

Hospital Information

Hospital Name:	Portland Adventist Medical Center
Hospital System:	Adventist Health
Fiscal Year:	2024
Reporting Period:	1/1/24-12/31/24
Name of Person Completing This Form:	
Title:	
Email:	
Phone Number:	
Reviewed By:	Jason Panasuk
Title:	Finance Officer

Please identify any clinics or other health care facilities whose activities are included in this CBR-1 form

Facility Name	Street Address	City	Zip
200-567005-Hospice	5835 NE 122nd Avenue	Portland	97230
5-514006-Sandy Family Practice	17055 Ruben Lane	Sandy	97055
5-514021-Hospitalists	10123 SE Market Street	Portland	97216
5-514028-Parkrose Urgent Care	1350 NE 122nd Avenue	Portland	97230
5-514040-Sandy Urgent Care	17055 Ruben Lane	Sandy	97055
5-514046-NW Heart Center - McMinnville	2700 SE Stratus Avenue	McMinnville	97128
5-514071-PreOp Medical Clinic	10000 SE Main Street	Portland	97216
5-520098-Gresham Station IM/FP	831 NW Council Drive	Gresham	97030
5-520099-Parkrose Medical Clinic	1350 NE 122nd Avenue	Portland	97230
5-520100-Clackamas Clinic	10151 SE Sunnyside Rd	Clackamas	97015
5-520101-Troutdale Clinic	1700 SW 257th Ave	Troutdale	97060
5-520102-Portland Lung Clinic	10201 SE Main Street	Portland	97216
5-520103-Portland Primary Care	10201 SE Main Street	Portland	97216
5-520104-Damascus Clinic	14450 SE Royer Rd	Damascus	97089
5-520105-Wound Clinic	10201 SE Main Street	Portland	97216
5-520106-Rheumatology, Endo & Diabetes Center - Clackamas	10151 SE Sunnyside Rd	Clackamas	97015
5-520106-Rheumatology, Endo & Diabetes Center	10101 SE Main Street	Portland	97216
5-520108-NW Heart Surgical Associates	10000 SE Main Street	Portland	97216
5-520109-GI Clinic	10000 SE Main Street	Portland	97216
5-520110-Radiation Oncology	10123 SE Market Street	Portland	97216
5-520111-NW Heart Center - Portland	10000 SE Main Street	Portland	97216
5-520112-Sleep Clinic	10201 SE Main Street	Portland	97216
5-520114-Multi-Specialty Surgery Clinic	10000 SE Main Street	Portland	97216
5-520115-Infectious Disease Clinic	10201 SE Main Street	Portland	97216
5-520116-Women's Health - Clackamas	10151 SE Sunnyside Rd	Clackamas	97015
5-520116-Women's Health - Portland	10101 SE Main Street	Portland	97216
5-520124-Bariatric Surgical Clinic	10000 SE Main Street	Portland	97216
5-787002-Occ Med Parkrose	1350 NE 122nd Avenue	Portland	97230
5-788001-Wound Care & Hyperbaric	10201 SE Main Street	Portland	97216
5-877301-Admin - Clinics	10000 SE Main Street	Portland	97216

Community Health Improvement Services

Community Building Activities

Community Benefit Operations

Input data Computed Field

Community Health Improvement Services are activities that are carried out to improve community health. These services do not generate inpatient or outpatient bills. They may involve a nominal patient fee or sliding scale fee. These activities are based on an identified community need. Eligible expenses include direct and indirect costs, equipment, transportation and employee time as long as the employee is performing the function during their normal working hours. **Count:** School based health programs, wellness classes, general chronic disease management, weight loss and nutrition classes, special event health screenings, transportation support. **Do not count:** classes designed to increase market share, prenatal classes offered to insured patients, customary education as a part of comprehensive care, classes offered to employees as a benefit, health screenings as a part of routine business, programs that refer patients to your facility.

Do not count any grants or other cash distributions that are also claimed as Cash and In Kind contributions.

