructure is aging.

Washington Adventist Hospital is an important part of the health care system and a lifeline thousands of people in the region. The sooner this is approved, the sooner the community from a 21st century medical facility.

Again, I reiterate my support for the hospital's plans and look forward to the opening of th in White Oak and the continuation of hospital and health care services in Takoma Park.

Sincerely,

Michael R. Castine, MD, FACC

Cardiac Associates, PC

15225 Shady Grove Rd #201

Rockville, MD 20850

Kashif Ali, M.D.
Cheryl Aylesworth, M.D.
Thomas A. Bensinger, M.D., F.A.C.P.
Linda Burrell, M.D.
Roopa DeChowdhury, M.D.



MARYLAND
ONCOLOGY
HEMATOLOGY, P.A.

Alida Espinoza, M.D.
Kashif Firozvi, M.D.
Frederick Min, M.D.

Ayana M. Elliott, C.R.N.P.
Kristin Sorenson, N.P.-C, MS, RN

September 13, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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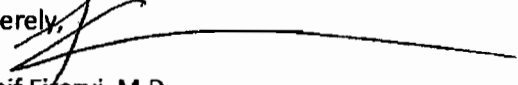
As you know, I am a practicing Hematology/Oncology with more than 15,000 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Again, I reiterate my support for the hospital's plans and look forward to the opening of the new facility in White Oak and the continuation of hospital and health care services in Takoma Park.

Sincerely,


Kashif Firozvi, M.D.
Maryland Oncology Hematology
2101 Medical Park Dr.
Ste 200
Silver Spring, MD, 20902

2730 University W Blvd., Suite 400
Silver Spring, Maryland 20902
(301) 942-9220
fax (301) 942-9228

2101 Medical Park Drive, Suite 200
Silver Spring, Maryland 20902
(301) 933-3216
fax (301) 933-4941

7525 Greenway Center Drive, Suite 205
Greenbelt, Maryland 20770
(301) 982-9800
fax (301) 982-2420

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fax (301) 982-2420

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Theodore Y. Kim, MD, FACP

Marvin E. Lawrence II, MD, FACP
Sean M. Karp, MD
Priti Bijpuria, MD

August 28, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing gastroenterologist with 57 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Again, I reiterate my support for the hospital's plans and look forward to the opening of the new facility in White Oak and the continuation of hospital and health care services in Takoma Park.

Sincerely,

Priti Bijpuria, M.D.
Maryland Digestive Disease Center, a Division of Capital Digestive Care, LLC
7610 Carroll Avenue, Suite 250
Takoma Park, MD 20912

LAUREL, MD

7350 Van Dusen Rd, Suite 210
Laurel, MD 20707

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Sean M. Karp, MD
Priti Bijpurla, MD

August 28, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing gastroenterologist with 5,466 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,

Sean M. Karp, M.D.

Maryland Digestive Disease Center, a Division of Capital Digestive Care, LLC
7610 Carroll Avenue, Suite 250
Takoma Park, MD 20912

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7350 Van Dusen Rd, Suite 210
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Jeffrey S. Garbis, MD, FACP
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August 28, 2013

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President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing gastroenterologist with 6,395 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,


Marvin E. Lawrence II, M.D.
Maryland Digestive Disease Center, a Division of Capital Digestive Care, LLC
7610 Carroll Avenue, Suite 250
Takoma Park, MD 20912

LAUREL, MD

7350 Van Dusen Rd, Suite 210
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August 28, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing gastroenterologist with 5,487 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,

Theodore Y. Kim, M.D.
Maryland Digestive Disease Center, a Division of Capital Digestive Care, LLC
7610 Carroll Avenue, Suite 250
Takoma Park, MD 20912

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7350 Van Dusen Rd, Suite 210
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August 28, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing gastroenterologist with 6,952 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,

Jeffrey Bernstein, M.D.

Maryland Digestive Disease Center, a Division of Capital Digestive Care, LLC
7610 Carroll Avenue, Suite 250
Takoma Park, MD 20912

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7350 Van Dusen Rd, Suite 210
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August 28, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing gastroenterologist with 6,542 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,

Richard M. Chasen, M.D.

Maryland Digestive Disease Center, a Division of Capital Digestive Care, LLC
7610 Carroll Avenue, Suite 250
Takoma Park, MD 20912

LAUREL, MD

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August 28, 2013

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President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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As you know, I am a practicing gastroenterologist with 5,534 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Takoma Park, MD 20912

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7600 Carroll Avenue
Takoma Park, Maryland 20912

Pulmonary Medicine Department
Alfred Munzer, M.D.
Norton A. Elson, M.D.
Joseph B. Mizgerd, M.D.
(301) 891-5450
Fax (301) 891-6089

September 13, 2013

Joyce Newmyer
President, Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

*The Adventist HealthCare
Mid-Atlantic System*

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Comprehensive long-term care

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Rehabilitation

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Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing Pulmonary physician with hundreds of active patients in my practice. Based upon my experience, I believe your proposal is a solid plan that deserves approval from State health officials. It's clear to all stakeholders that the hospital needs a new, more accessible campus with better parking and more medical office space. Our existing aging infrastructure has reached the end of its useful life, and we sorely need a new facility with all the necessary elements of a 21st century hospital, including all private rooms. Despite the limitations of our building, our staff is highly motivated and engaged, and we continue to deliver superior care (as evidenced by our recent very successful Joint Commission survey, and multiple recent recognitions for quality).

Again, I reiterate my support for the hospital's plans, including continuation of hospital and health care services in Takoma Park. I look forward to continuing our long tradition of service excellence in the new White Oak facility.

Sincerely,

A handwritten signature in cursive script that reads 'Norton A. Elson'.

Norton A. Elson, MD
Consultant in Pulmonary Medicine

September 13, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

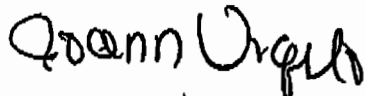
As you know, I am a practicing Cardiology with 7,000 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,



JOANN URQUHART
9420 Key West Ave
Suite # 340
Rockville MD 20950
301.762.4202

Scott W. Nutter D.P.M., P.A., NPI # 1376506345

Aree Saed DPM

Podiatric Medicine

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13950 Baltimore Avenue
Laurel, MD 20707
Tel. 301-317-6800 Fax 301-317-4183

Cherrywood Foot and Ankle Center
5510 Cherrywood Lane #D
Greenbelt, MD 20770
Tel. 301-345-5200 Fax 301-345-9020

August 26, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce,

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing podiatrist with a very busy and active podiatry practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provides, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,



Scott W. Nutter, DPM PA
Laurel Lakes Foot and Ankle Center
13950 Baltimore Avenue
Laurel, MD 20707

Dr. Oluremi T. Ilupeju

2013

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10408 New Hampshire Ave.
Silver Spring, MD 20903

301-439-4422 Office
301-439-0968 Fax

Email: ilupejumd@hotmail.com

September 13, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

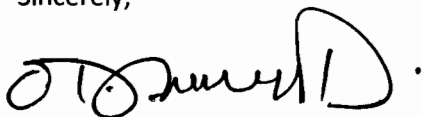
As you know, I am a practicing OB/GYN with over 2000 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staffs provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Again, I reiterate my support for the hospital's plans and look forward to the opening of the new facility in White Oak and the continuation of hospital and health care services in Takoma Park.

Sincerely,



Oluremi T. Ilupeju, M.D.

Montgomery Family Medicine Associates, PC

2415 Musgrove Road, Suite 105
Silver Spring, MD 20904
(P) 301-989-0193
(F) 301-879-2325

September 10, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

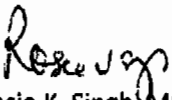
As you know, I am a practicing Family Physician with several thousand active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provides, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,


Rosie K. Singh, MD
Montgomery Family Medicine Associates, PC
2415 Musgrove Road, Suite 105
Silver Spring, MD 20904

MARYLAND INTERNAL MEDICINE, INC.

Sean S. Saedi, M.D., FACP
Michael E. Leibowitz, M.D., FACP

11120 New Hampshire Avenue, Suite 305
Silver Spring, Maryland 20904
Phone (301) 593-6844
Fax (301) 593-3832
www.mdinternalmedicine.com

September 13, 2013

Washington Adventist Hospital
Attn: Joyce Newmyer, President
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

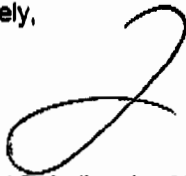
As you know, I am a practicing Internal Medicine physician with 12,000 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provides excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

Washington Adventist Hospital is an important part of the health care system and a lifeline for thousands of people in the region. The sooner this plan is approved, the sooner the community can benefit from a 21st century medical facility.

Again, I reiterate my support for the hospital's plans and look forward to the opening of the new facility in White Oak and the continuation of hospital and health care services in Takoma Park.

Sincerely,



Michael E. Leibowitz, M.D., FACP
Maryland Internal Medicine, Inc.
11120 New Hampshire Avenue, Suite 305
Silver Spring, MD 20904

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Maryland Internal Medicine, Inc.
11120 New Hampshire Avenue, Suite 305
Silver Spring, MD 20904



Primary & Alternative Med. Ctr. PA.

Wellness for a Healthier Community

JEAN WELSH MD FAAFP

FAMILY PHYSICIAN

11161 New Hampshire Ave #102
Silver Spring, MD. 20904

Phone: (301)6814860

Fax: (301)6814864

Website: www.primaryandalternativemed.com

September 12, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing Family Medicine with 2,000 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provides, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,

Jean Welsh, M.D. FAAFP

Primary & Alternative Med. Ctr. PA

11161 New Hampshire Avenue, Suite 102

Silver Spring, MD 20904

KEMPANNA SUDHAKAR, M.D., F.A.C.G., F.A.C.P., A.G.A.F.

7610 CARROLL AVENUE, SUITE 230

TAKOMA PARK, MD 20912-6312

TELEPHONE: (301) 891-2303

FAX: (301) 891-2487

September 13, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing Gastroenterology with 6000 active patients in my medical practice.

Based upon my experience as a physician, I believe your proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provides, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,



Physician name

Practice name

Address

KEMPANNA SUDHAKAR, M.D., F.A.C.G.
7610 CARROLL AVENUE, SUITE#230
TAKOMAPARK, MD 20912

September 13, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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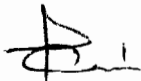
As you know, I am a practicing Internal Medicine with 2000 active patients in my medical practice.

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Sincerely,



Tahmina K. Ahmed MD, FACP

Tahmina K. Ahmed, MD PC
831 University Blvd, East
Suite 27
Silver Spring, MD 20903



11161 New Hampshire Ave #201
Silver Spring, MD 20904
phone: (301) 593-6620

Jerome Schnapp, MD, FACP, FACR

Maria Alba, MD

September 13, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing Internist/Rheumatologist employed by Adventist Medical Group with an estimate of about 300 active patients in my medical practice.

Based upon my experience as a physician, I believe the proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,

Maria Alba, M.D.



11161 New Hampshire Ave #201
Silver Spring, MD 20904
phone: (301) 593-6620

Jerome Schnapp, MD, FACP, FACC

Maria Alba, MD

September 13, 2013

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President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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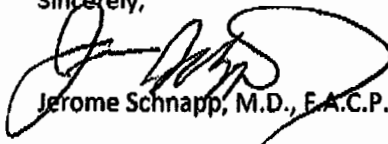
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Jerome Schnapp, M.D., F.A.C.P., F.A.C.R.



11161 New Hampshire Ave #201
Silver Spring, MD 20904
phone: (301) 593-6620

Jerome Schnapp, MD, FACP, FACR

Maria Alba, MD

September 13, 2013

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President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing Family Medicine Physician employed by Adventist Medical Group with an estimate of about 450 active patients in my medical practice.

Based upon my experience as a physician, I believe the proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,



Proshat Nikou, M.D.



**Adventist
Medical Group**

An Affiliate of GW Medical Faculty Associates



August 23, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing Internal Medicine/Wound Specialist, employed by Adventist Medical Group with 3000 active patients in my medical practice.

Based upon my experience as a physician, I believe the proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provide, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

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Sincerely,

Paul T. Wielebinski, M.D.

Adventist Medical Group
8807 Colesville Road, 2nd Floor
Silver Spring, MD 20910
301-608-3833

Orthopaedic Surgeons of Montgomery County

8830 Cameron Street, Suite 333
Silver Spring, MD 20910

August 23, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

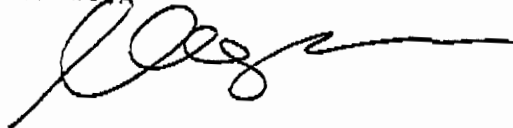
I am writing to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing Orthopaedic Surgeon, employed by Adventist Medical Group with 10,000 active patients in my medical practice.

Based upon my experience as a physician, I believe the proposal is a solid plan that deserves approval from State health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and more medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provides, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

Again, I reiterate my support for the hospital's plans and look forward to the opening of the new facility in White Oak and the continuation of hospital and health care services in Takoma Park.

Sincerely,



Christopher Magee, MD
Adventist Medical Group



SURGICAL CARE
at The Adventist Medical Group

7901 Maple Avenue, 1st Floor
Takoma Park, Maryland 20912
phone: 301.891.6000 fax: 301.891.6085

Bobby David, MD, FACS

Cynthia Plate, MD, FACS

H. Lyndon Marter, MB, ChB, FACS

September 13, 2013

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President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:


I am writing to express my support for Washington Adventist Hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing General Surgeon employed by Adventist Medical Group with over 3000 active patients in my medical practice.

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H. Lyndon Marter, MB, ChB, F.A.C.S.



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An Affiliate of GW Medical Faculty Associates

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at The Adventist Medical Group

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Bobby David, MD, FACS

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Bobby S. David, MD, F.A.C.S.



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Sincerely,

Cynthia V. Plate, MD, F.A.C.S.



Cardiac Associates, P.C.

Rockville • Olney • Laurel • Germantown

Dennis C. Friedman, M.D., F.A.C.C.
Gregory H. Fisher, M.D., F.A.C.C.
Robert L. Gold, M.D., F.A.C.C.
D. Leonard Griffen III, M.D., F.A.C.C.
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Michael R. Castine, M.D., F.A.C.C.
Alexander S. Asser, M.D., F.A.C.C.
Geetha F. Pinto, M.D.
Robert DiBianco, M.D., F.A.C.C.
Jason A. Badillo, M.M.S., PA-C
Paresh K. Visana, PA-C

September 20, 2013

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President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

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As you know, I am a practicing Cardiologist with 5,300 active patients in my medical practice and 60,000 in my group.

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Sincerely,

Thomas J. Odar, M.D., F.A.C.C.
Cardiac Associates, PC
15225 Shady Grove Rd #201
Rockville, MD 20850



Cardiac Associates, P.C.

Rockville • Olney • Laurel • Germantown

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Thomas H. Wang, M.D., F.A.C.C.

Randy Cohen, M.D., F.A.C.C.
Michael R. Castine, M.D., F.A.C.C.
Alexander S. Asser, M.D., F.A.C.C.
Jason A. Badillo, M.M.S., PAC
Paresh K. Visana, PAC

September 20, 2013

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President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Cardiac Associates, PC
15225 Shady Grove Rd #201
Rockville, MD 20850



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Thomas H. Wang M.D., F.A.C.C.
Cardiac Associates, PC
15225 Shady Grove Rd #201
Rockville, MD 20850



Cardiac Associates, P.C.

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Eric S. Tannenbaum, M.D., F.A.C.C.
Michael S. Chen, M.D., F.A.C.C.
Sean C. Beinart, M.D., F.A.C.C.
Thomas H. Wang, M.D., F.A.C.C.

Michael R. Castine, M.D., F.A.C.C.
Alexander S. Asser, M.D., F.A.C.C.
Geetha F. Pinto, M.D.
Robert DiBianco, M.D., F.A.C.C.
Jason A. Badillo, M.M.S., PA-C
Paresh K. Visana, PA-C

September 20, 2013

Joyce Newmyer
President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Joyce:

I am writing as a physician in the Maryland suburban region to express my support for Washington Adventist hospital's plans to develop a new facility in White Oak while retaining the existing Takoma Park campus for hospital and other health care services.

As you know, I am a practicing Cardiologist with 2,700 active patients in my medical practice and 60,000 in my group.

Based upon experience as a physician, I believe your proposal is a solid plan that deserves approval from state health officials as it is obvious that the hospital needs a new, more accessible campus with better parking and medical office space anchored by a new facility with private rooms and other necessary elements of a 21st century hospital. While the staff provides, and patients receive, excellent care at Washington Adventist Hospital, the hospital infrastructure is aging.

Washington Adventist Hospital is an important part of the health care system and a lifeline for thousands of people in the region. The sooner this is approved, the sooner the community can benefit from a 21st century medical facility.

Again, I reiterate my support for the hospital's plans and look forward to the opening of the new facility in White Oak and the continuation of hospital and health care services in Takoma Park.

Sincerely,

Michael R. Castine, M.D., F.A.C.C.
Cardiac Associates, PC
15225 Shady Grove Rd #201
Rockville, MD 20850



Cardiac Associates, P.C.

Rockville • Olney • Laurel • Germantown

Dennis C. Friedman, M.D., F.A.C.C.
Gregory H. Fisher, M.D., F.A.C.C.
Robert L. Gold, M.D., F.A.C.C.
D. Leonard Griffen III, M.D., F.A.C.C.
Richard I. Weinstein, M.D., F.A.C.C.
Thomas J. Odar, M.D., J.D., F.A.C.C.

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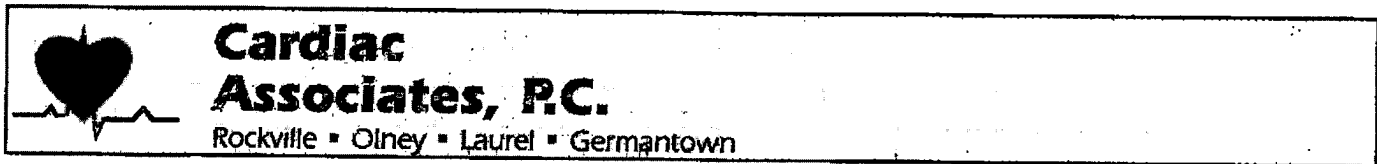
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September 20, 2013

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President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Sincerely,

Alexander S. Asser, M.D., F.A.C.C.
Cardiac Associates, PC
15225 Shady Grove Rd #201
Rockville, MD 20850

Congress of the United States
House of Representatives
Washington, DC 20515-2003
www.sarbanes.house.gov

September 27, 2013

Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215-2254

To Whom It May Concern:

I would like to offer my support for Washington Adventist Hospital's proposal to relocate to the White Oak area of Maryland.

Washington Adventist has provided high-quality healthcare services, including open heart surgery and cardiology, behavioral healthcare, emergency medical care, cancer care and maternity care, to a diverse population for years. However, due to the aging facilities in Takoma Park, the hospital's future is no longer viable at its current site.

The proposed location of the new hospital is immediately adjacent to the consolidated headquarters of the U.S. Food and Drug Administration (FDA). The partnership that Washington Adventist Hospital has engaged in with the FDA is articulated in the Memorandum of Understanding signed by both parties and has the potential to create new areas of medical research and discovery.

Washington Adventist Hospital has demonstrated its ongoing commitment to promoting the health and wellness of our residents and to improving access to health care for all. It is my hope that they will continue this strong commitment in a new location in the eastern part of Montgomery County.

I ask that you give the Certificate of Need application of Washington Adventist Hospital every appropriate consideration.

Sincerely,



John P. Sarbanes
Member of Congress

JPS/ar



OFFICE OF THE COUNTY EXECUTIVE
ROCKVILLE, MARYLAND 20850

Isiah Leggett
County Executive

September 10, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, Maryland 20912

Dear Ms. Newmyer:

I am writing as County Executive of Montgomery County to express in the strongest terms possible my full support of Washington Adventist Hospital's (WAH's) relocation to White Oak while continuing to offer healthcare services at its current campus in Takoma Park.

WAH has been in our community for over a century. The hospital provides high-quality healthcare services to the insured, underinsured, and uninsured and is a regional leader in providing charity care to those who need it most.

The residents of Montgomery County benefit from WAH's critical healthcare services including open heart surgery and cardiology, behavioral healthcare, emergency medical care, rehabilitation care, cancer care, maternity care, and many other services. WAH has demonstrated its ongoing commitment to promoting the health and wellness of our residents and to improving access to health care for all.

The location of the new hospital is immediately adjacent to the consolidated headquarters of the U.S. Food and Drug Administration (FDA). The partnership that WAH has engaged in with the FDA articulated in the Memorandum of Understanding signed by both parties. With a new hospital in close proximity to the FDA, the partnership will open up new areas of medical research and discovery. The new hospital is an important part of the East County Center for Science and Technology and the East County Science Master Plan. These Plans create tremendous opportunities for eastern Montgomery County to become a gateway for that which is steadily becoming the foundation for our economic future – biotechnology and life sciences.

I also appreciate WAH's commitment to continuing to provide high-quality healthcare services at its current location in Takoma Park. Ensuring that the Takoma Park campus continues to serve the population adjacent to that site is vital.

I proudly support your proposal to relocate the hospital to White Oak and look forward to working with you to make the plan a reality.

