

Your Hospital & You
Flu Vaccinations:
Protecting Yourself
and Others



Our Committed Partners
Ambassador
Howard Leach &
Mrs. Gretchen Leach

Support Your Hospital
New Monthly Withholding
Tax System: No Change
to Tax Benefits

L'Américain

The Magazine for Friends and Donor Members of the American Hospital of Paris



Screen and Prevent Coronary Heart Disease,

A Priority of the
American Hospital of Paris



American Hospital of Paris

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Editorial

Professor Robert Sigal
Chief Executive Officer



Although medicine has long been exclusively associated with treatments and healing, patients now expect doctors and hospitals to focus on more than the acute stage of diseases. Today, they must help patients be and stay healthy, know their vulnerabilities and risks, and how to adopt positive, health-protective behavior. This is what patients want.

“Our patients can choose the most appropriate behavior to optimize their health and well-being.”

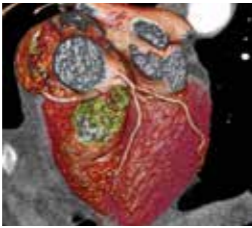
Every patient is unique, with their own history, strengths and weaknesses, so our approach must be **personalized**. Technological innovations now make it possible to calculate a person’s risk of one day developing a disease and give them specific information about their health, so our approach

must be **predictive**. Our patients expect us to help them reduce their risk of developing disease, and, if necessary, to predict it early, so our approach must be **preventive**. Lastly, our patients can choose the most appropriate behavior to optimize their health and well-being, so our approach must be **participative**. This is the medicine we practice every day at the American Hospital of Paris.

We recently featured the Women’s Risk Institute, a groundbreaking service for predicting breast cancer risk by offering personalized monitoring and prevention, as well as the Check-Up Center’s Serenity health check-up aimed at people 70 and older to screen for and prevent potential age-related vulnerabilities and diseases. Now, you can read about how the American Hospital of Paris has also adopted this personalized, predictive, preventive and participative approach in the field of cardiovascular risks. Thanks to new non-invasive imaging techniques to screen for heart disease risks, we now offer patients preventive measures and appropriate therapies that correspond to their risk level.

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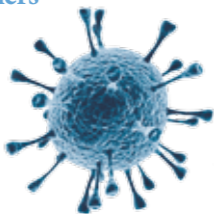
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Heart Disease Screening and Prevention, A Priority

New non-invasive imaging techniques being used at the American Hospital of Paris, such as the coronary calcium scoring and coronary artery scanning, allow screening for heart disease, offering patients preventive and therapeutic measures appropriate to their level of risk. When properly followed, these measures can reduce the risks of a cardiovascular event by half.

Cardiovascular and cardio-neurovascular diseases are the world’s leading cause of death. In France, they are the second cause of death for men (after cancer) and the leading cause for women. Cardio-neurovascular diseases are more frequent because of our lifestyles, particularly with risk factors such as diabetes, hypertension (high blood pressure), excess weight, a sedentary lifestyle, smoking, dyslipidemia (high blood lipid levels), stress and heredity. Genetic predisposition is in fact an additional risk factor to be taken seriously: individuals whose parents have had a cardiac event are at a statistically higher risk to have a heart attack, too.

Cardiovascular disease can be silent or symptomatic. Depending on these factors, as well as the risk factors to which they are subjected, a subject will be advised to have specific imaging examinations. These innovative, non-invasive techniques make it possible to detect cardiovascular diseases early so that cardiologists can implement the appropriate corrective measures, if necessary.



Dr Jean-Marc Foults
Cardiologist in Imaging and Nuclear Medicine

You instituted calcium scoring at the American Hospital of Paris in 2005. What is this?

Coronary calcium scoring is performed using a heart scan and is a very simple exam which takes just a few minutes and does not require an IV or the injection of a contrast product—no needles! It makes it possible to determine whether or not the coronary arteries (the small arteries that irrigate the heart) are blocked. The calcium score is a figure which reflects the extent of coronary atheroma plaque deposits. Ideally, the score will be zero when there are no deposits; the more deposits, the higher the score.