Line	Community Health Improvement Services	Total Community Benefit Expense	Direct Offsetting Revenue	Net Community Benefit Expense	Encounters
1	Q3-2024 Heart Health & Weight Loss Surgery HRA/Education	7,000.00		7,000.00	
2	Q2-2024 Living Well Magazine Distributed to Public	46,503.00		46,503.00	
3	Q1-2024 Heart Health Calendar - Heart Month (Feb) Giveaway	9,016.00		9,016.00	
4	Q1-2024 Heart Health & Weight Loss Surgery HRA/Education	16,800.00		16,800.00	
5	FY 2024 Patient transportation_Care Management	286,645.00		286,645.00	
6	Q1-Q4 2024 Child Car Seats for Low Income	4,617.00		4,617.00	44
7	Q4 2024 Cancer Care Navigation	31,271.00		31,271.00	134
8	Q4 2024 Cancer Care Social Work	28,119.00		28,119.00	35
9	Q4 2024 Cancer Care Transportation	9,596.00		9,596.00	14
10	Q3 2024 Cancer Care Navigation	29,131.00		29,131.00	118
11	Q3 2024 Cancer Care Social Work	26,790.00		26,790.00	40
12	Q3 2024 Cancer Care Transportation	14,291.00		14,291.00	17
13	Q3 2024 Project Access Now Support	10,725.00		10,725.00	
14	Q2 2024 Cancer Care Navigation	27,909.00		27,909.00	73
15	Q2 2024 Cancer Care Social Work	26,790.00		26,790.00	8
16	Q2 2024 Cancer Care Transportation	8,386.00		8,386.00	9
17	Q2 2024 Project Access Now Support	61,411.00		61,411.00	
18	Q1 2024 Cancer Care Navigation	27,497.00		27,497.00	70
19	Q1 2024 Cancer Care Social Work	23,021.00		23,021.00	8
20	Q1 2024 Cancer Care Transportation	14,938.00		14,938.00	10
21	Q1 2024 Project Access Now Support	39,226.00		39,226.00	
22	FY 2024 Parallon Enrollment Assistance	50.00		50.00	
23	2024 Health Care Equity Fair Hearing Van	1,567.00		1,567.00	20
24	Nutrition and health related give away items for community events.	13,720.00		13,720.00	
25	2024 Physician-Provider Recruitment Expenses	1,872,398.00		1,872,398.00	
26	Pastor Masters/CPE Growth	5,000.00		5,000.00	
27	Total Community Health Improvement Service Expense	2,642,417.00	-	2,642,417.00	600

Community building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness and environmental hazards. These are activities that improve overall health, but are not direct health services. These may also be referred to as social determinants of health. Examples include neighborhood improvements and revitalizations, economic development, and community support. **Count:** Neighborhood improvements, public works, lighting, tree planting, graffiti removal, housing rehabilitation, low income housing support, economic development, grants to local businesses, child care services, environmental clean up. **Do not count:** Employee housing costs, construction of medical facilities, business investments, landscape and maintenance of facilities, facility environmental improvements required by law.

Line	Community Building Activities	Total Community Benefit Expense	Direct Offsetting Revenue	Net Community Benefit Expense
1	2024 Executive Advocacy for Community Health	107,886.00		107,886.00
2	Q4-2024 DEI Committee Participation	5,680.00		5,680.00
3	Q3-2024 DEI Committee Participation	2,942.00		2,942.00
4	Q2-2024 DEI Committee Participation	3,599.00		3,599.00
5	Q1-2024 DEI Committee Participation	4,359.00		4,359.00
6	Q4-2024 First Friday Fellowship & Meal	15,075.00		15,075.00
7	Q3-2024 First Friday Fellowship & Meal	13,849.00		13,849.00
8	Q2-2024 First Friday Fellowship & Meal	14,237.00		14,237.00
9	Q1-2024 Prayerworks quarterly allocation of cost	3,300.00		3,300.00
10	Q1-2024 First Friday Fellowship & Meal	13,795.00		13,795.00
11	FY 2024 Clackamas Chamber of Commerce Participation	1,030.00		1,030.00
12	FY 2024 East Portland Chamber of Commerce Participation	3,000.00		3,000.00
13	FY 2024 Gresham Chamber of Commerce Participation	1,389.00		1,389.00
14	2024 Student Healthcare Leaders 2 - 10 Week Sessions	36,746.00		36,746.00
15	FY 2024 COPE Hope Scholar Program	245,877.00		245,877.00
16	FY 2024 MA COPE Health Scholar Program	86,758.00		86,758.00
17	Total Community Health Improvement Service Expense	559,522.00	-	559,522.00

Community Benefit Operations are costs associated with conducting community needs assessments, community benefit strategy development and operations. These include staff costs, including wage and benefit, contracting, equipment and software costs. Use caution to not double count staff costs accounted in community benefit operations in other categories. **Count:** Staff costs for managing community benefit programs, costs associated with needs assessments, grant writing and fundraising costs, administrative costs of outreach or public forums, training costs associated with community benefit. **Do not count:** Market analysis, market surveys, grants or fundraising for non-community benefit projects, staff time for in-house volunteer programs.