Sincerely,

Isiah Leggett
County Executive



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

September 20, 2013

Joyce Newmyer
President, Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer,

On behalf of the Montgomery County Council, my colleagues and I are sending this letter in support of Washington Adventist Hospital's relocation to the White Oak area of Montgomery County. Washington Adventist Hospital faces many challenges with modernizing their current facility and the community would greatly benefit from a 21st century hospital in White Oak.

Washington Adventist Hospital is a valued and respected health care facility that provides many different services and community benefits to residents in Montgomery County. A new hospital in White Oak will be a benefit to our residents because it will add accessibility, modern technology and the comfort and benefits of a brand new facility. In addition, your commitment to repurposing the current Takoma Park site to provide an array of healthcare services that will help Washington Adventist serve multiple communities in the eastern part of the county.

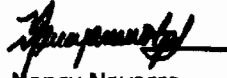
Locating Washington Adventist Hospital in White Oak is a good fit for the county's economic development and land use goals. The new campus will not only be accessible by public transportation, but will also be located off of major highways, which will improve emergency vehicle access. The County Council appreciates your efforts to work with us and the community in a manner that is consistent and true to the larger land use goals of the county.

The County Council is committed to expanding its life science assets, academic institutions and educated workforce into critical markets. The White Oak and Route 29 corridor redevelopment efforts are prime examples of areas that will shape the future of Montgomery County. The U.S. Food and Drug Administration (FDA) campus location in our county presents a truly unique economic opportunity for Montgomery County to be the gateway for food, drugs, and medical devices. The Washington Adventist Hospital relocation is a key component to realizing the potential of the area around the FDA in White Oak.

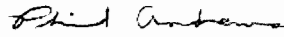
STELLA B. WERNER COUNCIL OFFICE BUILDING • 100 MARYLAND AVENUE • ROCKVILLE, MARYLAND 20850
240/777-7900 • TTY 240/777-7914 • FAX 240/777-7989
WWW.MONTGOMERYCOUNTYMD.GOV

Washington Adventist Hospital has over a century of history as a leader in ensuring access to care for all and is a vital asset to Montgomery County and the region. We support your proposal to relocate the hospital to White Oak and look forward to working with you to make the plan a reality.

Sincerely,



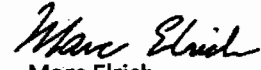
Nancy Navarro
Council President




Phil Andrews
Councilmember



Roger Berliner
Councilmember



Marc Elrich
Councilmember



Valerie Ervin
Councilmember



George Leventhal
Councilmember



Hans Riemer
Councilmember



September 16, 2013

The Honorable Isiah Leggett
County Executive
Executive Office Building
101 Monroe Street, 2nd floor
Rockville, Maryland 20850

Dear Mr. Leggett:

On behalf of the East County Citizens Advisory Board (ECCAB), I am sending this letter in support of Washington Adventist Hospital's (WAH) Certificate of Need application with the Maryland Health Care Commission to relocate its hospital to White Oak and to allow use of its Takoma Park campus to provide education, health and wellbeing. The hospital's medical campus relocation to East County has produced incredible support from individuals and organizations in our community. East County residents have repeatedly voiced their desire to have local access to advanced specialty services, comprehensive medical/surgical and emergency room services, and a need for a full-service hospital supporting efficient emergency transport times. For well over 100 years, WAH provided comprehensive high quality and critical health care related services to everyone in the community- the insured, uninsured and underinsured.

East County residents see this project as beneficial to the entire region and contributing to the economic growth of East County and beyond. We are encouraged by the hospital's current and long term vision for improving access to quality health care, setting higher standards for greater community engagement and overall community development.

Relocating Washington Adventist Hospital to White Oak will greatly enhance the County's planned world class Life Science, Education and Research Village development initiative in partnership with Percontee in the region. Also, the relocated facility will be strategically situated near the consolidated headquarters of the United States Food and Drug Administration (FDA), which continues to grow in many aspects with increasing benefits to the region. The partnership between WAH, the FDA and the Life Science Village will open new areas of medical research, discovery, funding, and cooperation that are critically important for protecting and promoting public health, innovation, and creating synergistic economic development. The entire region will benefit from this important affiliation.

ECCAB welcomes Washington Adventist Hospital's relocation plan and hope you will approve the Certificate of Need application.

Sincerely,

Peter Myo Khin
Chair, East County Citizens Advisory Board

cc: County Council members



THE MARYLAND GENERAL ASSEMBLY
20TH LEGISLATIVE DISTRICT

September 11, 2013

Joyce Newmyer
President, Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

RE: Washington Adventist Hospital Proposed Relocation to White Oak

Dear Ms. Newmyer,

The District 20 Delegation – representing Takoma Park, Silver Spring, Colesville, and White Oak in Montgomery County – is pleased to express its strong support of Washington Adventist Hospital’s plan to relocate to an expansive modern facility in White Oak.

The District 20 community comprises diverse constituencies with different health care needs. For over a century, Washington Adventist Hospital has demonstrated its commitment and ability to meet these many different and often serious needs. At the same time, we know that your hospital faces major challenges at its current location that must be addressed to ensure the long-term viability and effectiveness of your hospital’s health care delivery systems. The campus is currently located in the middle of a dense residential area, which restricts access, maneuverability and growth. However beloved, the current facility is also aging and inefficient for a full-fledged 21st-Century hospital.

Relocating the hospital to White Oak will solve many of the existing problems, and continuing to provide services in Takoma Park will work to meet the health care needs of our communities into the future. The new hospital’s close proximity to the U.S. Food and Drug Administration (FDA) affords the opportunity for significant partnerships and interaction.

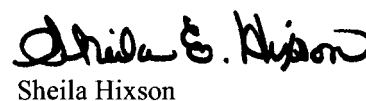
The hospital has had a long-term presence in Takoma Park and has become a meaningful asset in the community. We appreciate and strongly support the hospital’s plan to maintain various services on the Takoma Park campus into the future. The Takoma Park campus will feature a physician walk-in clinic, a federally qualified healthcare center, inpatient rehabilitation care, inpatient/outpatient behavioral health services, maternity care, and other healthcare services. We commend you on your efforts to ensure that the health-care needs of Takoma Park are met and for working with the community to address those needs even as you transition to the larger facility.

Your proposed relocation of Washington Adventist Hospital from Takoma Park to White Oak is clearly necessary to continue to carry out Adventist HealthCare’s mission, which continues to provide a significant benefit to our community. Thank you for your commitment to maintaining and expanding your presence in both Silver Spring and Takoma Park.

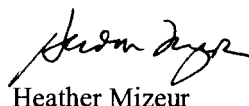
Please let us know if we can be helpful to your efforts.

All the best,


Jamie Raskin


Sheila Hixson


Tom Hucker


Heather Mizeur

JEFF WALDSTREICHER
18th Legislative District
Montgomery County

Judiciary Committee



The Maryland House of Delegates
6 Bladen Street, Room 221
Annapolis, Maryland 21401
410-841-1130 • 401-848-1130
800-492-7122 Ext. 1130
Fax 410-841-3233 • 401-848-1233
Jeff.Waldstreicher@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES

ANNAPOLIS, MARYLAND 21401

September 13, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

I am writing to share my strong support for the relocation of Washington Adventist Hospital to White Oak. The hospital is an important part of the local community and cares for many of my constituents in the greater Silver Spring area. Our community would benefit greatly from a modernized hospital in White Oak, particularly if certain basic healthcare services are retained at the existing hospital site in Takoma Park.

Washington Adventist Hospital provides crucial services to our community but its aging facility is challenging to expand and modernize. To remain viable in the future, the hospital must be allowed to move to White Oak. Members of our community, regardless of income, insurance coverage, or immigration status, deserve access to the quality care that only a modern health-care facility can provide.

The new hospital site is adjacent to the United States Food and Drug Administration (FDA) in White Oak. The hospital and FDA have already signed a Memorandum of Understanding and have begun a partnership to test medical devices and equipment in a real-world setting. This partnership is unique to our region and is an excellent example of utilization of our regional assets. As the FDA continues to expand, the new hospital opens, and other proposed development begins, White Oak will become a destination for the medical community, spurring greater economic development opportunities in Montgomery County.

I strongly support Washington Adventist Hospital's plans for a new state-of-the-art White Oak facility and I encourage you to move those plans from vision to reality. Please keep me informed on the status of the White Oak relocation. Thank you in advance for considering my views on this vital project.

Sincerely,

A handwritten signature in black ink that reads "Jeff Waldstreicher".

Delegate Jeff Waldstreicher



THE MARYLAND HOUSE OF DELEGATES

ANNAPOLIS, MARYLAND 21401-1991

September 2, 2013

Joyce Newmyer
President, Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear President Newmyer,

We write to express our support for the relocation of Washington Adventist Hospital from its current site in Takoma Park to a site near White Oak along the southern border of our legislative district. Washington Adventist Hospital is an important part of the community and the hospital's long term viability is essential for the residents in eastern Montgomery County.

The community is looking forward to having Washington Adventist Hospital come to White Oak. The population in our district is increasing, which creates new demands for healthcare. A modernized facility in White Oak will go a long way to providing high-quality healthcare to our constituents. In addition, several neighborhoods in White Oak, just to the south of the proposed hospital site, and in Fairland and Briggs-Chaney, to the north, have significant populations living in poverty and with inadequate health care. We believe that the proposed new Washington Adventist Hospital site will serve as a linchpin for efforts to address these unmet needs and reduce health disparities in the east county region.

Throughout the process of proposing the relocation, Washington Adventist has met with many community groups and gathered feedback to their new proposal. In addition to the services the hospital will offer in White Oak, the hospital has made a commitment to retain various services at their current hospital site. This demonstrates Washington Adventist Hospital's commitment to ensuring access to care for their current neighbors in Takoma Park.

It is also worth highlighting the location of the new hospital near the FDA campus. The close proximity will help make White Oak a center for innovation in the field of medical technology.

We encourage the Maryland Health Care Commission to approve Washington Adventist Hospital's relocation.

Sincerely,

Karen Montgomery
Senator, District 14

Anne Kaiser
Delegate, District 14

Eric Luedtke
Delegate, District 14

Craig Zucker
Delegate, District 14

September 12, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Street
Takoma Park, Maryland 20912

Dear Ms. Newmyer:

Re: *Certificate of Need* for New Medical Facility in White Oak

I support the application of the Washington Adventist Hospital (WAH) to the State of Maryland Health Care Commission for a *Certificate of Need* to build a new medical facility at White Oak. I was disappointed when the first plans did not receive the *go build* directive but pleased at the *try again* opportunity.

WAH has been the designated hospital for my family for over 48 years. I have experienced it as an inpatient, an outpatient and a visitor. Currently I accompany my husband to his appointments at Cardiovascular Consultants. The emergency room (ER) that was once efficient and comfortable is now overcrowded. In 2000-2001 I made quite a few trips to the ER. During one of them I spent thirty hours on a gurney, even dehydrated, before a hospital bed was found for me. One patient in the ER at that time checked himself out without seeing a doctor because of the overcrowding and waiting. After having open-heart surgery I took advantage of the Rehabilitation Clinic at WAH. It was excellent. However the time came that the Rehabilitation Clinic was reduced to minimal operation due to building space and parking shortages. Patients were directed to Holy Cross Hospital Rehabilitation Programs or to private gyms. It hurt.

The hospital road from Carroll Avenue to Maple Avenue supports outer-lane parking, pedestrian walking and vehicular traffic which includes emergency vehicles and buses. Walking or driving on the road requires continual vigilance and caution. The driveway to Cardiovascular Consultants has a dangerous egress and ingress which can be corrected only by acquiring more land. Exiting the road into Carroll Avenue has vision problems. To correct problems afore-mentioned, in addition to making WAH a top-notch health and medical facility would not be cost-effective on the Takoma Park site.

A state-of-art health and medical facility is a realistic expectation for the Bi-County patients of WAH. The population count is increasing and will continue to do so with the development of the Per-Contee and Montgomery County sites. In addition Maryland University is considering developing its golf course and the areas along the power lines from Adelphi Road to I-95 into high-density land useage. I commend WAH for partnering with the Federal Drug Administration and see future collaborations with medical and scientific organizations. The up-to-date information received from these collaborations may lessen the need for families to search online for medical data and cures or to minimize the number of times the patient is referred to a distant facility for evaluation and testing.

I now live at Riderwood Village with about 2,500 other elders. Many of us no longer drive. It would be helpful to have a state-of-art medical facility nearby. I still keep in touch with many of my former neighbors in College Park Woods. I'm sure they join me in supporting your application for a *Certificate of Need* to build a new medical facility in White Oak.

Sincerely,



Anna Latta Owens, Former Mayor
City of College Park
Residing at: 3156 Gracefield Road
Apt. 206
Silver Spring, MD 20904

cc: Sen. Mike Miller
Sen. Jim Rosapepe
Del's: Frush, Pena-Melnyk, Barnes
Mayor Andy Fellows, College Pk.

**3144 Gracefield Rd Apt 406
Silver Spring MD 20904
September 13, 2013**

Ms Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park MD 20912

Dear Ms Newmyer,

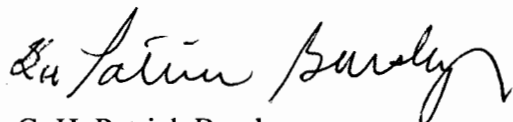
I was pleased to learn that Washington Adventist Hospital will renew its application for a Certificate of Need for a planned new facility in White Oak. I want to add my personal support for your plan that will provide a nearby full service hospital for many residents of eastern Montgomery County and northern Prince George's County. Particularly, my 2,500 fellow senior residents of the Riderwood retirement community will welcome an easily accessible state of the art medical facility.

It is clear that your current hospital and medical center operations are being constrained by your present facilities that are overcrowded and difficult to access by both emergency and non-emergency vehicles, as well as having insufficient parking and physician office space—circumstances that cannot be overcome in your present location.

I believe that the resources of your planned campus and its location will meet—and looking forward, will enhance—the surrounding community's health care needs now and well into the future. I understand, too, that Washington Adventist Hospital and the Federal Food and Drug Administration (whose campus is adjacent to your planned facility) are entering a collaborative partnership on medical and scientific issues. The resulting sharing of resources and talents can only add to the benefits your planned hospital will bring to the community and promote public health.

I applaud your effort to strengthen community health care in this part of Maryland and support your application for a Certificate of Need.

Yours truly,



G. H. Patrick Bursley

3142 Gracefield Road, Apt. 407
Silver Spring, MD 20904
September 11, 2013

Riderwood Executive Director

Dear Mr. Warner,

I delayed writing this letter while I considered whether the matter it concerns was sufficiently important to warrant it. I decided that as it concerns attitudes of a responsible staff member toward residents, that it should be written.

On Friday, September 6, my wife and I went to the Seasons restaurant for dinner at about 4: 15 PM. We were seated at a table for four people, but at the time of seating, we were the first two people at the table. Our waiter arrived promptly with water and bread, but did not take our orders then or return to take our order directly after leaving them. After a considerable wait, she finally returned, saying that it was restaurant policy to delay taking orders until all of the seats at the table are filled. She had returned because the seats were still unfilled, but the wait had been unusually long.

I considered the stated policy to be unsatisfactory, and asked to speak to the manager about it. The waiter soon reported that she had told the manager of my concern, and that he would come to the table. However, he did not do so.

After we finished our dinner about half an hour later, I spoke to one of the staff on the floor, and asked where the manager might be. He went to find the manager, and the manager, name tag , "Jerry," did come to the table. He defended the policy as a matter of efficiency, and said it was not subject to change. I asked why he had not replied to my original request, and he replied that it was his decision not to do so. Then he walked off.

The original matter is not a question of urgent needs on either side, but simply a question of whether staff convenience or resident convenience is to take precedence. My opinion is that resident convenience should have higher priority, but this letter would not have been written about it. The decision to ignore a resident's concern, and to display no apology or regret about the insult is a matter of more importance.

Sincerely,

Howard W. Kreiner

cc: RAC

Alan E. Mayers
3152 Gracefield Road #423
Silver Spring, MD 20904

September 13, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer,

I write to support your application for a Certificate of Need for the proposed White Oak facility of Washington Adventist Hospital.

I have been a resident of Riderwood Village for eight years, and have looked forward to having a hospital of the quality of Washington Adventist nearby. Of course, everyone would like to have a hospital virtually in his back yard, but that is not sufficient reason to proliferate hospital construction. The proposed relocation will be a benefit to the entire service area of the existing facility and beyond.

I have had an opportunity to observe the high quality of care rendered to patients at Washington Adventist even as it has outgrown its current physical plant. The plans for the new facility will permit Washington Adventist to support its staff in a manner consistent with their dedication and talent, and to provide the quality of care which meets the rapidly advancing state of the art. Furthermore, the proximity of the new campus to that of the FDA will facilitate the collaborative relationship of the two institutions.

Sincerely


Alan E. Mayers

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

With Washington Adventist Hospital's forthcoming application for a Certificate of Need for its planned new White Oak facility, I want to add my personal support of your plans which will be of such vital importance to so many residents of Prince George's and Montgomery Counties. Certainly, the 2,500 senior residents of the Riderwood retirement community will particularly appreciate the accessibility of such a new, and state-of-the-art, medical facility.

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Naomi MR Fuel
Mark S Fuel

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

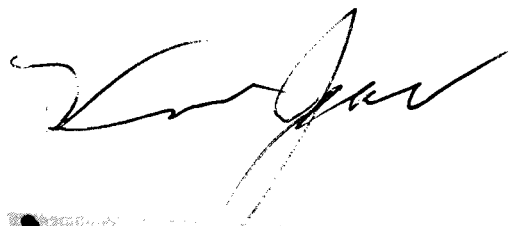
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Yours very truly,



Vincent Spar
3148 Gracefield Rd. Apt. 419
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Elizabeth Mac Anis

11/15/13

RIDERWOOD VILLAGE
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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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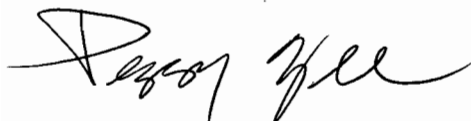
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Yours very truly,



PERRY ZEE



KING ZEE

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Raymond J. Rhine BG 417
not having a nearby hospital has
to me been a great inconvenience ~~to me~~
I used your Takoma Park facilities
numerous times over the years and have
always been impressed with services and
classes. Thank you!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

 Mr. & Mrs. Willard H. Marlow
Apt. CC 116
3118 Gracefield Road
Silver Spring, MD 20904

Willard & Mary Marlow

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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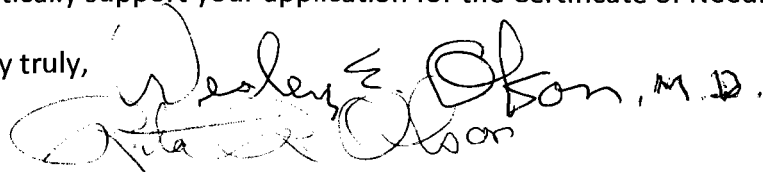
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Yours very truly,

 Wesley E. Olson, M.D.
Wesley E. Olson

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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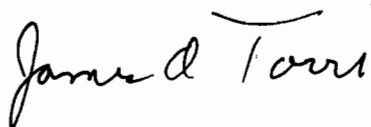
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Yours very truly,

A handwritten signature in cursive script that reads "James D. Touri". The signature is written in black ink and is positioned below the typed name "James D. Touri".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jean Emringer - BC 327
We really need this hospital

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

A handwritten signature in black ink, appearing to read "A. E. B. Myers". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

RIDERWOOD VILLAGE
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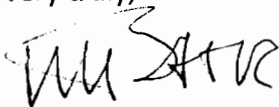
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TAMAR HENDEL APR HS. TZI

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Emily Bauer
3118 Grosvenor Rd
Silver Spring, Md. 20904

**RIDERWOOD VILLAGE
Silver Spring, Maryland**

September 3, 2013

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Washington Adventist Hospital
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Yours very truly,

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Joan Eisner
I am very much in support of the plans to build a new hospital so near to the Riderwood Village Retirement Community. There would be many advantages to me, and would give ~~us~~ me greater confidence in receiving advanced care, and also being able to receive doctors' visits to Riderwood. Residents at Victoria Place at Village Square

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mrs Dolores J. Dowling

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Rebecca and Alan Hedin

Major highways are frequently clogged causing delays in getting critical medical help. Having your hospital closer to our home would be a major community improvement.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Dorothy B. Maneri
CC-104

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Shirley L. Boettner
Erwin E. Boettner

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Kathleen L. Nifow
ca-317

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,



Ms. Gloria Sapiro
Apt. 323
3118 Gracefield Rd.
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Colin W. Conroy
Village Square
Park View ^{Apt.} 108

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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Yours very truly,

Ms. Helma Robinson

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Alice D. Grenier
Resident at Riderwood Village
3112 Bracefield Rd, Apt. 403
Silver Spring, MD 20904

I look forward to a quality hospital such as the Washington Adventist Hospital being closer to this neighborhood with great anticipation. I hope our prayers will be answered.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

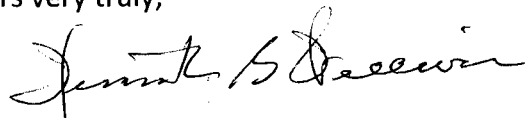
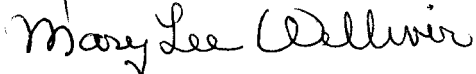
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Yours very truly,

As new residents, we are particularly reassured by this prospect

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Delphine Friend 4/7/13

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Elton E. Taylor

My entire family has benefited from the services of WAH over the years. Now that I am a resident of Riderwood I look forward to the security of knowing they will be nearby.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly, *Wilson Rowland*



PS RWV really needs WAH.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Claire Harway

*It would be beneficial
to have this hospital nearby.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

David E. Taylor
3118 Gracyfield Rd #408
S. S., MD 20904

God Bless you. I wish you well.
7/25

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Seymour and Shirley Mickenberg

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Silver Spring, Maryland

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jessie M. Helton

Sept 3rd
2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Washington Adventist Hospital
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Yours very truly,

Lorraine DeFeter

*We really need you close by
Please, please!*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Ardenic Butcher

It would be a great addition to the area

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Patricia [unclear]

PV 323

[unclear]

The care at Washington
Adventist is the best in the
area. I had 4-way bi-pass
there and have had no
follow-up problems.

E. J. Boyle

P.S. Hurry up! In
86 on the 24th of
September!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Mary G. Young

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Jane D. Breen
PV 507
Riderwood Village

The location and services provided by a new Washington Adventist Hospital would be gratefully helpful to all at Riderwood.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Anna Thomas - My family and I have received care at WAH for over 30 years. Several times emergency care was necessary. It was most certainly an advantage to live close to the hospital. I know first hand the quality care given by WAH and would be much relieved knowing that care could be available to all at Riderwood and the entire community.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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Yours very truly,

James J. and Jane A. Mihalik

Route 29 and Four Corners are both so congested that it takes so long to drive from this part of the county to Holy Cross. We really need a hospital in this area.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

As the population in this area continues to increase so does the requirement for hospital support. I pray/trust that your application for the new White Oak facility will be approved.

Earl E. Jamison

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Ruth Sugarman

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,




RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Sarah A. Hipps

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script that reads "Opal Waggoner". The signature is written in black ink and is positioned below the typed name "Opal Waggoner".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary L. Clement

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

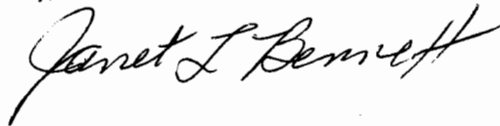
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Yours very truly,

A handwritten signature in black ink, reading "Janet L. Bennett". The signature is written in a cursive style with a large, prominent initial "J".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

Michael D. Pallen

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Florence V. Dacek

CL309

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Bettie M Young

Bettie M Young

3142 Gracefield Road
Madison Green 502
Silver Spring, MD 20904

my husband had a 5-way hipers at your Takoma Park hospital some years ago. He received excellent care. But going there to visit him, parking, etc was very inconvenient. It would be wonderful to have your chairs.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Brian Bellman

Apt.
MG TO2

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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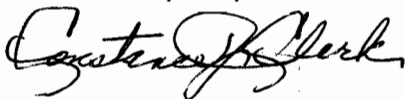
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Yours very truly,



*P.S. I have used Washington Adventist Hospital for all my hospitalizations for the past forty years. My husband, Russ Clark, felt that you got better attention in that hospital. He was a pediatrician who cared deeply for his little charges. Each
(over)*

time I was hospitalized, I felt that the
staff truly cared; that helps you get
better faster!

Thanks, WAH! I hope we get the
new hospital approved soon

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Beatrice R. Sejsman
MG 510

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

James R. Wight
02409
RWI

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly, AL BADER

A handwritten signature in cursive script, appearing to read "Al Bader".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Rogers F. Deasley
President
Madison Green
Apt 503
301 890-0710

I have been a patient at WAH and the services were exceptional. The nurses were competent, cheerfull, and empathic.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

John W. Swartz 9/9/13
the parking and the walking to the particular destination
HS
611

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Mary L. Butler

*We all need a closer hospital for
emergency care and visitations.
Please approve this request!*

**RIDERWOOD VILLAGE
Silver Spring, Maryland**

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Maureen Sheelabergen

MG 402

*As both a patient and supporter
I enthusiastically endorse the
application. As a former Board member
of a New York State hospital I offer
my support in any manner needed*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Natalie Paine

*Please help us get this hospital
which we desperately need!*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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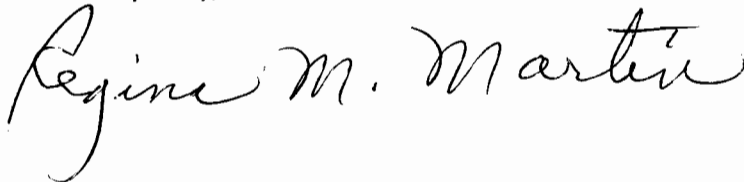
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Yours very truly,

A handwritten signature in cursive script that reads "Regine M. Martin". The signature is written in black ink and is positioned below the typed name "Regine M. Martin".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

Richard T. Staegle, Jr.
Ann K. Houghton

People in our community are elderly and require hospitalization far more frequently than the general population. A near-by hospital would be used and greatly appreciated. We are good citizens and volunteer in many capacities in the community at large and we are voters because we care deeply about our community.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

Nancy W. Mulder
3142 Gracefield Rd.
Apt. 106
Silver Spring, Md.
20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,


(Sulocha Fernandez)

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,


Gregory Fernandez

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

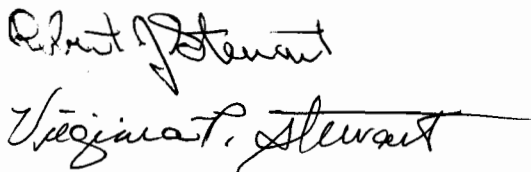
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Yours very truly,


Virginia P. Stewart

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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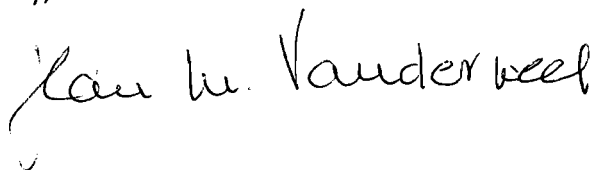
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Yours very truly,



Jan W. Vanderbeek

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Rosemarie S. Sorber
F16410, RIDERWOOD
VILLAGE

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink, reading "Margaret C. Rock". The signature is written in a cursive style with a large, prominent initial "M".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Deity C. Jones
Dr. Anthony L. Jones

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

N. GRACE HARR
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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Laura Sykes

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script that reads "Barbara Baskerville". The signature is written in black ink and is positioned below the typed name "Barbara Baskerville".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mr + Mrs Louis + Antonio Licolzi - Apt. M.S. 415
Louis A. Licolzi Antonio M. Licolzi

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Naomi E. Miller
3156 GRACEFIELD RD. # 02106
SILVER SPRING, MD. 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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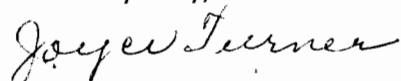
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Yours very truly,

Frances Spies

RAC Inc, print deck

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Clare DeFonzo, MS-208

9/8/2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

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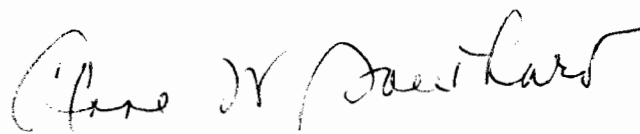
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,



Having had two babies in Adventist hospitals in Tokyo, I can vouch for the care and professionalism of Adventist ^{all phases of} medicine. Their contribution to the medical world is notable. I look forward to having an Adventist hospital in their location.

Ann Southard

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Catherine Jordan

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,


MIRIAM GULDIN

MEADOWBROOK SQUARE #370
3152 GRACEFIELD RD.
SILVER SPRING, MD

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary Joan Kamprad

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Shirley M. Godlove
3158 Gracefield Rd Apt # 301
Silver Spring MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

Jerry F. Bollone
3158 Gracefield Rd Apt 301
Silver Spring MD 20904

RIDERWOOD VILLAGE
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Yours very truly,

Vivian O'Neill Kendrick

This whole area is desperate for a hospital closer. Not just Riderwood but this whole area needs your hospital.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Selma Kamin

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

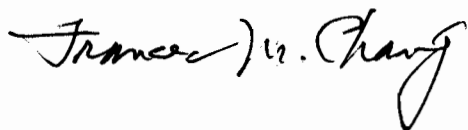
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Yours very truly,

A handwritten signature in cursive script that reads "Frances M. Chang". The signature is written in black ink and is positioned below the typed name "Frances M. Chang".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Anne M. Hillman Riderwood FC 321

I have been in hospital several times in my nine years at Riderwood - three times critical. In 70 years old now and would greatly benefit the planned new White Oak facility. I have heart conditions as well as other problems.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,



Susan J. Corneau

P2: Recently I had surgery and radiation at Washington Adventist Hospital. The physicians and staff I dealt with for both the surgery and radiation were excellent. I was eligible for a new and aggressive radiation series of two treatments each day which was available at WATH. It would be very helpful to the people who use WATH if there was a new facility located on a larger tract of land to provide adequate space for staff, patients, and visitors.

Susan J. Corneau

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,



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Yours very truly,

Leroy W. Gardner
(Forest Crossing #503)

I had two major surgeries at WAH and found nothing but kind, attentive care by the employees there. I would like to see the new hospital built just exactly where it has been planned to be built. *LWS*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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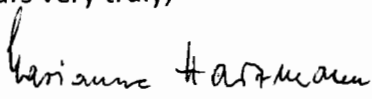
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HG 404

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

*Elaine and Marvin Wunderlich
3148 Gracefield Rd, Apt. 425
Silver Spring, MD 20904*

*Having a high quality hospital so close by would
be a big help for our residents.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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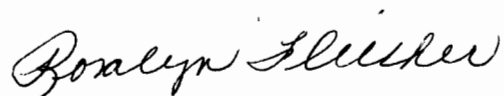
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Yours very truly,

 
F.W. GETTLER, JR. AND MARYJANE GETTLER

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink, appearing to read "Robert J. Kasser". The signature is written in a cursive style with a large initial "R".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Jessica P. Simano

WE SINCERELY HOPE THAT WAH WILL BE APPROVED
FOR THE LOCATION NEAR RIDERWOOD VILLAGE,
THE BENEFITS TO USE WILL BE GREAT!
THE CONVENIENCE AND QUICK ACCESS TO THAT LOCATION
WILL CERTAINLY HAVE AN IMPACT ON THE OUTCOME OF MANY CRITICAL MEDICAL
SITUATIONS,
GOOD LUCK IN THIS ENDEAVOR.

JL

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

John A Davidson and Suzonne M. Davidson
P.S.
We are longtime users of Wash. Adventist Hospital. Our children were born there and we have had surgeries performed there. We would really appreciate it if it were closer so our Drs. would go there and long ambulance rides would not be needed (endured).

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Reva Blanton
OP-308

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

*This would be a very good thing
for all residents here at Riderwood.*

Handa Zebrowski

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Ernest M. Owens

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,


MS 317

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Stanley Reola
I heartily agree with this!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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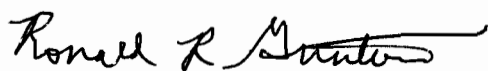
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HG 108

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

EM. Gueganman

Does anyone doubt that we (USA) will need more of such facilities as the population ages?

RIDERWOOD VILLAGE
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September 3, 2013

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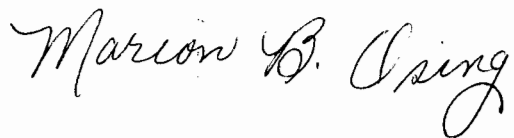
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Yours very truly,

A handwritten signature in cursive script that reads "Marion B. Cring". The signature is written in black ink and is positioned below the typed name "Marion B. Cring".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

With Washington Adventist Hospital's forthcoming application for a Certificate of Need for its planned new White Oak facility, I want to add my personal support of your plans which will be of such vital importance to so many residents of Prince George's and Montgomery Counties. Certainly, the 2,500 senior residents of the Riderwood retirement community will particularly appreciate the accessibility of such a new, and state-of-the-art, medical facility.

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Emily J. Meyers
3152 Gracefield Rd, #423
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

~~Francis G. ...~~

Marilyn Rodenheiser

HG-219

September 14, 2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Nancy A. Ferrant

*I grew up in Takoma Park and the hospital served
our family well. As an adult I had a baby
there and surgery for a ruptured appendix.
You saved my life!! It will be nice to
welcome you to my new home at Riderwood*

Nancy

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jane B. Thomas

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Helen F. Leavitt
Orchard Point, Apt. 503

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

A handwritten signature in black ink, appearing to read "Ray Murto". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

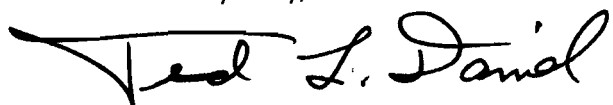
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Ted L. Daniel

P.S. - We greatly need the new White Oak hospital and sincerely hope that you will be permitted to build this hospital.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Richard B. Metz
Patricia M. Metz

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

This new facility is urgently needed. Emergency Rooms already existing in the area are often overcrowded, delaying care at times when it is often most critical. You have my "vote" and full support for the establishment of the new hospital.

Regards,

Boleslaw Margel

HUNTER GLEN 210

RIDERWOOD

3154 GRACEFIELD RD.

SILVER SPRING, MD 20904-0806

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Vincent M. Cingiano
MS 522
Riderwood Village, Inc.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

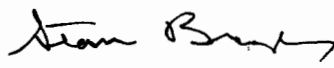
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Yours very truly,


HG 118
Riderwood Village

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Anne R. Johnson

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

William V. Johnston
CL 322

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Blenda Kucera

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Susan M. Rogers
3148 Gracefield Rd, #615
Silver Spring MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Virginia M. Goebeler

CL 102

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

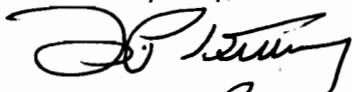
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Yours very truly,



Thomas P. Kelley

3142 Greenfield Rd Apt 117

Silver Spring, Maryland 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Nazan H. Fountain

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Bonita L. Baker

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,


GORDON HAWKINS

Beverly Hawkins
(Beverly Hawkins)

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

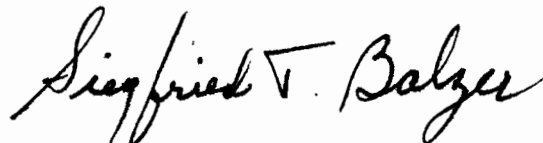
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script that reads "Siegfried T. Balzer". The signature is written in dark ink and is positioned below the typed name.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Ferdinand Lemus

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Dora Lemus

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Dora J. Kinn GV323

THE MAJOR CONSIDERATION FOR MOVING TO RIDERWOOD WAS THE ANTICIPATED ACCESSIBILITY OF THE NEW HOSPITAL, IT WAS ENFORCED SHORTLY AFTER MY MOVE TO RIDERWOOD WHEN I NEEDED MEDICAL ASSISTANCE, AND I EXPERIENCED THE TRAVEL TO THE CLOSEST FACILITY, INCLUDING TIME AND DISTANCE, WHICH IN EMERGENCIES ARE VITAL!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Dolores M. Simpson
Riderwood Village 315 B v

It would be extremely beneficial for my health, and the Riderwood community, to have a hospital closer to us and reached more easily than we have at this time.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Lila F. Rosloff



RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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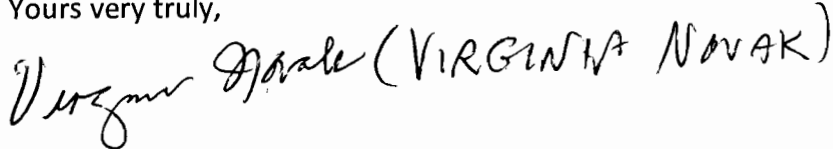
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Yours very truly,

 (VIRGINIA NOVAK)

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Olivia M. Adams (CT 2/10)

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Virginia R. Cushing

*I had to travel to a hospital (by Taxi)
somewhere in herten (?) because
Holy Cross hospital was "full".*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jeanette Johnson

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mrs. Mary A. Martin
HS-206

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Robert Dwyer
3122 Graceland Rd, Apt 611
Silver Spring, MD 20907

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mildred Hauser — *Arnold Hauser*

It would mean a great deal to people who do not have transportation. The newness would help in addressing emergency situations.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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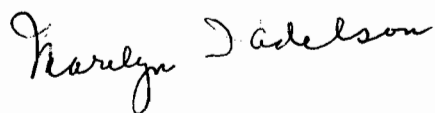
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Yours very truly,

Marilyn J. Adelson

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Gail P Boyer
3122 Gracefield Rd. APT 611
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Margaret K. Howells
3126 Gracefield Rd BG 405
Silver Spring MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Evelyn R. Blaes

This facility would be an enormous benefit to the Riderwood community specifically and also to the local areas of Montgomery and Prince George's County.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Mrs. Mrs. Lewis Brothke

P.S. As residents of Montgomery County for many years, we've had many opportunities to use your fine facilities. Now that we are retirees, we would certainly welcome your fine facility into our neighborhood. We hope that happens.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

KATHRYN L. OWINGS
VP402

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Margaret Schell

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink, reading "Joseph G. Valente". The signature is written in a cursive style with a long horizontal flourish at the end.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

With Washington Adventist Hospital's forthcoming application for a Certificate of Need for its planned new White Oak facility, I want to add my personal support of your plans which will be of such vital importance to so many residents of Prince George's and Montgomery Counties. Certainly, the 2,500 senior residents of the Riderwood retirement community will particularly appreciate the accessibility of such a new, and state-of-the-art, medical facility.

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Yours very truly,

Marguerite R. Moore
PVIIB

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Myrtle E. Burke

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Marian Bellama

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Martie M. Piper

Two or three years ago, my brother-in-law Frank N. Piper, of Takoma Washington, ~~at~~ nearly - four years old at the time, became ill while visiting in our area. He was rushed to your hospital where he was successfully treated and remained for a 7-day recuperation. His children from Portland, Oregon and Takoma, Va. were with him after rushing to his side. They were so impressed with the science and the tender loving care of WAH.

Mr. Joyce Newmyer
Washington Adventist Hospital

1/0 Jim Harris
Ridgewood

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jacqueline C. Freeman
JP 104

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Betty V. Morgan

*Having lived in T.K. Park &
raised my family in Adelphi
I have benefitted greatly from
the expert & compassionate care
received (by) at WAAH*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Shirley James

Preston R. James

This is so needed by both Counties.

The fact that invasive heart procedures can be performed here is such a plus.

We absolutely support this effort to strengthen our community.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Esther C. Namer

3112 Krasnick Road apt 408

Silver Spring MD 20904

September 4, 2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Anna Mae Nairn
3116 Brookefield Rd., #117
Silver Spring, Md.
20904-7892

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary F. DiBlasi

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Faithful S. Washburn
3144 Gracefield Rd. #114
Silver Spring MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Wang T. Wallace

R. J. Wallace C 41502

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Helen L. Jacik

Your new hospital and Medical Center would certainly be a welcome addition to this area, — helping to meet the needs of many of its citizens. Thank You!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Robert E. Playinger
Joan H. Playinger

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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Yours very truly,

Bette B. Peake
Riderwood
Apt. CL-519

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script, appearing to read "Shirley L. Lipp". The signature is written in black ink and is positioned below the typed name "Yours very truly,".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jessie H. Hanagan

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

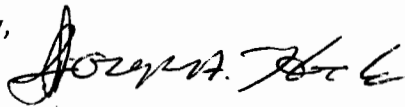
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Yours very truly,



Three of my current Doctor's are in WAH BUILDG'S in Tokemia Park. A cardiologist, Pulmonologist and Nephrologist. It would be to reduce my travel time. Please grant WAH all necesary permits,

Joseph W. Hoke

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Floyd L Bauer
apt. PV 618
3112 Bracefield Rd.
Silver Spring MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Barbara Foresti (CC 119)

I am delighted to express my continued support for the new Washington Adventist Hospital. As a former resident of White Oak I actively participated in the Citizens Advisory Committee for the 1997 area Master Plans. I was invited to attend the Community Outreach meetings held by the Hospital to explain their plans and discuss the process.

Now, as a Riderwood resident, I appreciate the opportunity to follow the progress of this very important development in our area. The need for the hospital exists and the location of Riderwood should provide the clear proof that the state needs to issue the Certificate of Need.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Lottie B. Cantey

WC
2004/1

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script that reads "Catherine Pasternak". The signature is written in black ink and is positioned below the typed name "Catherine Pasternak".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Teresa G. Elliott

- Last month I chose Holy Cross Hospital for my operation. The facilities in Takoma Park are dated and worn. I hope your White Oak facility will be a reality soon.