Line	Community Benefit Operations	Total Community Benefit Expense	Direct Offsetting Revenue	Net Community Benefit Expense
1	2024 Associate Volunteer Squad Hours & Expenses Multiple Projects	8,104.00		8,104.00
2	2024 Community Benefit Staffing-AR	3,222.00		3,222.00
3	2024 Community Benefit Staffing-CS	13,722.00		13,722.00
4	2024 Community Benefit Staffing-TJ	87,311.00		87,311.00
5	Q4-2024 Community Benefit Staffing-HP	472.00		472.00
6	Q3-2024 Community Benefit Staffing-AL	507.00		507.00
7	Q3-2024 Community Benefit Staffing-HP	708.00		708.00
8	Q3-2024 Community Benefit Staffing-WR	507.00		507.00
9	Q2-2024 Community Benefit Staffing-HP	472.00		472.00
10	Q1-2024 Community Benefit Staffing-HP	472.00		472.00
11	FY 2024 System Staff Allocation	38,420.00		38,420.00
12	Total Community Benefit Operations Expense	153,917.00	-	153,917.00

Health Professions Education

Input data Computed Field

Health professions education includes educational programs for physicians, interns, residents, nurses or other health professionals when education is necessary for a degree, certificate or training that is required by state law, accrediting body or health profession society. Be sure to subtract government subsidy and offsetting revenue amounts. **Count:** Residents, medical students, nurses, interns, fellowships, allied health professions, required Continuing Medical Education, staff fully dedicated to training health professionals, clinical settings fully dedicated to training. **Do not count:** non generalizable education, joint appointments, in house mentoring programs, on the job training, programs where the trainee is required to work for the organization after completion.

Line	Health Professions Education Expenses	Number of Professionals	Expense
1	Medical Students		
2	Interns, Residents and Fellows		
3	Nurses	431	715,419.00
4	Other allied health professional students		
5	Continuing health professions education		
6	Other applicable health profession education expenses		
7	Total Health Professions Education Expense	431	715,419.00

Line	Direct Offsetting Revenue		Revenue
7	Medicare reimbursement for direct GME		
8	Medicaid reimbursement for direct GME		
9	Continuing health professions education reimbursement/tuition		
10	Other revenue		48,151.00
11	Total Direct Offsetting Revenue		48,151.00

		Number of Professionals	Expense
12	Total Net Health Professions Education Expense	431	667,268.00

Research

Cash and In-Kind Contributions

Input data

Computed Field

Research includes clinical and community health research, as well as studies on health care delivery that are intended to be publicly distributed or published in a peer reviewed journal. Priority should be placed on issues related to reducing health disparities and preventable illness. **Count:** Costs associated with clinical trials, research development, studies on therapeutic protocols, evaluation of innovative treatments, studies on health issues for vulnerable persons, public health studies, research papers prepared by staff for professional journals, studies on innovative health care delivery models. **Do not count:** any costs associated with research that will not produce generalizable knowledge, or public information.

Line	Research	Expense
1	Direct Costs	0
2	Indirect Costs	
3	Total Research Expense	0
	Direct Offsetting Revenue	Revenue
4	Licensing fees and royalties	0
5	Other revenue	
6	Total Direct Offsetting Revenue	0
7	Total Net Health Professions Education Expense	0

Cash and in-kind contributions includes funds, grants and in-kind services donated to individuals or the community at large. As a general rule, count donations to organizations and programs that are consistent with your organization's goals and mission. In-kind services include hours donated by staff to the community while on health care organization work time, overhead expenses of space donated to not-for-profit community groups (such as for meetings), and donation of food, equipment, and supplies. **Count:** Hospital cash donations, grants, event sponsorship, general contributions to not-for-profit organizations or community groups, scholarships to community members not specific to health care professions, meeting room overhead and space for not-for-profit organizations and community groups, equipment, supplies, staff time while on regular working hours, **Do not count:** Staff time for employees volunteering outside their working hours, employee-donated funds, Emergency funds provided to employees, fees for sporting event tickets, time spent at golf outings or other primarily recreational events, employee perks or gifts.