[Signature]

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

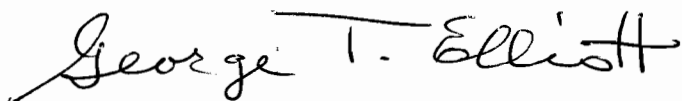
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Yours very truly,

A handwritten signature in cursive script that reads "George T. Elliott". The signature is written in dark ink and is positioned below the typed name "George T. Elliott".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Donald L. & Elizabeth J. Meyer
354 Grassfield Rd Apt 313
Silver Spring, Md 20904

P.S. Not drafted by us, but fully represents our feelings and support for your endeavor.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Margaret H. Long



Margaret Long
3158 Gracefield Rd Apt 404
Silver Spring MD 20904-0819

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mr. and Mrs. Robert J. Martens

*This is of vital importance to this
Community and to the future of W.A.H.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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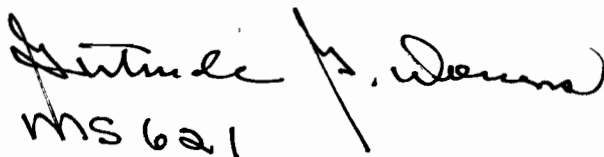
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Yours very truly,


MS 621

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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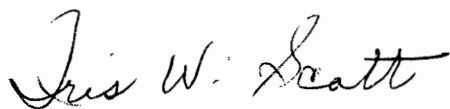
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Yours very truly,

A handwritten signature in cursive script that reads "Iris W. Scott". The signature is written in black ink and is positioned below the typed name "Iris W. Scott".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script that reads "Robert H. Dearfield". The signature is written in black ink on a white background.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Beatrice E. Garner

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,



RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
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7600 Carroll Avenue
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Yours very truly,

Shirley R. Dearfield

The Washington Adventist Hospital move to the White Oak area will add a state of the art facility and be an added dimension, particularly in Cardiology, to the health care for the community.

I strongly support the move of the WAH to the White Oak area.

[Signature]

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 1, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in black ink, appearing to read "James R. Thomas". The signature is written in a cursive style with a large, stylized initial "J".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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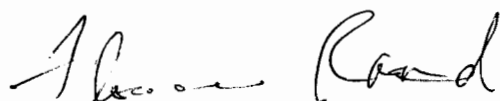
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Yours very truly,

A handwritten signature in cursive script, appearing to read "Thomas R. Bond".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Malcolm D. Rust, MD

*I particularly appreciate the expectation
that the new hospital will provide all
services. MDR*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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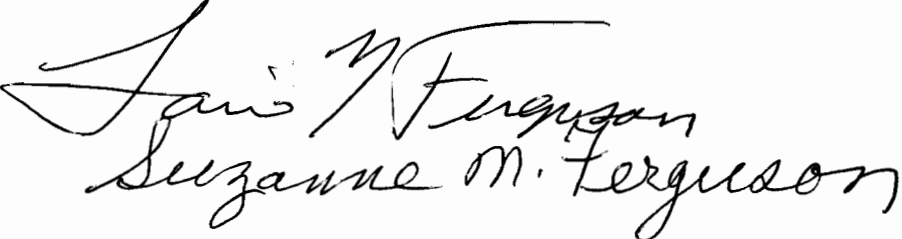
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Yours very truly,


Suzanne M. Ferguson

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Joseph & Betty Thomas

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mercedes & Courtney Kirk

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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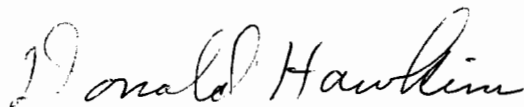
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Yours very truly,

Donald Hawkins

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Gwyneth D. Dunn

*Most of my medical records since 1950 are
at WAH in Takoma Park.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

*How exciting! We really
need a facility close to us.*

Kay Davis
Mark Davis

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Daniel Resonator
Harold Raelly

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Mary Ruth Stultz
3116 Peacefield Rd. Oct 219
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Hanako T. Hirose

*Over-crowded condition in area hospitals is not acceptable.
We need WAH as our elderly group is "booming" - we're not getting younger.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

William E. Conner

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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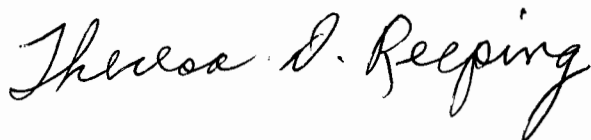
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Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Ellen G. Dawson

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mr & Mrs. George Gray

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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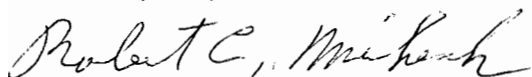
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Yours very truly,



Robert C. Mikesh
3116 Gracefield Road, Apt. 418
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Elizabeth R. Foreman
3118 Gracefield Rd.
Apt. 312
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary D. Geiter
9/5/13

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Gertunde M Cahill

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Silver Spring, Maryland

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Yours very truly,

Phia Cooper

*A HOSPITAL IS URGENTLY NEEDED CLOSER TO OUR
COMMUNITY. IT COULD MEAN THE DIFFERENCE
OF LIFE OR DEATH FOR SOME OF OUR RESIDENTS -
DUE TO THE TIME IT TAKES NOW TO GET TO
A HOSPITAL.
RL*

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Kathleen M. Becker
Howard M. Becker

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Silver Spring, Maryland

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Yours very truly,

Audrey G. Beck
3112 Gracefield RD # PV516
Silver Spring, MD 20904

I have received excellent treatment at your Takoma Park location - but the White Oak facility would be closer & more accessible.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Margaret Coco

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,


PV 613

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jean W. Morgan
Silver Spring, MD

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

William J. Barton

Garden View #126

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Harold J. Winters

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Gerald J. Bow, APT VP319

Although I am a relative newcomer to Riderwood, the value to this community of a new hospital, as proposed, is quite apparent to me. Good luck.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

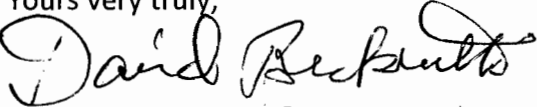

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Takoma Park, MD 20912

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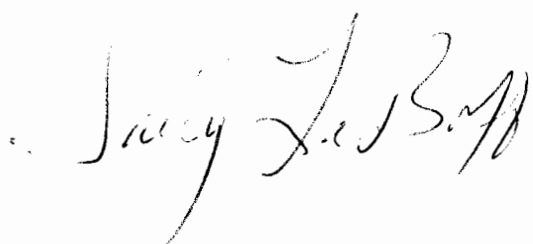
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,



WC-317

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Dorothy E. Sajourner

CC 413

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

William R. Partridge

My wife and I currently or recently have had to go for specialized services to:

Baltimore

Columbia

Orney

Silver Spring

Laurel (emergency by ambulance)

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Shirley G. White Some new & some new of many
residents of Riderwood who are hoping to have the new
hospital to be put in our area + hope it will all
happen -

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary W. Carnahan

My husband has always had excellent care at your hospital where he received a double bypass & valve repair plus his first pacemaker in June 2005 & later ER visits. It would be so nice to have a hospital I could walk to if a ride wasn't available! Currently I still drive but at age 84 that is iffy for the future. Parking at Holy Cross is a nightmare or costly

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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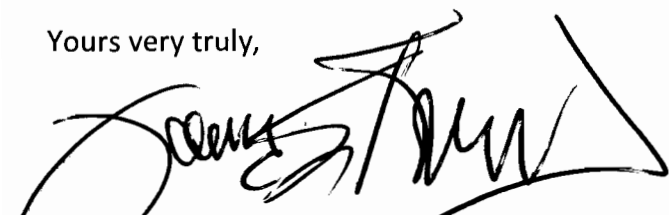
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Yours very truly,


Jim Kennedy



RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

William G. McHenry CT-311 9/5/13

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Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Gertrude Niciaoshi
3116 Gracefield Rd
Silver Spring Md
20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mr. and Mrs. Richard J. Deily
3112 Gracefield Road, Apt. 308
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,



Riderwood Resident

CC # 405

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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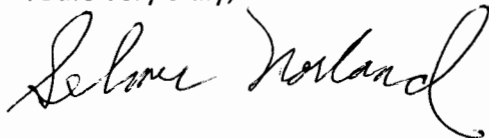
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in black ink, appearing to read "Selma Norland". The signature is written in a cursive, flowing style with a large initial "S".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly, *Bernardine Galloway*

Holy Cross Hospital is currently the closest to Riderwood Village, but it often happens that they are full to capacity and so Riderwood residents are taken by ambulance to hospitals at greater distances. On one occasion I was taken to Montgomery General in Olney, only to be transferred to Suburban on the following day for angioplasty. Not very efficient.

RAC Box

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script that reads "Nancy Abel".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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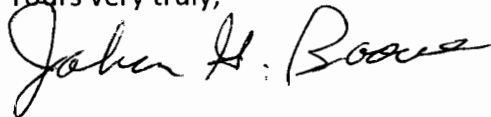
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RIDERWOOD VILLAGE
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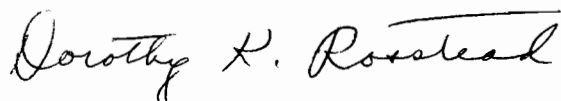
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Yours very truly,

A handwritten signature in cursive script that reads "Dorothy H. Rosstead". The signature is written in black ink and is positioned to the right of the typed name "Dorothy H. Rosstead".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Barbara Strued

*Some of our students in nursing programs will welcome
~~the~~ seeing WAH as a possible future employer using
their skills dealing with the "geriatric set" @ Riderwood.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Phyllis M. Nersey

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

James and Bernice Shoak
111310, Riderwood Village
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

The addition of this facility (WAH) will be extremely important, not only to the Riderwood community, but also the entire area. Betty M. Robb & George M. Robb

The Robbs
3118 Gracefield Rd, #CC501
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Edw. & Mrs. Edward B. Hundon III

Lots of heart patients need your Hospital!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Frederick B. ...
Chairman

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Jean Kester
USCQ # VP 210
Riderwood

P.S. We need the many special services you'll provide our residents. Your proximity will be great!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Esther M. McLeure
Riderwood Village
Parkview T03, V5g
Silver Spring, MD 20904-1860

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Albert Haslam PV 219
I am greatly in favor of this
Hospital.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

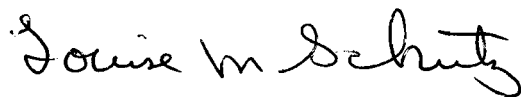
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Yours very truly,



RIDERWOOD VILLAGE
Silver Spring, Maryland

PV T08

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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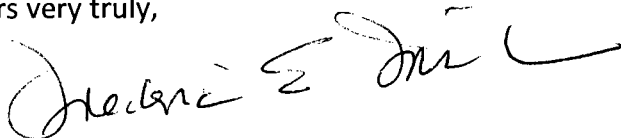
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Yours very truly,


Jeanette R. Irish

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink, appearing to read "Zora Kemp". The signature is written in a cursive, flowing style.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

E. Poise *Qch h* *a m r m e r*
7 U *3 0 1*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mrs. Majaria Downey
PV-306

*I will pray
that Maryland
"Cent. of Health" list space
will have a list space
your for your hospital*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Jerry Takahashi

I can personally vouch for the Adventist Hospital by having lived on Sligo Creek Parkway for 25 years prior to moving to Riderwood Village.

JT

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Catherine J. Fookes CC412

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,


Paul Buck

Arlene K. Buck

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

Ms. Alice McKeon, TV607

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

James B. Buford
3118 Gracefield Rd. Apt. 214
Silver Spring, Md. 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Dorothy Gardner Burford
3118 Grassfield Rd. Apt 214
Silver Spring, Md. 20904

*I had many weeks of hospital & home care
recovering from a bump on my right leg.
Having the hospital close helped in recovery
which was really great in time and care!*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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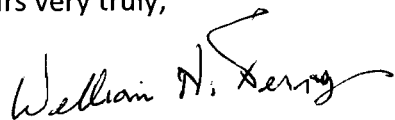
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Yours very truly,



William H. TERRY
WALDEN COURT, APT 510

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script, reading "Carl J. Schram". The signature is written in black ink and is positioned below the typed name "Carl J. Schram".

RACIBOX

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
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Yours very truly,

Mrs. Dorothy Maurey
CCT 18- Riderwood Village

P.S. Having ~~rep~~ used your facilities many times over the years, I fully support all efforts to build your new hospital!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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Yours very truly,

A handwritten signature in cursive script that reads "Carol Joseph Watson". The signature is written in black ink and is positioned below the typed name.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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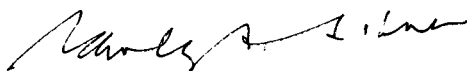
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Yours very truly,



J. e. v.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

John T. Hart
John T. Hart
WC 519

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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Yours very truly,



P.O.A. for Mary Read
P.V. 614

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Richard A. Vayhinger, CCT-10

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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Yours very truly,

Audrey Luken
FR 320
3146 Gracefield Rd
Silver Spring MD
20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Evelyn Stadler

*I hope this project can be accomplished
in the near future.*
E.S.

EVELYN STADLER
3116 GRACEFIELD RD. VP202
SILVER SPRING, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Lynette + Robert Doyle
3142 Gracefield Rd, #103
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

2,400 people averaging 85 live within a mile of this proposed site. Proximity could be a lifesaver in case of a stroke or heart attack.

*Janet H. Spalding
Bernard Spalding*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary Jane Jessup
Peter E. Jessup

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Eleanor Oppenheimer - C L T O Y

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

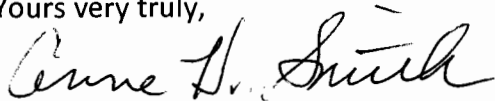
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RIDERWOOD VILLAGE
Silver Spring, Maryland

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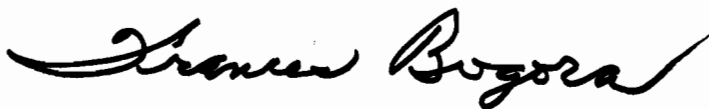
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in black ink, reading "Steven Bogora". The signature is written in a cursive style with a long, sweeping underline.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Norma Jarbus
Apt. PV 321

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Sylvia Fraser
I agree with all the above, sincerely.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Arlene Stern

*They have an excellent
Behavioral Medicine department.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Glenna P. Lee
3146 Gracefield Road, Apt 317
Silver Spring, Maryland 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Kenneth William Lee
3146 Grassfield Rd. Apt 317
Silver Spring, Md 20904

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Silver Spring, Maryland

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Yours very truly,

Robert P. Finzel
3116 Gracefield Road, Apt. 407
Silver Spring, Md. 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

Janet Abe

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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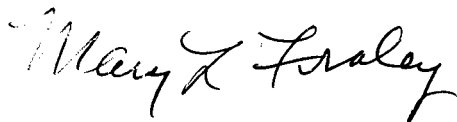
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script, reading "Mary K. Fraloy". The signature is written in black ink and is positioned below the typed name "Mary K. Fraloy".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Theresa E. Stripling
CT411

REC Box

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Kenneth J. Richards 37316

We really do need a hospital closer to Riderwood

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Gregory Mitchell
John Mitchell

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

John B. Wachtman

3122 Gracefield Road Apts 111
Silver Spring MD 20904

Over the year I have worked
as a volunteer aide at three hospitals
and I know first hand about the
great need for and value of such
facilities as you plan.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Yours very truly,


9/7/2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Patricia Rogers

*P.S. On numerous occasions my husband was
rushed to ^{and during rush hour} Holy Cross. How much easier & safer it
would have been had your hospital been available.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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Yours very truly,

Margaret S. Wilson
CT-407

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

9/9/2013 Riderwood has over 2,000, people living here, We need your state-of-the-art hospital and medical center now and in the future.

Sally Kreisberg
HS.T16

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary M. Jassac
3122 Gracefield Road
Silver Spring, MD 20904

RAC

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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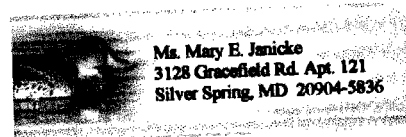
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Yours very truly,

Mary E. Janick



Ms. Mary E. Janick
3128 Gracefield Rd. Apt. 121
Silver Spring, MD 20904-5836

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Barbara B. Nichols
9-5-13

1. When in the hospital I definitely felt more secure when my own physician attended to me.
2. I always found my stay in the hospital more pleasant and quieter when I had a private room.
3. Inadequate parking^{has} always been a problem for me, my family and my friends.
4. I had hoped to a new campus near Riderwood.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Denerviere S. O'Toole

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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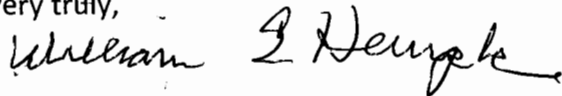
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Yours very truly,



RIDERWOOD VILLAGE
Silver Spring, Maryland

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7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Ellen S. Williams
3124 Gracefield Rd
Apt 325
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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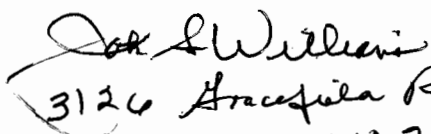
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Yours very truly,


3126 Aracefala Rd.
Silver Spring, MD 20904
86-325

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Kathryn F. Waesche

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Francine Richter
Stanley Richter

9/9/2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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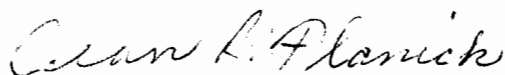
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Yours very truly,



F

Jean Flanick
3122 Gracefield Rd.
Apt. 105
Silver Spring, MD 20904-5801

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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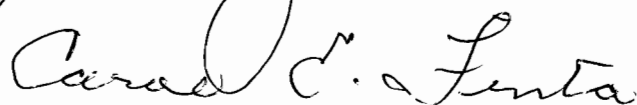
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Yours very truly,



Robert J. Linta



Carol D. Linta

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

William and Virginia Marx

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,



*I strongly support the presence of Washington
Adventist Hospital at the juncture of Montgomery
and Prince George's Counties -*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
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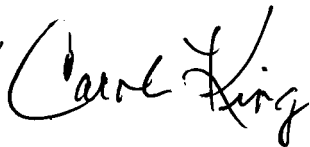
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in black ink that reads "Carol King". The signature is written in a cursive style with a large, prominent initial "C".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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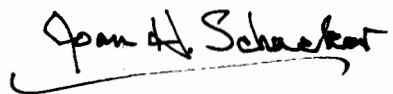
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Yours very truly,

A handwritten signature in black ink that reads "Joan H. Schaefer". The signature is written in a cursive style with a long horizontal flourish underneath the name.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Walter T. Klingner
Mary Klingner

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Alicia Anderson CT 515 Riderwood Village

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

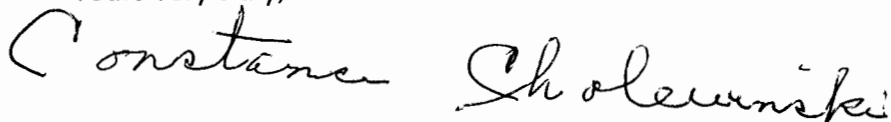
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Constance Sholewinski

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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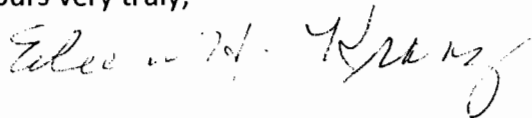
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Silver Spring, Maryland

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Yours very truly,

Terry L. Wayne

with my whole hearted support
Riderwood CT-T20

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script that reads "Frances Rodriguez". The signature is written in black ink and is positioned below the typed name.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Norma Jean Wyfield
3114 Gracefield Rd. Apt. 320
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Sarah L. Bond
A hospital in this
location would be
a vital asset to
this community.
S

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Benita Walbot
Riderwood

*I feel This would be a most
welcome addition for this
community and its health care
needs -*

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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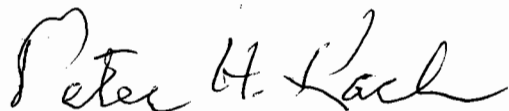
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Yours very truly,

A handwritten signature in cursive script that reads "Peter H. Lach". The signature is written in dark ink and is positioned below the typed name "Peter H. Lach".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Phyllis Vandenberg

The White Oak area is an ideal location for your planned hospital. Still accessible to Takoma Park residents and beneficial for Riderwood, as well. We welcome your anticipated presence, enthusiastically.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

Charlotte L. Schraumm

PJ-624

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Helen Hathaway

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Nathaniel Creager
NATHANIEL CREAGER
ADT SIX

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Seth Patey
Riderwood
Resident

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Silver Spring, Maryland

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Robert G. Traban
by Joanne Traban Furbell, POA

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Silver Spring, Maryland

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Yours very truly,

John & Frances McMahon
3114 Bracefield Rd,
WC 202
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

John S. Donovan
Meriam A. Donovan } VP106

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

James F. Walker
Riderwood Village Resident

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Kathryn McMillin
CC 220

Riderwood Village

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Lawrence F. Redovsky, Waldow Court 401

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Richard Priest
WC 206

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

John J. Gordon
PV 413

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Miska H. Gordon

PV - 413

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Silver Spring, Maryland

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

Inona D. Lyons

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Harnet Shinn

There are so many possibilities for this hospital to be a significant addition to the neighboring communities.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Sylvia H. Eliot
John Eliot

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Harold J. Gibson *5 Sept 2013*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,



RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Veronica P. Sison

Thank you for all of your hard work. We do appreciate it and wish you many blessings!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Miriam A. Bernstein

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly, *Edna M. Wright*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

9/05/13 *Lillian J Gardner* 501 WC

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

A handwritten signature in black ink, appearing to read "Norman Green". The signature is written in a cursive, somewhat stylized font with a large initial "N".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Mae Dillon

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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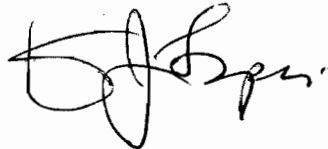
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Yours very truly,

DONALD LAZAS


RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Korothy Mackin
WG 521

P.S. I had a "pace maker" inserted but fall at this hospital. My "check ups" have been wa aaa see there! This hospital location will mean as much to me. I am sure this is only one example.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Hilda P. Lazarus
Hilda P. Lazarus

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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Yours very truly,

Jacqueline Levine
Capt PVT-16

*would be very beneficial to the
residents of Riderwood!*
JL

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script that reads "Janice Niedermaier". The signature is written in black ink and is positioned below the typed name "Janice Niedermaier".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Marilyn T. Bresnahan
Centerville Court # 123

*This medical facility is very much
needed for this area and I certainly
hope the Certificate of Need will promptly
be approved to meet the needs of the
residents of the area quickly MTB*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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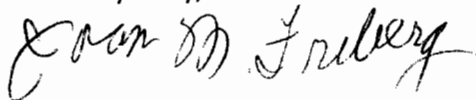
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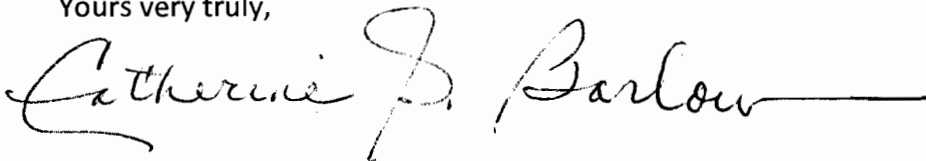
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Yours very truly,

A handwritten signature in cursive script that reads "Catherine J. Barlow". The signature is written in black ink and includes a long horizontal flourish at the end.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

I lived in Calverton for 38 years, attended many evenings listening to members of the Washington Adventist Hospital present their ideas for a new complex. It all sounded good to me. The location, on the road next to Target, near Cherry Hill, seemed perfect. They were to have their own fire department, on security force, a walk-in clinic and a heliport.