Line	Cash and In-Kind Contributions	Contributions	Offsetting Revenue	Net Cash and In-Kind
1	Q2-2024 Sponsorship North by Our Just Future Sponsorship	1,500.00		1,500.00
2	Q2-2024 Sponsorship PACS Fall Festival	6,000.00	1,300.00	4,700.00
3	Q1-2024 Sponsorship Blanchet House Gala Sponsorship	5,000.00		5,000.00
4	Q1-2024 Sponsorship Project Access Now Gala Sponsorship	5,000.00	600.00	4,400.00
5	Q1-2024 Sponsorship Transitions Project Gala Sponsorship	5,000.00		5,000.00
6	2024 Sponsorship Fora Health	7,500.00		7,500.00
7	Q1-2024 Sponsorship Battle Ground Healthcare	1,500.00		1,500.00
8	Q1-2024 Sponsorship Cascade AIDS Gala	4,000.00	1,650.00	2,350.00
9	Q4-2024 Allocation of Garden Space/Water Use-Outgrowing Hunger	3,653.00		3,653.00
10	2024 Community Produce Stand Signage/Supplies	3,190.00		3,190.00
11	Q3-2024 Allocation of Garden Space/Water Use-Outgrowing Hunger	3,653.00		3,653.00
12	Q2-2024 Allocation of Garden Space/Water Use-Outgrowing Hunger	3,093.00		3,093.00
13	Q1-2024 Allocation of Garden Space/Water Use-Outgrowing Hunger	3,093.00		3,093.00
14	Meals on Wheels Cards and Placemats	706.00		706.00
	Total Cash and In-kind Contributions	52,888.00	3,550.00	49,338.00

CCR Worksheet

Input data

Computed Field

Patient Care Cost-to-Charge Ratio Calculation

Complete Worksheet even if your hospital is using cost accounting systems

Cost to Charge Ratio		Amount	Sample
Patient Care Cost			
1	Total operating expense	468,426,793	95,000,000
Less: Adjustments			
2	Bad debt expense (If included as total operating expense)	0	2,500,000
3	Non-patient care activities	15,215,013	7,900,000
4	Medicaid provider taxes, fees, or assessments	19,988,574	1,000,000
5	Community benefit expenses from services not related to patient care	4,120,613	950,000
6	Total adjustments	39,324,200	12,350,000
7	Adjusted patient care cost	429,102,593	82,650,000
Patient Care Charges			
8	Gross patient charges	1,743,522,522	170,000,000
Less: Adjustments			
9	Gross charges for community benefit programs not related to patient care	28,186,293	50,000
10	Adjusted patient care charges (subtract line 9 from line 8)	1,715,336,229	169,950,000
11	Patient care cost-to-charge ratio (divide line 7 by line 10; use this percentage on Charity Care, Medicaid, and other public program cost worksheets)	25.02%	48.6%

Charity Care Worksheet

Calculation of Charity Care at Cost

Input data Computed Field

Charity care- means free or discounted health services provided to persons who cannot afford to pay and from whom a hospital has no expectation of payment. Charity care does not include bad debt, contractual allowances or discounts for quick payment. Eligibility determinations by hospitals can be made at any point during the revenue cycle but all efforts should be made to determine eligibility as early in the revenue cycle as possible. **Count:** Free and discounted care, expenses incurred by the provision of charity care, indirect costs not already included in calculating costs. **Do not count:** Bad debt, contractual allowances, implicit price concessions, or quick-pay discounts. Any portion of charity care costs already included in the subsidized health care services category. **If your hospital cannot provide charity care cost data by primary payer, input all payer charity care in the "other" category, lines 5a-5d below**

Indicate which expense method is being used to correctly populate the summary table