AND it would be ready by 2013! How much longer do we need to wait?

Mrs. Oona C. Thornton

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

With Washington Adventist Hospital's forthcoming application for a Certificate of Need for its planned new White Oak facility, I want to add my personal support of your plans which will be of such vital importance to so many residents of Prince George's and Montgomery Counties. Certainly, the 2,500 senior residents of the Riderwood retirement community will particularly appreciate the accessibility of such a new, and state-of-the-art, medical facility.

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Dorothy B. Liddel Ronald U Liddel
3116 Gracefield Rd. #212 Silver Spring, MD 20904

The relocation of Washington Adventist Hospital to the White Oak campus will enhance area residents access to emergency and hospital care. A new hospital in this area would serve the needs of people in 3 counties - Montgomery, Prince Georges, and Howard. In addition to general population growth, there is also a large elderly population here.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

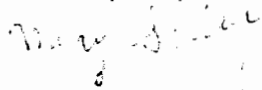
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Yours very truly,



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Silver Spring, Maryland

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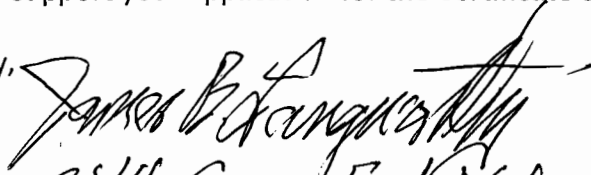
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Yours very truly,


3114 Gracefield Rd #112
Silver Spring, MD 20912

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

I hope you succeed this time.
Hilda S. Cobb

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Portia M. Smiles, PVT22

*W.A.H. was the hospital of choice for our family for many years.
What greater boon ^{and example} to Riderwood - and the entire area - the new
to-be-facility in White Oak will be. pm*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Josephine N. Fannon

I strongly recommend that the Certificate of Need be approved. This whole process has taken much too long. WTF?

Josephine Fannon
Sept. 5, 2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Clara Suhy
WC 304

PAC

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Lillian G. Choquette *George M. Choquette* VE 306

CC406
RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

We feel that the need is obvious and WAH is the way to fill the need.

Kath Jean Davis

Eric W Goode

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

 cc114 Riderwood Village

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Stephen Behrend
Riderwood Village

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Helen M. Regus



When my sister broke her hip several years ago, because of over crowding at Holy Cross she was taken to Laurel Hospital. They did not have an orthopedic surgeon available so she was transferred to Washington Hospital Center. All of this took several hours in the middle of the night and was very uncomfortable for her and certainly inconvenient for her daughter who was driving all over the area, alone, until after midnight!

Helen Regus

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Christine M. Lowman

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Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Katherine Murphy P.V. 503

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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Yours very truly,

Irene Dominelli

*Having the Washington Adventist Hospital
near Riderwood would benefit all of us.
I am 100% for it.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Heushel Minsky

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 1, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script that reads "Mary L. Staunes". The signature is written in black ink on a white background.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Yours very truly,



As with any emergency proximity to a help facility is paramount. Given the aging population at Riderwood this is even more so.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Norman R. Williams
William R. Williams

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

 Leonard Helms
We Need You.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Rosemary Coralean
3116 Grassfield Rd.
Apt. VP-115
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Mrs. Sara Ley

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary L. Rogers
Adventist and excellent health care are
synonymous in my mind - good luck!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

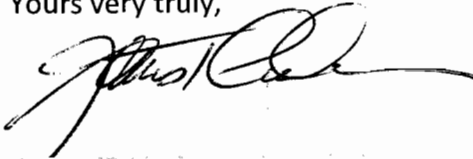
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Yours very truly,



James T Carter
3124 Gracefield Rd Apt 403
Silver Spring, MD 20904-5820

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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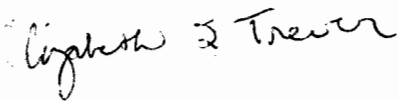
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Yours very truly,

A handwritten signature in cursive script that reads "Elizabeth E. Trever".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Suzan St. Jacques
Ronald D. Wynne

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Suzanne Cassidy

I have been a patient at Washington Adventist several times and believe it would be a huge asset to the White Oak community.

MPC

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

A handwritten signature in cursive script that reads "Harriet J. Levy". The signature is written in dark ink and is positioned below the typed name "Harriet J. Levy".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Eileen E. Burgess, CT 112

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Pholbe L. Motley
3124 Gracefield Rd. #204
Silver Spring, MD 20904

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Yours very truly,

Sorrel Fisher

Having experienced a fall with concussion at Riderwood recently, I had to suffer a long uncomfortable Ambulance ride to Suburban Hospital which had the best 'trauma' treatment, it was decided. I would certainly have welcomed a hospital closer at hand.

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

A handwritten signature in black ink, appearing to read "Ronald A. Evans". The signature is written in a cursive style with a long, sweeping tail on the last letter.

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Silver Spring, Maryland

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Ross B. McElroy

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Yours very truly,

Harold R. Brown

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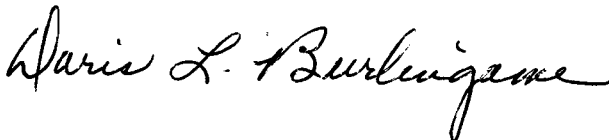
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Yours very truly,

Janice Reynolds
HS-218

a few years ago I had a heart cath procedure at Washington Adventist. I was very pleased with the care I received. I would love to see WAT near Riderwood.

RIDERWOOD VILLAGE
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Yours very truly,

A handwritten signature in black ink that reads "Joan W. Halasso". The signature is written in a cursive style with a large, flowing "J" and "H".

RIDERWOOD VILLAGE
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September 3, 2013

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Yours very truly,

Beverly A. Sfft

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Yours very truly,

Shirley Achechter

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Robert M. Hasler
Mary Jo Hasler

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,



Elois Hamlin
3128 Gracefield Rd. #221
Silver Spring, Md. 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

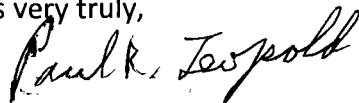
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Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

Doris E. Deiter
KC 321

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mr & Mrs Chong-Hung Zee
Chong-Hung Zee



Mr & Mrs Chong-Hung Zee
3122 Gracefield Rd Apt 608
Silver Spring MD 20904-5806

9/5/13

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mildred Presswood
KQ 215

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

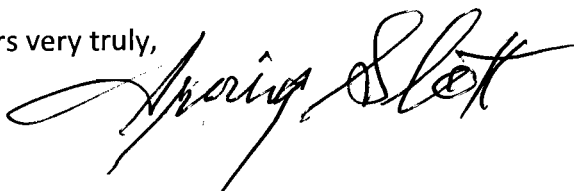
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Yours very truly,



P5: In June, stricken by pneumonia, I was taken by ambulance to the 7th Day Adventist hospital because Holy Cross, the nearest, was overcrowded with emergencies. The treatment was excellent.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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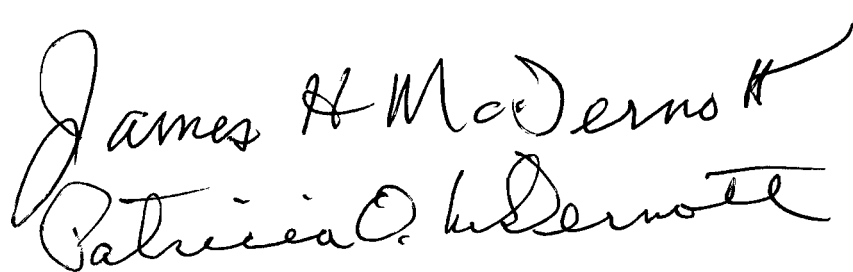
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Yours very truly,



James H. McDermott
Patricia O. McDermott

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Wanda L. Haag
MS, HS

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Helen G. Troger HS 402

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Francis B Symborski
CT 120

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script that reads "Dorothy M. Bellia". The signature is written in black ink and is positioned below the typed name "Dorothy M. Bellia".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Sharon Porter

*Parking was especially hard when
accompanying an ill person.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Anna Elvin
HS 118

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Grace B. Webb

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Lillian G. Kauffman
BG 210
Riderwood Village

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Silver Spring, Maryland

September 3, 2013

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Yours very truly,

F. J. Napolitano

HS 412

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Patricia M. O'Connor

I have had one stent implanted at Washington Adventist Hospital. There is a great advantage ^{in having} a qualified, and nearby hospital for cardiovascular patients.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Pete Naylor BG-208

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

*For the Riderwood seniors alone aside from
the community need will be helpful by its
near-by location.*

Sylvia L. Lomboff

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Dennis O'Malley
CT 618

*P.S. I am a 35-year resident of Beltsville, Maryland
and now a new resident at Riderwood Villages.
I heartily support your efforts to enhance
community health care in our area.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jean D. McKinsey
Riderwood Village

I believe there is a definite need for Washington Adventist Hospital in this area, as evidenced by the crowded conditions in existing facilities. I support your application for a Certificate of Need for the new facility.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Wilbur W. Walker

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

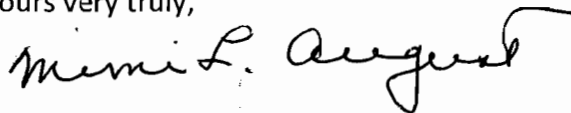
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Yours very truly,

A handwritten signature in cursive script that reads "Mimi L. August". The signature is written in black ink and is positioned below the typed name "Mimi L. August".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Peggy Lou Gair 9/9/13
*Retired Social Worker, 17 years with Montgomery Co,
and the State of Maryland.*



Ms. Peggy Lou Gair
3124 Gracefield Rd Apt 211
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

William B. Green
LOOKING FORWARD TO A HEALTHY
AND EFFECTIVE RELATIONSHIP

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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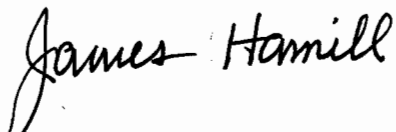
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Yours very truly,



~~MARIE AND~~ JAMES HAMILL
3116 GRACEFIELD RD APT 116
SILVER SPRING MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink that reads "Ruth M. Atkinson". The signature is written in a cursive style with a large initial "R" and "A".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Clare Barrett
HS 104

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Betty T. Simpson
HS-424

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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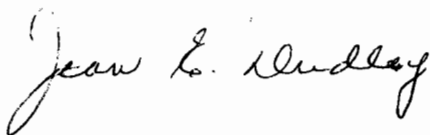
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Yours very truly,

A handwritten signature in cursive script that reads "Jean L. Dudley". The signature is written in dark ink and is positioned below the typed name "Jean L. Dudley".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Erwin Shalowitz

Riderwood Village Resident

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jane Trout

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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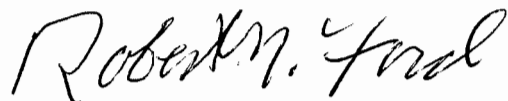
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Yours very truly,

A handwritten signature in black ink that reads "Robert M. Ford". The signature is written in a cursive style with a large, prominent "R" and "F".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Haniel R. Feldman

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Clifford + Beverly Johnson - BG 125

We have heard good things about Washington Adventist Hospital and we are looking forward to the presentation on Sept 20.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script, reading "Dorothy Curtis". The signature is written in black ink and is positioned below the typed name "Dorothy Curtis".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink, reading "J. H. Handerson". The signature is written in a cursive style with a large, looping initial "J".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Krope Craver

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script, reading "Helen B. Harrison". The signature is written in dark ink and is positioned to the right of the typed name "Helen B. Harrison".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Hilda E. Branch

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Mary B. Mattingly
HS # 105

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Loretta Deaton

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Jon V Deaton

For example, I had my heart aortic valve replaced in June 2000. It would be a blessing to have this hospital in our neighborhood in case I need further valve ^{repair or} replacement in the future.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

With Washington Adventist Hospital's forthcoming application for a Certificate of Need for its planned new White Oak facility, I want to add my personal support of your plans which will be of such vital importance to so many residents of Prince George's and Montgomery Counties. Certainly, the 2,500 senior residents of the Riderwood retirement community will particularly appreciate the accessibility of such a new, and state-of-the-art, medical facility.

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Yours very truly,

Seymour Brandwein

*3126 Gracefield Rd, apt 310
Silver Spring, Md*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Natalie E. Fales

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Paul S. Forbes
3128 Gracefield Rd.
Apt. 270
Silver Spring Md. 20904
301/890-1543
PAULSFORBES @ GMAIL.COM

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

R.A. and DONNA LEONE

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Corinne E. Miller

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Lorraine G. Harris
Everett Harris

3124 Gracefield Rd #302
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

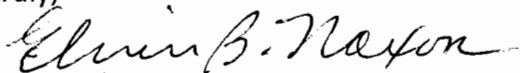
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RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Alice H. Goinos

We need a hospital near by so we can get care sooner.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

*Miriam
Baker
BG 105*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Eric Bergmann
3125 Greenfield Rd # 418
Silver Spring, Md 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Arnie Odawa
3124 Greenfield Rd
Cept 112
Silver Spring 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

A handwritten signature in cursive script that reads "Boris Froman".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Ellen C. Allen
an adequate number of hospitals will
help both nearby residents like us and
also help keep medical costs from
continuing to rise.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Alan MacDonough
3124 Gracefield Rd.
Silver Spring, MD
20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Leon R. Davis
3122 Gracefield Rd
Apt 308
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

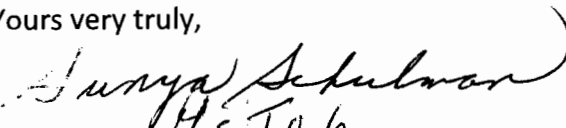
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Yours very truly,


MS TO 6

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Edward & Mildred Flehinger
CT 307

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Carol J. Rend
Riderwood VILLAGE

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

John W. Gane
A. M. S. D.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Judith A. Lane KC-324

I have had nothing but good experiences with your current service and know that the new location is ^{much} needed and will improve the quality of care for all.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Joseph Sumner
This hospital would fill an important need for the residents of Riderwood. We surely hope you will get it done.



Mr. Joseph Sumner
3128 Gracefield Rd Apt 419
Silver Spring MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly, *Frances V. Ashmen*

Since my family depended on your hospital from the days of the "San", I have been so hoping that you could put your most needed new hospital near Riderwood where I am now alone. Sincerely,
Frances V. Ashmen

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Catherine Eyster

I strongly support your application for the Certificate of Need.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Silver Spring, Maryland

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7600 Carroll Avenue
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Yours very truly,

Elizabeth W. Ford

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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CT 500

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Phyllis Mulligan B6406

R. S. Mulligan 1)

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary Ellen + Norman Gordon
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RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,



Lynda Schweber, Resident
RIDERWOOD VILLAGE

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Marica P. Sartori

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Barbara Claire Kline

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary Ann Meenan (Mrs. Demid)
Riderwood
H5.304

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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● Yours very truly,

Mrs. Sonja Z. Pagan

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Takoma Park, MD 20912

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Yours very truly,

Charlote M. Kopp

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Silver Spring, Maryland

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Yours very truly,

Harriet M. Towner
3128 *Braefield Rd*
apt 202
(301) 572-7499

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Michael A. Stayer

*Riderwood Village
3122 Graceland Rd, CT-320
Sl. Spg, MD 20904*

The Wash. Adventist Hosp's proposed location would be a great convenience for me, especially with its intended expansions and improvements.

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Washington Adventist Hospital
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Robert & Rena Brewink

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Silver Spring, Maryland

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Clair M. Hassinger
Richard W. Hassinger

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Maria Brown

Having an ER close to

*Riderwood would benefit
our Residents.*

MB

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

9/3/13
Lise Paulin - 3124 Gracefield Rd. # T-03
Silver Spring - Md. 20904 (Resident of Riderwood)

- Yes, Washington Adventist Hospital is much needed in our neighborhood. The easy accessibility is a plus and a must. The medical facility offerings are really of great importance. The area will also benefit greatly economically.

[Handwritten signature]

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Yvonne R. Grasty
RWV

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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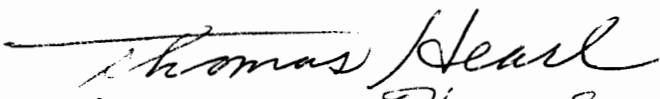
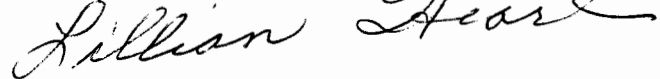
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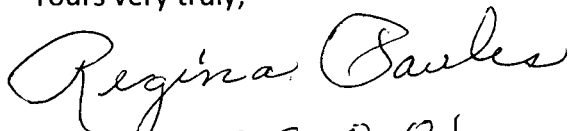
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Yours very truly,


BA 201

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Eleanora Das
3158 Gracefield Rd, Apt. 502
Silver Spring, MD 20904-0831

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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^{We} join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Elizabeth C. Jackson

Eugene W. Jackson

We feel that a state-of-the-art Hospital so close to Riderwood & its 2,500 population is an obvious plus for Riderwood & surrounding area. We are excited to have it - we give it our full support. It's a win-win situation for our County & Prince Georges.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

James O. Fambien

*NB: At 90 every ride and
minute counts!*

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Silver Spring, Maryland

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Yours very truly,

Paul R. Valpers
Conroy Valpers

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Roy McCoy
4 Sep '13

Roy McCoy
Apt. 224
3124 Gracefield Rd.
Spring, MD 20904-5817

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink that reads "Eddy Schonberger". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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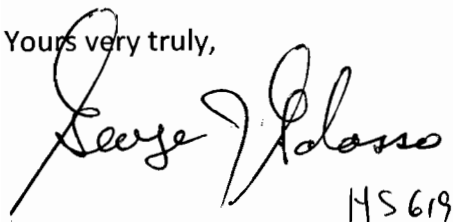
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HS 619

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Michael J. [unclear] [unclear]
AS A 90+ YEAR OLD
THE NEED IS MOST URGENT

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
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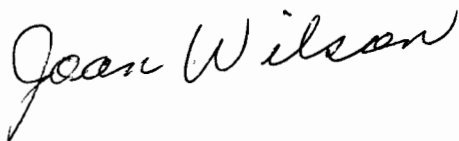
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Yours very truly,

A handwritten signature in cursive script that reads "Joan Wilson". The signature is written in black ink and is positioned below the typed name "Joan Wilson".

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Martha O. Conway, apt KC 115

P.S. I look forward to having a hospital so close to Riderwood and especially that ^{it is} a 7th Day Adventist. My daughter, age 59, was born at Takoma Park Hospital and it was a very positive experience. I learned to appreciate a vegetarian diet and created more interesting meals.

RIDERWOOD VILLAGE
Silver Spring, Maryland

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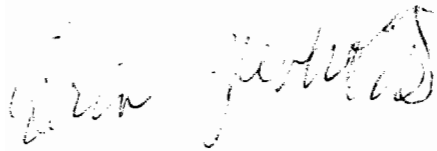
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Yours very truly,

Maryann J. Nusbaum, Ph. D.

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Yours very truly,

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

I heartily agree with Jim Starnes of Riderwood. The projected White Oak medical facility nearby would be a tremendous benefit to Riderwood and the surrounding community.

*John H. Pinkard, Jr.
Riderwood Village
3124 Gracefield Rd - MST, KC 206*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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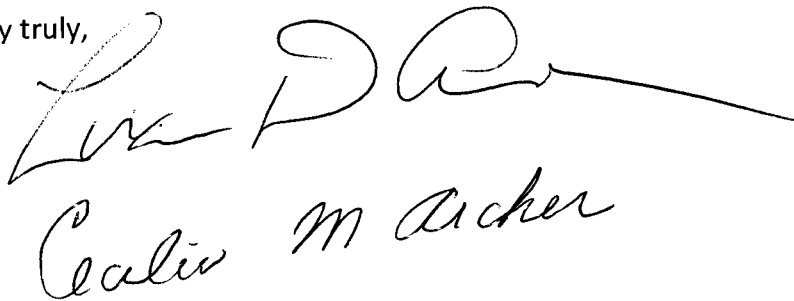
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Yours very truly,



Cecilio M Archer

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Vera P. Copeland
BG 307

9-4-13

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Harriett G Dietz

9/5/13

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

Mildred Kirk

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

*W. Eugene Trimble -
Thildred N. Trimble
BG 108*

*Recently I had to be driven to Gaithersburg to receive care. I would be very grateful to have your facility approved, ^{if} less than one mile from Riderwood. Sincerely,
M. Trimble*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Virginia Radisch

I'm especially interested since my primary doctor sends his patients to WAH. Thankfully I haven't been there for several years. It certainly would be nice to have a hospital so close if needed.

9-5-13

Virginia D. Radisch
3144 Gracefield Rd. Apt. 420
Silver Spring, MD 20904-5884

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

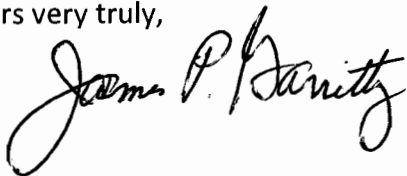
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in black ink, appearing to read "James P. Sanitz". The signature is written in a cursive style with a large, looping initial "J".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Roseanna L. Cross

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary A. Freeman
Robert W. Freeman

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Julia Fei
Patrick R.

9/15/13

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

DONALD M. SIMONDS

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Susannah Prindle

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Marilyn A. Doherty

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

John J. Phillips

*I am in my eighties, and will feel
much more secure with a good hospital
in the area, nearby.*

JJP

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Ann Oleshin MG 519

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

September 5, 2013

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Yours very truly,

John R. Lastova Jr.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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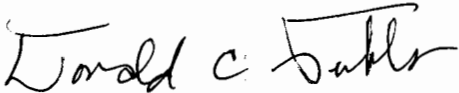
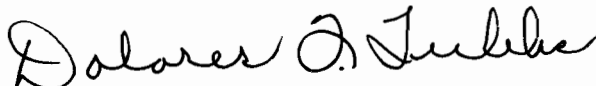
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Yours very truly,

James L. Aldrich and Anne M. Blechman

*We have both benefited from the fantastic care by
The Cardiologists and other staff. We could
not be more grateful or more supportive
of the proposed relocation.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

*This sounds wonderful.
Please complete it soon, so older residents
may enjoy it
Joan Jackson*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Erna Rand

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Rebecca C. Talbert

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Sally Keller MG

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Charles E Rath MD GV 427

Retired 29 years

My own personal experience has made me aware of the need for the proposed facility.

I will be attending a family reunion in California September 20, 2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Rita Demsey
3142 Gracefield Rd.
#MG 114
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Andrea Nicolls
MG 304

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Jules and Phyllis Baloy

MG-202
Having a hospital only one mile away not only enhances the survival rate of acutely ill residents but also provides economic savings in terms of transportation and maintenance costs required to take patients to Holy Cross and Laurel Regional Hospitals

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Claudia S. Wolfe

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script, appearing to read "Joan Francis".

RIDERWOOD VILLAGE
Silver Spring, Maryland



Mr & Mrs Tow H Moy
Apt 218
3146 Gracefield Rd.
Silver Spring, MD 20904

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

David L. Williams
Audrey M. Williams

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Shirley A. Kahan

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script that reads "Jennie Bauer". The signature is written in black ink and is positioned to the right of the typed name "Jennie Bauer".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Milton Williams
CT 617

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

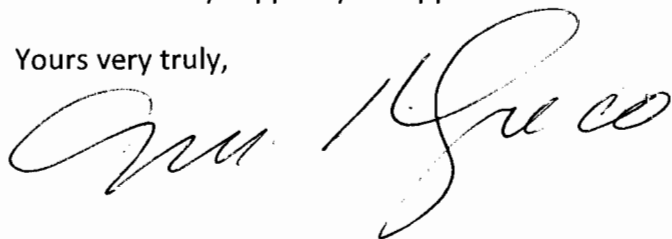
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Yours very truly,

Ann L. Conale 9/6/13

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

J. C. Splinter

My youngest child was born in the Takoma Park Hospital. Of course, she's 58 now, but I remember the great care and even the vegetarian food, which was good.

I will be so grateful to have you within easy reach. The others are inconvenient and forbiddingly costly. I have my fingers crossed mentally.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Yours very truly,

Jacqueline J. Glover

Energy conservation and the environment would also benefit greatly. A shuttle service between the two campuses would mean fewer personal car uses by 2,500 senior citizens seeking medical care and visiting loved ones in the hospital.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

E. Harriet Furlong

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

A handwritten signature in cursive script, reading "Lucille T. Wiesel". The signature is written in dark ink and is positioned below the typed name "Lucille T. Wiesel".

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Yours very truly,

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Yours very truly,

Renee B de Silva

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,


EK 227

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Margaret V. Schultz

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

David L. Jones

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Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Yours very truly,

Amy I. Preston
314's Praefield Rd, Apt. 204
Silver Spring, MD 20904

There is a very great need for this new medical center to serve Prince George's and Montgomery Counties. I trust that the Maryland Health Care Commission will grant a speedy approval to your application for the Certificate of Need so the new medical center will soon become a reality.

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Keith R. Tobias (resident of Riderwood Community)

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Nina B. Peregrin
Frank B. Peregrin 8/5/13

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Maura Jelkowitz
Synthia Jelkowitz
FOX RUN 409

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,



RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Margaret H. McEnroe
James E. McEnroe MG 605

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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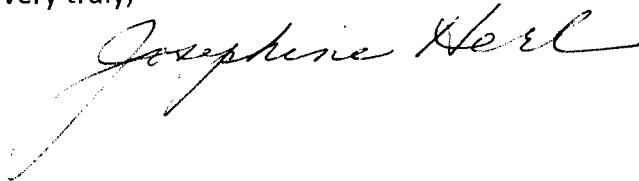
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Yours very truly,

A handwritten signature in cursive script, appearing to read "Josephine Herl". The signature is written in dark ink and is positioned below the typed name "Yours very truly,".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

NADM James K. Harney, Jr. USN(Ret)

*Thank you for your service in this most important
community area.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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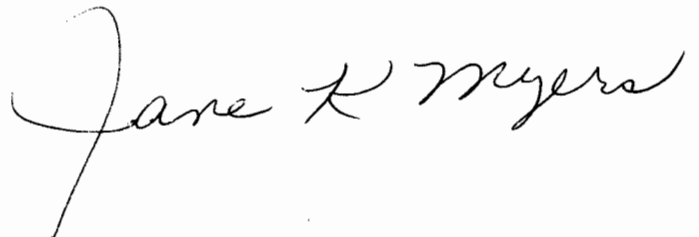
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Yours very truly,

Louise S. Macaulay

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Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Adele H. Messenger

This facility is absolutely necessary as all hospital facilities in the area are over-crowded. I have used Adventist facilities in the past and have found them superior.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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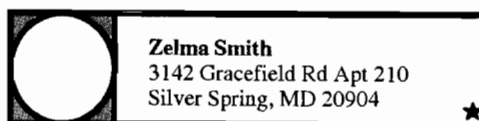
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Yours very truly,

Zelma F Smith



RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mary C. Gross
3061 Meadowbrook Square
Riderwood Village
3152 Gracefield Rd.
Silver Spring, MD 20904

I so desperately endorse your efforts and our Riderwood population desperately needs an expansion of our medical facilities. I, personally, travel to Wash, D.C. for some of the services not available here.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

Michael F. Eulgen, M.D.

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Silver Spring, Maryland

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Yours very truly,

Mrs. Beatrice Pecarsky

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Silver Spring, Maryland

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Yours very truly,

The Rev. Thomas W. Bauer CL 412

The Rev. Dr. Thomas W. Bauer

We think it is very important to have an alternative to the Roman Catholic Holy Cross Hospital which does not always honor medical directives and patient desires regarding end of life medical treatment.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Francis Pisco
CL 317

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

John W. Murtha
Clare J. Murtha

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September 3, 2013

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Yours very truly,

A handwritten signature in black ink, appearing to read "Robert M. Blount". The signature is written in a cursive style with a long horizontal flourish at the end.

RIDERWOOD VILLAGE
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September 3, 2013

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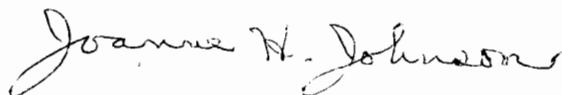
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A handwritten signature in cursive script that reads "Joanne H. Johnson". The signature is written in dark ink and is positioned below the typed name "Joanne H. Johnson".

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Yours very truly,

Shirley J. Church
3142 Bricefield Rd. #119
Silver Spring MD 20904

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September 3, 2013

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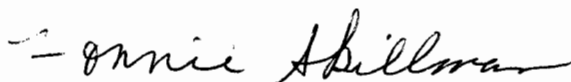
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Handwritten signature of Ronnie Hillman in cursive script.

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September 3, 2013

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Yours very truly,

Dorothy Gerald
Garden View #2,0

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Silver Spring, Maryland

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Yours very truly,

Jacqueline L Saunders
A definite need for Prince George's and Montgomery Counties.

Moving forward is a great asset in regard to providing many health benefits for residents of both counties.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Perry J. Zube

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Maureen S. Blevins
Riderwood resident

We need to plan for the future needs!!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Doris Starling

P.S. The residents of Riderwood desperately need the facilities that will be available in your new hospital.

D.S.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Bertrude R. Hytla

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Silver Spring, Maryland

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Dorothy Beckell

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Catherine Buller
GV109

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

James A. Hopkins
Riderwood Village Resident,

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Robert W. Hopkins
Riderwood Village Resident

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Silver Spring, Maryland

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Lillian Weinstock
Yours very truly,

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Harley M. Behrens

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Carolyn and Owen Compton

We have enthusiastically anticipated having Washington Adventist in our neighborhood since it was first announced several years ago - I have used your Cardiology and Pulmonology Departments and they are excellent!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Emma Kay Barclay
GV-208

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Evelyn and John A. Koepcke MD

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Max Horlick
Ruth Horlick

Sept. 2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

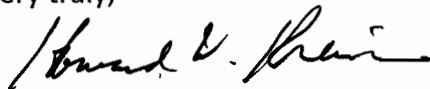
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Yours very truly,


HOWARD W. KREINER

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Milton Moskowitz
Judith Moskowitz

Mr. Milton Moskowitz
Mrs. Judith Moskowitz
3148 Gracefield Rd. Apt. 120
Silver Spring, MD 20904-5868

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Reba H. Edler's

*This will be a real blessing
to this area.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

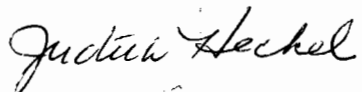
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Yours very truly,

Merrill M. Stover

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Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Ann McDonald
Riderwood MB 2/2

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Dorothy Marshall

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

*Having WAH as close as
White Oak would give all Riderwood
residents an additional "Peace of Mind".*

*Assa Mae Meyer
Riderwood Village
9/5/13*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Marjorie P. Casey

Donald W. Casey

We have both had care at the WAH over many years. Very good care -

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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Yours very truly,

Morris A. Range

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly, *Thank you for all your efforts. Having the WAH able to perform invasive heart procedures will be a great boon for the region. I heartily support the construction of the planned new hospital in White Oak.*

*Yours very truly,
Eleanor R. Fowers
6110 Riderwood*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Sarah Lent Keat and James E Keat
Since I moved to Hyattsville in 1958 I have used
Adventist
your facilities in Takoma Park for short and
long term stays and for emergencies for
children in my neighborhood. We need a hospital
and associated specialists in this area. I support
WAH's application to provide an answer to
this need. -
Sarah Lent Keat, Riderwood Village

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

J. Novosi Haines

P.S. I have, over many years, been a patient at WAH and have had good experiences with all staff and treatments.

Hg

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Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Sophie Varel

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

Mary A. Stefanelli; Sept 5-2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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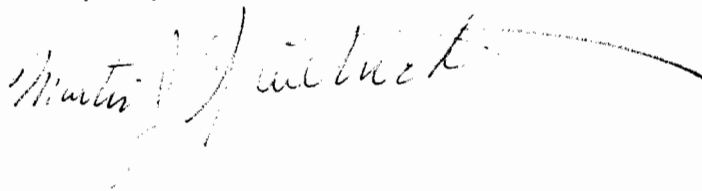
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Yours very truly,

A handwritten signature in cursive script, appearing to read "Martin J. Wilbur", with a long horizontal flourish extending to the right.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script that reads "Dorothy Knapka". The signature is written in black ink and is positioned below the typed name "Dorothy Knapka".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

Helene White
CC #216

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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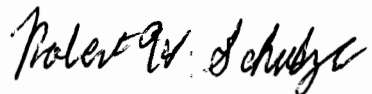
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Yours very truly,



Garden View 407
3144 Gracefield Rd
Silver Spring

The new Hospital is badly needed to relieve the congestion and long commutes to Holy Cross and Laurel.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Rosanne A. Taylor

Garden View #407

3144 Gracefield Rd.

Silver Spring Md.

20904

*The new hospital
will save the long commutes to
Holy Cross & its parking problems.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Delore A. De Mamber
3146 Gracefield Rd. #112
Silver Spring, MD 20904

I hope this hospital will become a reality.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink that reads "Sara + Hal Winters". The signature is written in a cursive style with a large initial 'S' and a plus sign between the names.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly, *Jean Windear MS416*

Yes. this area and especially this community has a great need for the new hospital that we have all been waiting for a long long time. It would be wonderful in many ways

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Marilyn Hill

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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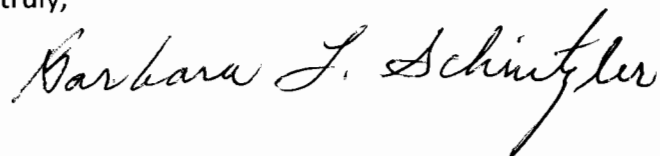
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Yours very truly,

A handwritten signature in black ink that reads "Barbara L. Schintler". The signature is written in a cursive style with a large, flowing 'B' and 'S'.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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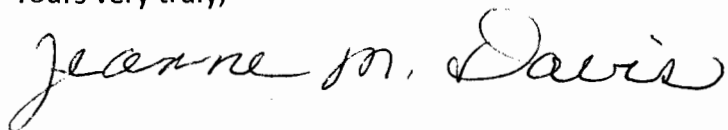
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Yours very truly,

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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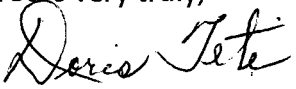

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Yours very truly,

Marie Warner

Phil Warner

** Age happens! The Affordable Health Care Act requires increases in health services. These two facts make it obvious that this hospital is needed!*

RIDERWOOD VILLAGE
Silver Spring, Maryland

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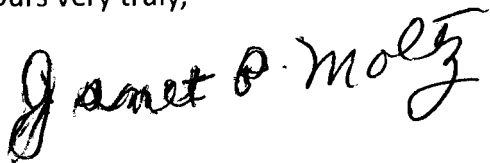
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in black ink that reads "Janet P. Moly". The signature is written in a cursive style with a large, stylized initial "J".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

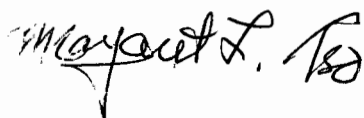
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7600 Carroll Avenue
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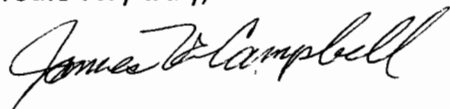
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Yours very truly,

Eugenia P. Sargniet

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Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Mr & Mrs Kenneth Mah

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Silver Spring, Maryland

September 3, 2013

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Yours very truly,

A handwritten signature in black ink, reading "Kathleen M. Paster". The signature is written in a cursive style with a large initial 'K' and 'P'.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Shirley Marcus

M S G 12

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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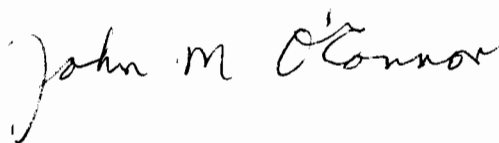
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Yours very truly,

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Silver Spring, Maryland

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FC 421

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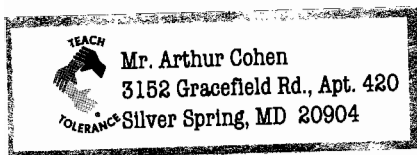
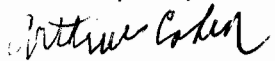
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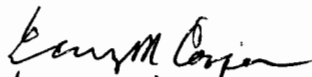
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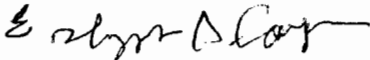
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Yours very truly,


LEONARD M. COOPER

Leonard Cooper
Orchard Point at Riderwood
3156 Gracefield Rd. Apt. 423
Silver Spring, MD 20904



I think that new hospital will be very valuable to the residents of Riderwood. It will be very significant if your new hospital becomes certified to handle stroke patients when times of the essence.



Erlyne Cooper
3156 Gracefield Rd Apt 423
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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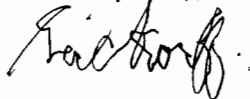
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ERIC A KORFF

FOREST CROSSING 319

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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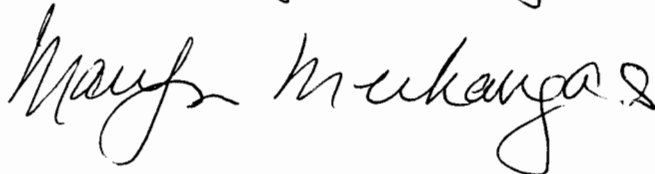
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Yours very truly,

*With almost 3,000 elderly residents in our
community, we have great need for this hospital
in this area.*

Mizzell Clark

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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or 416

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Silver Spring, Maryland

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Takoma Park, MD 20912

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Yours very truly,

To J Yin
3152 Gracefield Rd. #323
S.S. MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Won O. Yin
3152 Gracefield Rd # 323
Silver Spring, MD 20904

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September 3, 2013

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Yours very truly,

Paul M Douglas, Jr.
Ellen B. Douglas

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Lester Schaub MSW

P.S. The whole area is expanding and aging; doubling medical requirements at the least!

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Mr & Mrs Thomas Burns MS 2019

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Dorothy Zahring

I've had occasion to use your hospital, both for my husband as a patient and myself recently in the emergency room and for tests. I've always been impressed with your care. I hope you can make this a reality -

Thank you for asking our support.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

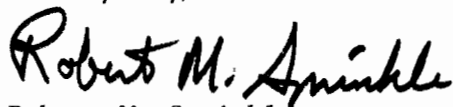
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,



Robert M. Sprinkle
3154 Gracefield Road, #HG301
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

*E. J. ...
3157 ... Rd #113424
... MD 20914*

As a longtime Maryland resident, I applaud you and your colleagues for your commitment to health care.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Janet S. Rochlin
Meadowbrook Square
Apt. 514

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Thomas B. Jabine

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Robert Elbert Davis
Rich H. Davis
3158 Gracefield Road
Apt. FC #202
Silver Spring, MD 20904-0818

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in black ink that reads "Jacqueline Bahner-Kerckelman". The signature is written in a cursive style with a large, looping initial "J".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink, appearing to read "G. J. Newmyer". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script that reads "Eleanor M. Beaver". The signature is written in dark ink and is positioned below the typed name "Eleanor M. Beaver".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Marjorie Glittenberg

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Margaret R. Gorden

*Seven years ^{ago} when I moved to Riderwood, I
was expecting we would have your hospital nearby.
I was delighted. My three children were all born at
The SAN and will credit you! Good Luck.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

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Yours very truly,

Kay B. Bowers

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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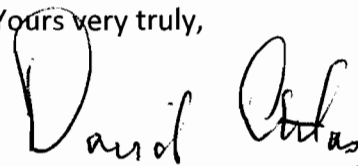

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Yours very truly,

Ellen + Stanford Ollendorf

A state of the art facility is needed to supplement Holy Cross Hospital which is at capacity and Laurel Hospital which provides sub par care. There is room in eastern Montgomery County for two high quality hospitals.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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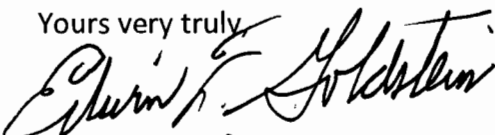
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Yours very truly


FC 205

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

(Mrs.) Irma Hughes

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Elaine Cooperman

*I am very pleased
to sign for my support --*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

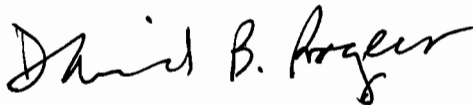
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,



Mr. David B. Rogers
3148 Gracefield Rd. #615
Silver Spring, MD 20904-5866

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Frances Laut
SP 417
Riderwood

*SDA so good to me
after stroke.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Benjamin Hurnay MS605

James H. Feldman
3116 Gracefield Rd. #118
Silver Spring, MD 20904-7893

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,



THIS AREA VERY MUCH NEEDS A HOSPITAL CAPABLE
OF PROVIDING ADVANCED CARDIAC PROCEDURES. ✓

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script that reads "Terri Morse". The signature is written in black ink and is positioned above a horizontal line that serves as a separator.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Beth Gordon

I'm so encouraged by the news that WAA's application is back on track, and will do whatever I can to support it -

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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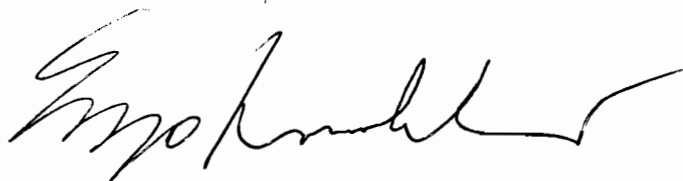
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,



*I count the days when your new hospital
will become a reality.*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Luella R. Kerner

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

In witness whereof
John H. ...
Sept 2013
Sept. 3, 2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Frank C. Fellows
Elizabeth M. Fellows

The Washington Adventist Hospital in White Oak will be of great service to the residents of Riderwood as well as the surrounding communities.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Invin Ayehod.
Sydney Ayehod.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
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Yours very truly,

Gloria M. Swisher

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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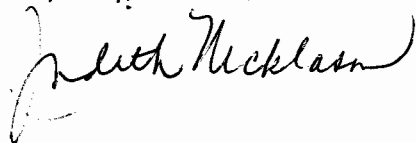
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Yours very truly,

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Yours very truly,

Clinton J. DiZinno, M.D.