Cost to Charge Ratio Cost Accounting

Line	Gross patient charges	Amount	Sample	Cost Accounting Option
1a	Number of Medicaid patient visits provided charity care	600	1,000	
1b	Amount of gross Medicaid patient charges written off as charity care	434,378	500,000	
1c	Direct off-setting revenue for Medicaid patient community benefit	0		
1d	Number of Medicaid patient visits provided 100% charity care	4	0	
2a	Number of Medicare patient visits provided charity care	5,572	575	
2b	Amount of gross Medicare patient charges written off as charity care	4,036,362	1,200,000	
2c	Direct off-setting revenue for Medicare patient community benefit	0		
2d	Number of Medicare patient visits provided 100% charity care	41	0	
3a	Number of Commercial patient visits provided charity care	10,644	1,200	
3b	Amount of gross Commercial patient charges written off as charity care	7,710,933	1,500,000	
3c	Direct off-setting revenue for Commercial patient community benefit	0		
3d	Number of Commercial patient visits provided 100% charity care	79	75	
4a	Number of Uninsured patient visits provided charity care	22,818	500	
4b	Amount of gross Uninsured patient charges written off as charity care	16,529,587	1,500,000	
4c	Direct off-setting revenue for Uninsured patient community benefit	0		
4d	Number of Uninsured patient visits provided 100% charity care	169	250	
5a	Number of Other Payor patient visits provided charity care	54	10	
5b	Amount of gross Other Payor patient charges written off as charity care	39,439	25,000	
5c	Direct off-setting revenue for Other Payor patient community benefit	0		
5d	Number of Other Payor patient visits provided 100% charity care	1	0	
6	Total Charity Care Patients Served	38,688	3,285	0
9	Total 100% Charity Care Provided	1	325	0
7	Total Charity Care Gross Charges	28,750,699	\$4,700,010	
8	Cost-to-charge ratio	25.02%	48.6%	
	Total Charity Care Cost	7,192,983	\$2,285,707	0
11	Revenues from uncompensated care pools or programs, if any.		0	
8	Total Direct off-setting revenue	0	0	0
12	Net community benefit expense	7,192,983	\$2,285,707	0

If your hospital elects to use a cost accounting methodology in lieu of a cost to charge ratio, input **NET COST** for lines 1b, 2b, 3b, 4b, and 5b under the cost accounting column.

If your hospital cannot provide charity care data by payer, use lines 5a-5d, other payor, to input all payer charity care amounts, for both CCR or cost accounting methods.

Unreimbursed Costs of Medicaid Unreimbursed Costs of Other Public Payers Subsidized Health Services

Input data Computed Field

Medicaid Worksheet

Calculation of Unreimbursed Costs of Medicaid Programs

Indicate which expense method is being used to correctly populate the summary table
 Cost to Charge Ratio Cost Accounting

Unreimbursed costs for Medicaid are the shortfall created when a facility receives payments that are less than the cost of caring for Medicaid or SCHIP beneficiaries. If using a cost to charge ratio, the workbook will populate the cost to charge ratio computed previously. If using a cost accounting method, fill out only the cost accounting option provided to the right. Only input NET COSTS for line 2.

Line		Amount	Sample	Cost Accounting Option
1	Number of Medicaid patients, including managed Medicaid and SCHIP	126,359	2,000	
2	Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP	437,744,283	23,000,000	
3	Cost-to-charge ratio	25.0%	48.6%	
4	Medicaid Expenses	109,516,887	11,185,349	0
5	Medicaid Provider Taxes	19,988,574	1,000,000	
6	Total Medicaid Expenses	129,505,461	12,185,349	0
7	Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP	111,852,023	7,000,000	
8	Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments)	0	1,000,000	
9	Total direct offsetting revenue	111,852,023	8,000,000	0
10	Net community benefit expense	17,653,438	4,185,349	0

Note: If net community benefit expense is negative, indicating a gain, do to report results on form CBR-1, as gains are not reportable.

If your hospital elects to use a cost accounting methodology in lieu of a cost to charge ratio, input **NET COST** for line 2, under the cost allocation column.

Other Public Payer Worksheet

Calculation of Unreimbursed Costs of Other Public Payers

Unreimbursed costs other public payers are the shortfalls created when a facility receives payments that are less than the cost of caring for beneficiaries of non-Medicare, non-Medicaid public programs. If using a cost to charge ratio, the workbook will populate the cost to charge ratio computed previously. If using a cost accounting method, fill out only the cost accounting option provided to the right. Only input NET COSTS for line 2. **Count:** Veterans Health Administration, Tricare, CHAMPUS, Indian Health Services, other state or federal benefit programs. **Do not count:** Medicare, Medicaid, SCHIP.