Di

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Silver Spring, Maryland

September 3, 2013

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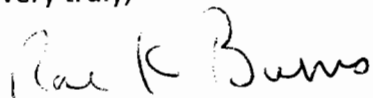
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Yours very truly,



Ms. Rae Burns
3156 Gracefield Rd., Apt. 221
Silver Spring, MD 20904

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Silver Spring, Maryland

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Takoma Park, MD 20912

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Yours very truly,

Helen M. Meyer

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Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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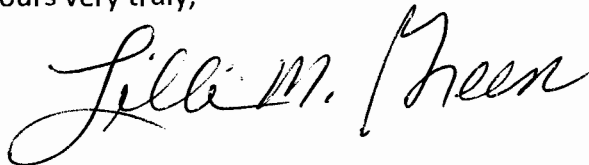
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Yours very truly,

A handwritten signature in black ink that reads "Lilla M. Green". The signature is written in a cursive, flowing style.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Yours very truly,

Pat Deussen

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Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Sandra Habel
Orchard Point 511

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Joaquin A. Saavedra

The closeness of this facility to Riderwood should significantly improve the success of emergency treatment of our residents.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Henry Fankhauser
S. Louise Fankhauser

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Sophia H. Y. Chang M.D.
(Sophia H. Y. Chang)

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
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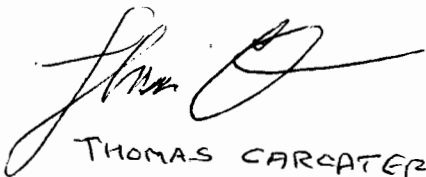
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Yours very truly,



THOMAS CARCATERA
MS 409

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Walter L. Gillespie - OP-218

Anna R. Gillespie - OP-218

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

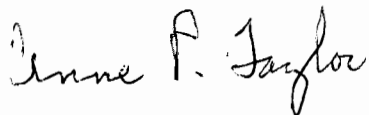
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script that reads "Anne P. Taylor". The signature is written in dark ink and is positioned below the typed name "Anne P. Taylor".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Charles L. Hudson

I will be 91 in October and I have to drive to Greenbelt to be treated for my macular degeneration. I have to drive to OXON HILL to see my cardiologist. My wife can no longer drive and I don't know how much longer I will be able to drive.

A new hospital in White Oak will be much appreciated by me, especially if it will have a retirement facility and a cardiology facility.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Theresa O'Leary

I really look forward to having the Washington Adventist Hospital so close to us here at Riderwood! We need it.

7 September 2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

W. Luetjen
Wilma Luetjen
F.R. 401

9/7/13

This is a very, very good move.
WLF

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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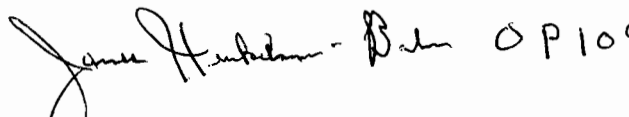
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Yours very truly,

 OP109
James Henkelman-Bahn

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Ms. Conita Arlin

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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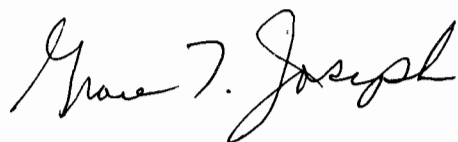
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Yours very truly,



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Silver Spring, Maryland

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Yours very truly,

Norma Backdwell
MS 602

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Donald L. Richter, Riderwood Resident,
apt. MS-123
Margaret L. Richter, MS 123 - (Resident)

RIDERWOOD VILLAGE
Silver Spring, Maryland

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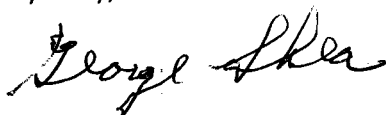
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Yours very truly,

A handwritten signature in cursive script that reads "George Shea". The signature is written in black ink and is positioned below the typed name "George Shea".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in cursive script that reads "William E. May".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink, appearing to read "Melamed Cofield". The signature is written in a cursive, flowing style with long, sweeping lines.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
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Takoma Park, MD 20912

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Yours very truly,

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Sonya A. Domske

I have been a Silver Spring resident since 1972. I have seen its growth over the years. A new WAH facility in the White Oak area is defenately needed to accommodate the growing population in the area.

Good Luck + best wishes SD

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Takoma Park, MD 20912

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Yours very truly,

*The Washington Adventist Hospital
in White Oak is a much needed and
long overdue facility.*
Helen Campbell

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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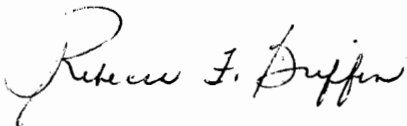
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Yours very truly,

A handwritten signature in cursive script, reading "Rebecca J. Druffin". The signature is written in black ink and is positioned below the typed name "Rebecca J. Druffin".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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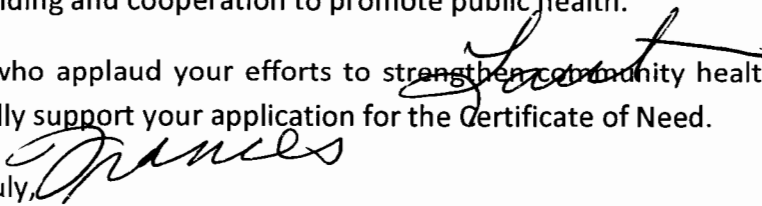
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Yours very truly,



RIDERWOOD VILLAGE
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September 3, 2013

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Yours very truly,

Margaret Cosie
Riderwood Village Resident

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Jane R. Gypker
MS109

*They planned for a new hospital
years ago, so why not now!*

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

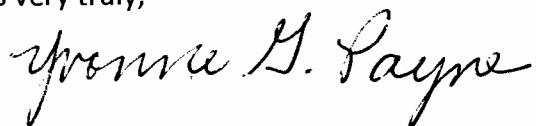
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in black ink that reads "Yvonne G. Payne". The signature is written in a cursive style with a large, flowing 'Y' and 'P'.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

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Yours very truly,

William F. Beura

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Marjorie M. Bond

Being an Independent Living resident of Riderwood, I am very much in favor of the acceptance of the WAAH's Certificate of Need" by the State of MD Health Care Commission. The hospital's being located so closely would be extremely helpful.

The doctors at our Medical Center being able to make daily visits would be a great asset and the hospital's heart specialty's would be of great advantage to for residents.

I am especially excited for this hospital's Certificate "Wash. of Need" approval; I was born in the hospital when it was the Sav.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Victoria A. Harden
3152 Gracefield Rd. #119
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Annette Rosen
3158 Gracefield Rd., Apt 501
Silver Spring, Md 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,



CL-320

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Donald J. Wise Apt 216
Keyville OR 4.216

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in cursive script that reads "Mary O'Rourke-Jaffer". The signature is written in black ink and is positioned below the typed name "Mary O'Rourke-Jaffer".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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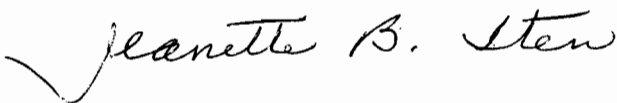
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Yours very truly,

Handwritten signature of Jeanette B. Sten in cursive script.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Ernie Stetman

Yes - absolutely & positively

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

F. Jean Webster

Because of my cardiac problems I would appreciate if help was closer by. My cardiologist isn't affiliated with the hospital the ambulance takes me to but he is affiliated with Washington Adventist. If Adventist was closer, the ambulance would take me there in an emergency.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Alice G. Parkert OP 418
3156 Gracefield Rd.
Silver Spring, Md 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

A handwritten signature in black ink that reads "Karen R. Smith". The signature is written in a cursive style with a large, prominent "K" and "S".

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Althea J. Lucas

09/05/13:

Having received 2000+ Volunteers Recognition Awards since 2005 Year, I am extremely grateful to have served the community as a Washington Adventist Hospital Volunteer.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

 F.C. 102

 FC 102

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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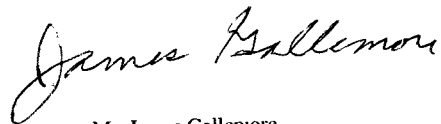
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Yours very truly,



Mr. James Gallimore
3158 Gracefield Rd. Apt. 604
Silver Spring, MD 20904-0820

Certainly, you know that the percentage of residents needing hospital care here is much, much higher than other communities this size. Please consider that factor in planning for a new White Oak facility.

James Gallimore

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Barbara B. Moss

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Edith E. Berlin
3158 Braefield RD #414
Silver Spring MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Marlin + Mathalis Nelson

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

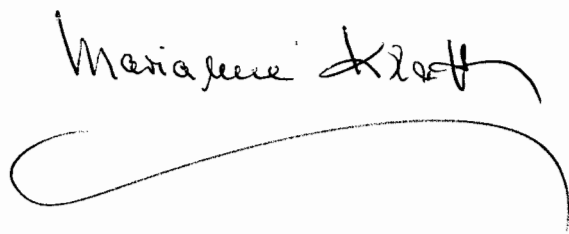
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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

A handwritten signature in black ink, appearing to read "Marjorie K. Kist". The signature is written in a cursive style and is positioned above a long, horizontal, sweeping flourish that extends across the width of the signature area.

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Elayne McCarthy - HG305
Michael Kinsella - HG305

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Ellen C Hartman

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Monica Peggy Custer

AG-203

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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I join those who applaud your efforts to strengthen community health care in Maryland and enthusiastically support your application for the Certificate of Need.

Yours very truly,

Pat Hamsher
3156 Gracefield Rd
Apartment OP 416
Silver Spring, MD 20904

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Conola J. Pedone
MS 504

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

Dear Ms. Newmyer:

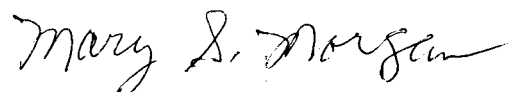
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September 3, 2013

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Yours very truly,

The proximity of the proposed facility could mean
the difference between life and death for my
wife or me in a critical situation.
Donald White (DW)

DW

Don White FC 420

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

Ms. Joyce Newmyer, President
Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Norman C. Dye

*Your hospital capabilities will uniquely
serve the health care needs of the senior
community at Riderwood.*

NC

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Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Elizabeth G. White FC 420- RWOV

RAC Box

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,


J. Joseph Belson
3154 Gracefield Rd Apt. 408
Silver Spring, MD 20904

and



RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Yours very truly,

Rosalind A. Forman 126 Meadowbrook Square
Samuel B. Forman Riderwood

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Silver Spring, Maryland

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Yours very truly,

Elizabeth H. Hammersla

*My husband also joins me in supporting
your application.*

RECEIVED SEP 11 2013

RIDERWOOD VILLAGE
Silver Spring, Maryland

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Marilyn D. Wilbur

RECEIVED SEP 11 2013

**RIDERWOOD VILLAGE
Silver Spring, Maryland**

September 3, 2013

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Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, MD 20912

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Yours very truly,

Quentin S. Serman
3154 Aracifield Rd.
Apt. 205
Silver Spring, MD 20904

LABQUEST PARTNERSHIP
10733 KINLOCH ROAD SILVER SPRING, MD 20903

JOYCE NEWMYER
PRESIDENT, WASHINGTON ADVENTIST HOSPITAL
7600 CARROLL AVE.
TAKOMA PARK, MD 20912

DEAR MS. NEWMYER,

I AM WRITING TO EXPRESS THE LABQUEST PARTNERSHIP'S STRONGEST POSSIBLE SUPPORT FOR WASHINGTON ADVENTIST HOSPITAL'S (WAH) PROPOSED RELOCATION OF ITS CURRENT HOSPITAL FACILITY IN TAKOMA PARK TO WHITE OAK WITH THE CONSTRUCTION OF A NEW, MODERN HOSPITAL ADJACENT TO THE FOOD AND DRUG ADMINISTRATION (FDA) CAMPUS.

AS YOU KNOW, LABQUEST HAS PLAYED A KEY ROLE IN SUPPORTING THE \$1.2 BILLION FDA CONSOLIDATION FOLLOWING THE CLOSURE OF THE FORMER NAVAL SURFACE WARFARE CENTER ON NEW HAMPSHIRE AVENUE IN WHITE OAK IN 1997.

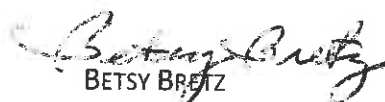
AN IMPORTANT PART OF OUR LONG-TERM VISION HAS BEEN THAT THE FDA PROJECT WOULD SPIN OFF ANCILLARY DEVELOPMENTS THAT WOULD NOT ONLY BENEFIT THE LOCAL AREA BUT HAVE BROADER HEALTHCARE IMPACTS AS WELL.

THE NEW WAH HOSPITAL AT WHITE OAK WOULD REPRESENT A SIGNIFICANT IMPROVEMENT IN HEALTH CARE DELIVERY FOR EASTERN MONTGOMERY COUNTY. IT WOULD REPLACE AN AGING FACILITY THAT CANNOT EFFECTIVELY BE REDEVELOPED. THE NEW HOSPITAL WILL FEATURE PRIVATE ROOMS, MORE EFFICIENT SPACE, AND OTHER PATIENT AMENITIES FOR 21ST CENTURY SERVICE.

MOREOVER, THE HOSPITAL'S PROXIMITY TO FDA WILL ENABLE THE FACILITIES TO WORK TOGETHER FOR MUTUAL BENEFIT. WE ARE AWARE THAT WAH HAS ALREADY SIGNED AN MEMORANDUM OF UNDERSTANDING WITH FDA, LAYING THE GROUNDWORK FOR MUTUAL COOPERATION AND SHARING OF FACILITIES FOR HEALTH RESEARCH AND PRACTICAL MEDICAL INNOVATION.

FOR ALL OF THE ABOVE REASONS, LABQUEST BELIEVES THAT WAH'S NEW HOSPITAL AT WHITE OAK WOULD BE AN IDEAL ADDITION TO THE COMMUNITY AND AN IMPORTANT ASSET FOR FDA. ACCORDINGLY, WE BELIEVE WAH'S APPLICATION TO CONSTRUCT THE NEW HOSPITAL SHOULD BE APPROVED AS QUICKLY AS POSSIBLE.

SINCERELY,


BETSY BRETZ
CHAIR
LABQUEST PARTNERSHIP



Washington Adventist Hospital

A Member of Adventist HealthCare

Hospital charges are made available to the public in order to provide useful information to our patients and community regarding the cost of care for the most common inpatient and outpatient procedures performed at Washington Adventist Hospital. Please note that these are estimates and are subject to change. The actual cost of your procedure may be higher or lower based on your specific clinical needs. Hospital rates are set in compliance with the Maryland Health Services Cost Review Commission (HSCRC). This information will be updated on a quarterly basis and reflects actual charges for the 12 months ending June 30, 2013. Patients may request an estimate of charges for a specific procedure by calling the *Patient Access Department* at (301) 891-6323.

Common Inpatient Procedures	Min Charges	Max Charges	Average Charges
Normal Newborn	\$ 360	\$ 10,263	\$ 1,811
Vaginal Delivery	\$ 2,696	\$ 42,938	\$ 8,643
Cesarean Delivery	\$ 3,394	\$ 38,294	\$ 9,043
Bipolar disorders	\$ 703	\$ 23,596	\$ 4,913
Major depressive disorders & other/unspecified psychoses	\$ 647	\$ 52,644	\$ 5,482
Schizophrenia	\$ 900	\$ 66,028	\$ 6,877
Septicemia & disseminated infections	\$ 2,360	\$ 98,633	\$ 22,402
Percutaneous cardiovascular procedures w/o AMI	\$ 4,927	\$ 78,742	\$ 16,696
Heart failure	\$ 2,547	\$ 58,686	\$ 11,302
Percutaneous cardiovascular procedures w AMI	\$ 5,980	\$ 96,487	\$ 17,573
Kidney & urinary tract infections	\$ 1,937	\$ 30,987	\$ 7,437
Chronic obstructive pulmonary disease	\$ 1,769	\$ 47,681	\$ 9,969
Other pneumonia	\$ 2,090	\$ 38,797	\$ 10,114
CVA & precerebral occlusion w infarct	\$ 2,014	\$ 60,466	\$ 14,881
Cardiac arrhythmia & conduction disorders	\$ 1,739	\$ 39,174	\$ 7,554
Cellulitis & other bacterial skin infections	\$ 1,592	\$ 65,495	\$ 7,090

Common Outpatient Procedures			Average Charges
Debridement, muscle and/or fascia, first 20 sq cm or less			\$ 4,985
Breast biopsy, percutaneous, needle core w/imaging			\$ 1,208
Application of multi-layer compression system			\$ 3,178
Upper gastrointestinal endoscopy w/biopsy, single or multiple			\$ 2,961
Cholecystectomy			\$ 7,986
Colonscopy w/biopsy			\$ 2,477
Extracapsular cataract removal w/ insertion of intraocular lens prosthesis			\$ 3,595
Catheter placement in coronary artery(s) for coronary angiography w/ left heart catheterization			\$ 7,526
Catheter placement in coronary artery(s) for coronary angiography w/ left heart catheterization w/bypass graft angiography			\$ 4,566
Cardioverter-defibrillator system, insertion/removal permanent system w/leads, single or dual chamber			\$ 39,322
Electrophysiology Study			\$ 17,194

Ancillary Services at Washington Adventist Hospital

Laboratory	Avg Charge
Hemogram + plt ct. + auto complete diff (CBC)	\$ 17
Comprehensive metabolic panel (w CO2, AST)	\$ 26
Urinalysis, auto, w/o scope	\$ 7
Glucose blood test, monitoring device	\$ 14
Drug screen, each drug or class	\$ 14
Troponin, quantitative	\$ 42
Basic Metabolic panel (w Calcium)	\$ 19
Prothrombin time	\$ 14
Thromboplastin time, partial (PTT)	\$ 14
Creatine kinase (CK), (CPK), total	\$ 10

Radiology	Avg Charge
X-Ray Chest, 2 views	\$99
X-Ray Chest, 1 view	\$66
X-Ray Spine, lumbosacral; minimum 4 views	\$197
X-Ray Hand, minimum 3 views	\$99
X-Ray Spine,cervical; minimum 4 views	\$132
X-Ray Foot complete, minimum 3 views	\$98
Ultrasound, uterus fetal & maternal evaluation	\$231
CT Brain w/o contrast	\$105
CT Abdomen & Pelvis w/contrast	\$351
CT Abdomen & Pelvis w/o contrast	\$281

Physician Groups at Washington Adventist Hospital

Hospital charges do not include physician and other provider services that are billed separately. Other providers may include your attending physician, anesthesiologist, radiologist, cardiologist, emergency room physician, and other specialists. If you have questions regarding the bill for their services, please contact the providers' office.

First Colonies Anesthesia	(240) 364-2500
Mid-Atlantic Critical Care	(240) 686-2310
Emergency Medicine Associates	(240) 686-2310
Cardiovascular Consultants	(301) 565-2250
Cardio Vascular Thoracic surgical Associates	(703) 280-5860
Washington Imaging Associates	(301) 562-7897
Takoma Surgical Associates	(202) 741-3560
Adventist Medical Group	(877) 805-5447



Washington Adventist Hospital

A Member of Adventist HealthCare

Los cargos hospitalarios se ponen a disposición del público a fin de brindar información útil a nuestros pacientes y nuestra comunidad referida al costo de la atención correspondiente a los procedimientos para pacientes hospitalizados y ambulatorios efectuados en Washington Adventist Hospital. Cabe destacar que se trata de montos estimados y están sujetos a cambios. El costo real de su procedimiento puede ser más alto o más bajo según su necesidades clínicas específicas. Las tarifas del hospital se fijan de conformidad con la Comisión de Revisión de Costos de Servicios de Salud de Maryland (*Health Services Cost Review Commission, HSCRC*). Esta información se actualizará trimestralmente y refleja los cargos reales correspondientes a los 12 meses que finalizan el 30 de junio de 2013. Los pacientes pueden solicitar un cálculo estimado de los cargos por un procedimiento específico si se comunican con el *Departamento de Acceso a los Pacientes al (301) 891-6323*.

Procedimientos comunes para pacientes hospitalizados	Cargos mínimos	Cargos máximos	Cargos promedio
Recién nacido normal	\$ 360	\$ 10,263	\$ 1,811
Parto vaginal	\$ 2,696	\$ 42,938	\$ 8,643
Parto por cesárea	\$ 3,394	\$ 38,294	\$ 9,043
Trastornos bipolares	\$ 703	\$ 23,596	\$ 4,913
Trastornos depresivos mayores y otras/psicosis no especificadas	\$ 647	\$ 52,644	\$ 5,482
Esquizofrenia	\$ 900	\$ 66,028	\$ 6,877
Septicemia e infecciones diseminadas	\$ 2,360	\$ 98,633	\$ 22,402
Procedimientos cardiovasculares percutáneos sin IAM	\$ 4,927	\$ 78,742	\$ 16,696
Insuficiencia cardíaca	\$ 2,547	\$ 58,686	\$ 11,302
Procedimientos cardiovasculares percutáneos con IAM	\$ 5,980	\$ 96,487	\$ 17,573
Infecciones del riñón y del tracto urinario	\$ 1,937	\$ 30,987	\$ 7,437
Enfermedad pulmonar obstructiva crónica	\$ 1,769	\$ 47,681	\$ 9,969
Otras neumonías	\$ 2,090	\$ 38,797	\$ 10,114
ACV y oclusión precerebral con infarto	\$ 2,014	\$ 60,466	\$ 14,881
Arritmia cardíaca y trastornos de conducción	\$ 1,739	\$ 39,174	\$ 7,554
Celulitis y otras infecciones cutáneas bacterianas	\$ 1,592	\$ 65,495	\$ 7,090

Procedimientos comunes para pacientes ambulatorios			Cargos promedio
Desbridamiento, muscular y/o facial, primeros cm ² o menos			\$ 4,985
Biopsia de mama, percutánea, por punción con imágenes			\$ 1,208
Aplicación de sistema de compresión de capas múltiples			\$ 3,178
Endoscopia gastrointestinal superior con biopsia, única o múltiple			\$ 2,961
Colecistectomía			\$ 7,986
Colonoscopia con biopsia			\$ 2,477
Extracción extracapsular de catarata con inserción de prótesis de lente intraocular			\$ 3,595
Colocación de catéter en arteria(s) coronaria(s) para angiografía coronaria con cateterismo izquierdo del corazón			\$ 7,526
Colocación de catéter en arteria(s) coronaria(s) para angiografía coronaria con cateterismo izquierdo del corazón con angiografía de injerto de derivación			\$ 4,566
Sistema de desfibrilador cardioversor, sistema permanente de inserción/extracción con conductores, unicameral o bicameral			\$ 39,322
Estudio electrofisiológico			\$ 17,194

Servicios adicionales en Washington Adventist Hospital

Laboratorio	Cargo promedio
Hemograma + recuento de plaquetas + diferencial autocompleto (CBC)	\$ 17
Análisis metabólico completo (con CO2, aspartato aminotransferasa)	\$ 26
Análisis de orina, automático, sin endoscopio	\$ 7
Prueba de glucosa en sangre, dispositivo de monitoreo	\$ 14
Prueba de detección de drogas, cada droga o clase	\$ 14
Troponina, cuantitativa	\$ 42
Análisis metabólico básico (con calcio)	\$ 19
Tiempo de protrombina	\$ 14
Tiempo parcial de tromboplastina (TPT)	\$ 14
Creatina quinasa (CK), creatina fosfoquinasa (CPK), total	\$ 10

Radiología	Cargo promedio
Radiografía de tórax, 2 incidencias	\$99
Radiografía de tórax, 1 incidencia	\$66
Radiografía de columna vertebral, lumbosacra; mín. 4 incidencias	\$197
Radiografía de mano, mínimo 3 incidencias	\$99
Radiografía de columna vertebral, cervical; mín. 4 incidencias	\$132
Radiografía completa de pie, mín. 3 incidencias	\$98
Ultrasonido, evaluación del útero, fetal y materna	\$231
Tomografía computada de cerebro, sin contraste	\$105
Tomografía computada de abdomen y pelvis con contraste	\$351
Tomografía computada de abdomen y pelvis sin contraste	\$281

Grupos médicos en Washington Adventist Hospital

Los cargos hospitalarios no incluyen los servicios prestados por los médicos u otros proveedores que se facturan por separado. Otros proveedores puede incluir a su médico tratante, anestesista, radiólogo, cardiólogo, médico de sala de emergencias y otros especialistas. Si tiene preguntas referidas a la factura correspondiente a sus servicios, comuníquese con el consultorio del proveedor.

First Colonies Anesthesia	(240) 364-2500
Mid-Atlantic Critical Care	(240) 686-2310
Emergency Medicine Associates	(240) 686-2310
Cardiovascular Consultants	(301) 565-2250
Cardio Vascular Thoracic surgical Associates	(703) 280-5860
Washington Imaging Associates	(301) 562-7897
Takoma Surgical Associates	(202) 741-3560
Adventist Medical Group	(877) 805-5447

Washington Adventist Hospital
Summary Analysis of Impact on Existing Providers
in 000's

	Holy Cross Hospital ⁽¹⁾	Montgomery General ⁽¹⁾	Shady Grove Adventist Hospital ⁽¹⁾	Suburban Hospital	Laurel Regional Hospital	Prince Georges Hospital	Southern Maryland	Doctors Community
MSG + OB/NUR Admissions:								
Impact of Relocation	(1,422)	(173)	(62)	(5)	(110)	361	-	240
Incremental Growth	<u>3,556</u>	<u>1,107</u>	<u>2,097</u>	<u>1,030</u>	<u>697</u>	<u>1,561</u>	<u>1,758</u>	<u>2,457</u>
Net Growth	2,134	934	2,035	1,025	587	1,922	1,758	2,697
Gross Revenue ⁽²⁾:								
Impact of Relocation	\$ (12,293)	\$ (1,327)	\$ (230)	\$ (47)	\$ (1,017)	\$ 3,713	\$ -	\$ 2,306
Incremental Growth	<u>33,335</u>	<u>10,266</u>	<u>20,188</u>	<u>9,756</u>	<u>6,494</u>	<u>18,988</u>	<u>16,248</u>	<u>23,361</u>
Net Growth	\$ 21,042	\$ 8,939	\$ 19,958	\$ 9,709	\$ 5,477	\$ 22,701	\$ 16,248	\$ 25,667

(1) Does not adjust for the anticipated favorable market share impact to Holy Cross and unfavorable market share impact to Shady Grove and Montgomery General due to the opening of the new Germantown Hospital in 2015.

(2) Based on 2013 charge levels.

Washington Adventist Hospital
Detail Analysis - Impact of Relocation on MSGA and OB/NUR Admissions on Exiting Providers

		Holy Cross Hospital	Montgomery General	Shady Grove Adventist Hospital	Suburban Hospital	Laurel Regional Hospital	Prince Georges Hospital	Southern Maryland	Doctors Community
Impact of Relocation of WAH:									
MSGA Admissions ⁽¹⁾	A	(1,120)	(121)	-	(5)	(102)	259	-	244
Less: One Day Stay Rate	B	<u>14.40%</u>	<u>15.80%</u>	<u>15.50%</u>	<u>22.00%</u>	<u>11.90%</u>	<u>12.50%</u>	<u>16.70%</u>	<u>18.30%</u>
	C = A*(1-B)	(959)	(102)	-	(4)	(90)	227	-	199
Less: Hospital Specific Readmission Rate ⁽²⁾	D	<u>5.66%</u>	<u>9.25%</u>	<u>6.62%</u>	<u>9.34%</u>	N/A - CPC	N/A - CPC	N/A - CPC	<u>11.35%</u>
Total MSGA Episodes	E = C*(1-D)	(904)	(92)	-	(4)	(90)	227	-	177
OB Admissions & Births	F	(302)	(52)	(62)	-	(8)	102	-	(4)
Total Episodes (MSGA + OBS/NUR)	G = E+F	(1,206)	(144)	(62)	(4)	(98)	329	-	173
FY 2013 Hospital Permanent CPE/CPC	H	\$ 9,176	\$ 10,352	\$ 9,269	\$ 15,056	\$ 9,203	\$ 13,793	\$ 9,532	\$ 13,612
FY 2013 Hospital Specific Base CMI	I	<u>0.8368</u>	<u>0.9627</u>	<u>0.8552</u>	<u>1.3818</u>	<u>0.8266</u>	<u>0.9685</u>	<u>0.8725</u>	<u>1.1860</u>
Hospital Specific CPE/CPC @ 1	J = H/I	\$ 10,966	\$ 10,753	\$ 10,838	\$ 10,896	\$ 11,134	\$ 14,241	\$ 10,925	\$ 11,477
WAH MSGA CMI (excl. Cardiac)	K	1.245	1.245	1.245	1.245	1.105 ⁽³⁾	1.105 ⁽³⁾	1.105 ⁽³⁾	1.245
WAH Blended OB/NUR CMI	L	<u>0.4019</u>	<u>0.4019</u>	<u>0.4019</u>	<u>0.4019</u>	<u>0.3955⁽³⁾</u>	<u>0.3955⁽³⁾</u>	<u>0.3955⁽³⁾</u>	<u>0.3955</u>
Hospital Specific Weight Based on Impact	M = (K*E+L*F)/G	1.0336	0.9412	0.4019	1.2445	1.0474	0.8851	0.0000	1.2642
Allowable CPE/CPC for Impact Cases	N = J * M	\$ 11,334	\$ 10,121	\$ 4,356	\$ 13,560	\$ 11,661	\$ 12,604	\$ -	\$ 14,509
Add Back: One Day Stay Cases (@ Hospital specific rate) as pass thru ⁽⁴⁾	O	<u>(787,692)</u>	<u>(99,050)</u>	<u>-</u>	<u>(7,770)</u>	<u>(55,022)</u>	<u>225,686</u>	<u>-</u>	<u>206,426</u>
Total Allowable Revenue	P = N*G+O	\$ (14,461,770)	\$ (1,561,086)	\$ (270,071)	\$ (55,715)	\$ (1,196,201)	\$ 4,367,750	\$ -	\$ 2,712,510
Current Volume Variability Factor in Rates (85/15)	Q = -P*0.15	<u>2,169,265</u>	<u>234,163</u>	<u>40,511</u>	<u>8,357</u>	<u>179,430</u>	<u>(655,162)</u>	<u>-</u>	<u>(406,876)</u>
		<u>\$ (12,292,504)</u>	<u>\$ (1,326,923)</u>	<u>\$ (229,560)</u>	<u>\$ (47,358)</u>	<u>\$ (1,016,771)</u>	<u>\$ 3,712,587</u>	<u>\$ -</u>	<u>\$ 2,305,633</u>

(1) Source: See Impact on Existing Providers (10.24.01.08G(3)(f)). OB cases are double to account for delivery and birth.

(2) SPCC Data run (FY 2012 Readmission Rate)

(3) 2013 CPC Weights for WAH Cases excluding One Day Stays

(4) Hospital specific case rate for One Day stays from FY 2013 SPCC ARRREIC run

Washington Adventist Hospital
Detail Analysis - WAH TSA area Population Growth to Existing Providers

		Holy Cross Hospital	Montgomery General	Shady Grove Adventist Hospital	Suburban Hospital	Laurel Regional Hospital	Prince Georges Hospital	Southern Maryland	Doctors Community
Impact of Population Growth in WAH TSA:									
MSGAs Admissions ⁽¹⁾	A	3,218	1,085	2,063	1,030	655	1,503	1,754	2,455
Less: One Day Stay Rate	B	<u>14.40%</u>	<u>15.80%</u>	<u>15.50%</u>	<u>22.00%</u>	<u>11.90%</u>	<u>12.50%</u>	<u>16.70%</u>	<u>18.30%</u>
	C = A*(1-B)	2,755	914	1,743	803	577	1,315	1,461	2,006
Less: Hospital Specific Readmission Rate ⁽²⁾	D	<u>5.66%</u>	<u>9.25%</u>	<u>6.62%</u>	<u>9.34%</u>	N/A - CPC	N/A - CPC	N/A - CPC	<u>11.35%</u>
Total MSGA Episodes	E = C*(1-D)	2,599	829	1,628	728	577	1,315	1,461	1,778
OB Admissions & Births	F	<u>338</u>	<u>22</u>	<u>34</u>	<u>-</u>	<u>42</u>	<u>58</u>	<u>4</u>	<u>2</u>
Total Episodes (MSGAs + OBS/NUR)	G = E+F	2,937	851	1,662	728	619	1,373	1,465	1,780
FY 2013 Hospital Permanent CPE/CPC	H	\$ 9,176	\$ 10,352	\$ 9,269	\$ 15,056	\$ 9,203	\$ 13,793	\$ 9,532	\$ 13,612
FY 2013 Hospital Specific Base CMI	I	<u>0.8368</u>	<u>0.9627</u>	<u>0.8552</u>	<u>1.3818</u>	<u>0.8266</u>	<u>0.9685</u>	<u>0.8725</u>	<u>1.1860</u>
Hospital Specific CPE/CPC @ 1	J = H/I	\$ 10,966	\$ 10,753	\$ 10,838	\$ 10,896	\$ 11,134	\$ 14,241	\$ 10,925	\$ 11,477
WAH MSGA CMI (excl. Cardiac)	K	1.245	1.245	1.245	1.245	1.105 ⁽³⁾	1.105 ⁽³⁾	1.105 ⁽³⁾	1.245
WAH Blended OB/NUR CMI	L	<u>0.4019</u>	<u>0.4019</u>	<u>0.4019</u>	<u>0.4019</u>	<u>0.3955</u> ⁽³⁾	<u>0.3955</u> ⁽³⁾	<u>0.3955</u> ⁽³⁾	<u>0.3955</u>
Hospital Specific Weight Based on Impact	M = (K*E+L*F)/G	1.1475	1.2227	1.2273	1.2445	1.0572	1.0754	1.1035	1.2435
Allowable CPE/CPC for Impact Cases	N = J * M	\$ 12,584	\$ 13,148	\$ 13,302	\$ 13,560	\$ 11,771	\$ 15,315	\$ 12,055	\$ 14,273
Add Back: One Day Stay Cases (@ Hospital specific rate) as pass thru ⁽⁴⁾	O	<u>2,263,207</u>	<u>888,179</u>	<u>1,645,830</u>	<u>1,600,702</u>	<u>353,325</u>	<u>1,309,677</u>	<u>1,453,459</u>	<u>2,076,952</u>
Total Allowable Revenue	P = N*G+O	\$ 39,217,237	\$ 12,078,111	\$ 23,750,931	\$ 11,477,282	\$ 7,640,216	\$ 22,339,236	\$ 19,115,639	\$ 27,483,620
Current Volume Variability Factor in Rates (85/15)	Q = -P*0.15	<u>(5,882,586)</u>	<u>(1,811,717)</u>	<u>(3,562,640)</u>	<u>(1,721,592)</u>	<u>(1,146,032)</u>	<u>(3,350,885)</u>	<u>(2,867,346)</u>	<u>(4,122,543)</u>
		<u>\$ 33,334,652</u>	<u>\$ 10,266,395</u>	<u>\$ 20,188,291</u>	<u>\$ 9,755,689</u>	<u>\$ 6,494,183</u>	<u>\$ 18,988,350</u>	<u>\$ 16,248,293</u>	<u>\$ 23,361,077</u>

(1) Source: See Impact on Existing Providers (10.24.01.08G(3)(f)). OB cases are double to account for delivery and birth.

(2) SPCC Data run (FY 2012 Readmission Rate)

(3) 2013 CPC Weights for WAH Cases excluding One Day Stays

(4) Hospital specific case rate for One Day stays from FY 2013 SPCC ARRREJC run

Washington Adventist Hospital
Net Impact of WAH Relocation and WAH TSA Population Growth on Existing Provider:

		Holy Cross Hospital	Montgomery General	Shady Grove Adventist Hospital	Suburban Hospital	Laurel Regional Hospital	Prince Georges Hospital	Southern Maryland	Doctors Community
Net Impact of Relocation and Population Growth in WAH TSA									
MSGA Admissions ⁽¹⁾	A	2,098	964	2,063	1,025	553	1,762	1,754	2,699
Less: One Day Stay Rate	B	<u>14.40%</u>	<u>15.80%</u>	<u>15.50%</u>	<u>22.00%</u>	<u>11.90%</u>	<u>12.50%</u>	<u>16.70%</u>	<u>18.30%</u>
	C = A*(1-B)	1,796	812	1,743	800	487	1,542	1,461	2,205
Less: Hospital Specific Readmission Rate ⁽²⁾	D	<u>5.66%</u>	<u>9.25%</u>	<u>6.62%</u>	<u>9.34%</u>	N/A - CPC	N/A - CPC	N/A - CPC	<u>11.35%</u>
Total MSGA Episodes	E = C*(1-D)	1,694	737	1,628	725	487	1,542	1,461	1,955
OB Admissions & Births	F	<u>36</u>	<u>(30)</u>	<u>(28)</u>	-	<u>34</u>	<u>160</u>	<u>4</u>	<u>(2)</u>
Total Episodes (MSGA + OBS/NUR)	G = E+F	1,730	707	1,600	725	521	1,702	1,465	1,953
FY 2013 Hospital Permanent CPE/CPC	H	\$ 9,176	\$ 10,352	\$ 9,269	\$ 15,056	\$ 9,203	\$ 13,793	\$ 9,532	\$ 13,612
FY 2013 Hospital Specific Base CMI	I	<u>0.8368</u>	<u>0.9627</u>	<u>0.8552</u>	<u>1.3818</u>	<u>0.8266</u>	<u>0.9685</u>	<u>0.8725</u>	<u>1.1860</u>
Hospital Specific CPE/CPC @ 1	J = H/I	\$ 10,966	\$ 10,753	\$ 10,838	\$ 10,896	\$ 11,134	\$ 14,241	\$ 10,925	\$ 11,477
WAH MSGA CMI (excl. Cardiac)	K	1.245	1.245	1.245	1.245	1.105 ⁽³⁾	1.105 ⁽³⁾	1.105 ⁽³⁾	1.245
WAH Blended OB/NUR CMI	L	<u>0.4019</u>	<u>0.4019</u>	<u>0.4019</u>	<u>0.4019</u>	<u>0.3955⁽³⁾</u>	<u>0.3955⁽³⁾</u>	<u>0.3955⁽³⁾</u>	<u>0.3955</u>
Hospital Specific Weight Based on Impact	M = (K*E+L*F)/	1.2270	1.2803	1.2592	1.2445	1.0591	1.0387	1.1035	1.2454
Allowable CPE/CPC for Impact Cases	N = J * M	\$ 13,455	\$ 13,767	\$ 13,648	\$ 13,560	\$ 11,792	\$ 14,792	\$ 12,055	\$ 14,294
Add Back: One Day Stay Cases (@ Hospital specific rate) as pass thru ⁽⁴⁾	O	<u>1,475,515</u>	<u>789,128</u>	<u>1,645,830</u>	<u>1,592,932</u>	<u>298,303</u>	<u>1,535,363</u>	<u>1,453,459</u>	<u>2,283,378</u>
Total Allowable Revenue	P = N*G+O	\$ 24,755,467	\$ 10,517,025	\$ 23,480,860	\$ 11,421,567	\$ 6,444,015	\$ 26,706,986	\$ 19,115,639	\$ 30,196,130
Current Volume Variability Factor in Rates (85/15)	Q = -P*0.15	<u>(3,713,320)</u>	<u>(1,577,554)</u>	<u>(3,522,129)</u>	<u>(1,713,235)</u>	<u>(966,602)</u>	<u>(4,006,048)</u>	<u>(2,867,346)</u>	<u>(4,529,420)</u>
		<u>\$ 21,042,147</u>	<u>\$ 8,939,471</u>	<u>\$ 19,958,731</u>	<u>\$ 9,708,332</u>	<u>\$ 5,477,412</u>	<u>\$ 22,700,938</u>	<u>\$ 16,248,293</u>	<u>\$ 25,666,711</u>

(1) Source: See Impact on Existing Providers (10.24.01.08G(3)(f)). OB cases are double to account for delivery and birth

(2) SPCC Data run (FY 2012 Readmission Rate)

(3) 2013 CPC Weights for WAH Cases excluding One Day Stays

(4) Hospital specific case rate for One Day stays from FY 2013 SPCC ARRREJC rur