Line		Amount	Sample	Cost Accounting Option
1	Number of other public payer patients, excluding Medicare and Medicaid		500	
2	Gross patient charges from Other Public Payers, excluding Medicare and Medicaid		10,000,000	
3	Cost-to-charge ratio	25.0%	48.6%	
6	Total Other Public Payer Expenses	0	4,860,000	0
7	Net patient service revenue from Other Public Payers, excluding Medicare and Medicaid		4,000,000	
8	Other revenue related to services provided to Other Public Payers		500,000	
9	Total direct offsetting revenue	0	4,500,000	0
10	Net community benefit expense	0	360,000	0

Note: If net community benefit expense is negative, indicating a gain, do to report results on form CBR-1, as gains are not reportable.

If your hospital elects to use a cost accounting methodology in lieu of a cost to charge ratio, input **NET COST** for line 2, under the cost allocation column.

Subsidized Health Services

Subsidized health services are clinical service lines that are provided despite a financial loss because they meet an identified community need and it is reasonable to conclude that if the hospital no longer offers the service, then the service would be unavailable in the community, the community's capacity to provide the service would be below the community's need, or the service would become the responsibility of government or another tax-exempt organization. Such services must be at a financial loss after removing revenue and expenses associated with Medicaid, bad debt, charity care and other public programs.

Line		Amount	Sample
1	Number patient encounters for subsidized health services	9,308	500
2	Total expenses, excluding losses to Medicaid, Charity Care or other public payers	10,016,857	10,000,000
3	Net patient service revenue from subsidized health services	6,629,742	4,000,000
4	Grants, subsidies or other sources of revenue that support subsidized health services	0	500,000
5	Total direct offsetting revenue	6,629,742	4,500,000
6	Net community benefit expense	3,387,115	5,500,000

Note: If net community benefit expense is negative, indicating a gain, do to report results on form CBR-1, as gains are not reportable.

Section 1: Costs

Fiscal Year: 2024

Hospital Name:	Portland Adventist Medical Center				
Hospital System:	Adventist Health				
Reporting Period:	1/1/24-12/31/24				
Contact Information:	Name of Person Completing This Form:	0	Title:	0	
	Phone Number:	0	Email:	0	
	Reviewed By:	Jason Panasuk	Title:	Finance Officer	

Line	Type of accounting system used for this reporting	Charity Care Costs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense
1	Cost to Charge Ratio	Medicaid Charity Care	600	\$108,675	\$0	\$108,675
2		Medicare Charity Care	5,572	\$1,009,836	\$0	\$1,009,836
3	Percent of Charity Care Visits at 100%	Commercial Charity Care	10,644	\$1,929,157	\$0	\$1,929,157
4	0.0%	Self Pay Charity Care	22,818	\$4,135,448	\$0	\$4,135,448
5	Percent of Charity Care Dollars at 100%	Other Payor Charity Care	54	\$9,867	\$0	\$9,867
6		Total Charity Care	39,688	\$7,192,983	\$0	\$7,192,983

	Type of accounting system used for this reporting	Other Unreimbursed Costs of Care	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense
7	Cost to Charge Ratio	Medicaid/Managed Medicaid	126,359	\$129,505,461	\$111,852,023	\$17,653,438
8		Other public programs	-	\$0	\$0	\$0
9		Subsidized Health Services	9,308	\$10,016,857	\$6,629,742	\$3,387,115
10		Other Uncompensated Care	126,359	\$139,522,318	\$118,481,765	\$21,040,553
11		Total Unreimbursed Care	166,047	\$146,715,301	\$118,481,765	\$28,233,536

Line	Other Community Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)
12	Community health improvement services	600	\$2,642,417	\$0	\$2,642,417
13	Research		\$0	\$0	\$0
14	Health professions education		\$715,419	\$48,151	\$667,268
15	Cash and in-kind contributions to other community groups		\$52,888	\$3,550	\$49,338
16	Community building activities		\$559,522	\$0	\$559,522
17	Community benefit operations		\$153,917	\$0	\$153,917
18	Other Community Benefits Total	600	\$4,124,163	\$51,701	\$4,072,462
19	Community Benefits Totals	166,647	\$150,839,464	\$118,533,466	\$32,305,998

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