From a technical perspective, you lie on a scanner bed (not enclosed) and hold your breath for a few seconds. The images are then analyzed using artificial intelligence: the physician

indicates the various plaques using the software, which then makes it possible to calculate their volume and density. The software then incorporates this data using the Agatston algorithm. The calcium score has a remarkable predictive value: the figure obtained makes it possible to determine the risk of a cardiac event better than traditional risk factors. It represents the age of your arteries: a 45-year-old with a score higher than 100 has a greater risk than a 70-year-old whose score is zero. As a result, a combination of measures can be adjusted and adapted to each person in a precise and rational manner, with demonstrated effectiveness. The American Hospital of Paris has been a pioneer in this area. No other test can calculate the level of plaque build-up in the coronary arteries – including many more complex and invasive scans.

Several years ago, the American Hospital of Paris began offering calcium scoring for some health check-ups at the Check-Up Center, with clear results. We use it to screen young people who are under 60, or even 50, and who already have signs of atheroma deposits on their coronary arteries. It's better to prevent than to cure, and this is the stage when the deposits should be detected, while they are still not very large. Preventive measures can thus be taken to give a good chance of avoiding problems later.

Who is this exam for?

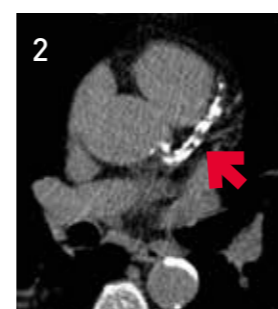
Basically, calcium scoring is aimed at asymptomatic subjects who have no complaints. As a general rule, the test is recommended starting at age 50 for men and 60 for women. When there is a family history of cardiac events, we suggest starting at the age of 40.

Is the exam dangerous?

Calcium scoring does not require an IV or the injection of a contrast product, thus there are no risks of extravasation (liquid leaking outside the vein) or

allergic reaction. In addition, using our current equipment, radiation exposure is about 1 mSv, or the equivalent to the exposure from a mammogram. By way of comparison, natural radiation exposure in France is around 2 mSv per year, and the strict International Atomic Energy Agency (IAEA) has determined that there is "no detectable medical impact below 200 mSv". In reality, what is dangerous about calcium scoring is not doing it.

From left to right
1) SCT Scanner
2) Coronary calcium scan showing coronary artery calcifications (white area)
3) Coronary artery scan with superposition of arteries and blood supply to the heart
4) 3D heart scan



CALCIUM SCORE RESULTS AND PREVENTION



Your calcium score is equal to 0

Your risk is very low, about 1/1,000. No other exam will give you such a guarantee. You are safe for several years. It is recommended that the test be repeated in five years.

Your calcium score is less than 100

The risk remains very low. No other exam is recommended, and, in theory, your physician will not ask you to change your lifestyle. There is one exception, however: a score less than 100 but higher than zero for a person under 50 indicates the presence of early coronary atheroma, which calls for certain corrective measures.

Your calcium score is between 100 and 300

Coronary atheroma definitely exists, but it remains moderate. Certain corrective measures are essential: stop smoking immediately and permanently; eat less (reducing caloric intake by around 20% dramatically reduces the risk of heart disease and cancer); avoid sugary, processed foods and cured meats; exercise at least two hours per week; and consider discussing statin medication with your physician. These measures are the best ways to significantly reduce the probability of a cardiac event, including for subjects with a genetic predisposition. The cumulative impact of these measures can reduce the risk by more than 50%.

Your calcium score is greater than 300

The probability that some deposits are interfering with the irrigation of the heart is no longer negligible. This needs to be verified by ischemic exercise testing, an exam that makes it possible to determine if the heart is being sufficiently irrigated, especially during exercise. If this exam is normal, there is no reason for further scans. If there is ischemia, the cardiologist will no doubt recommend that a coronarography be performed, which may involve the insertion of a stent.



A scan can be performed immediately for an emergency, 24/7 at the American Hospital of Paris



Prof. Olivier Vignaux,
Radiologist Specializing
in Cardiac Pathologies

Professor Vignaux, tell us what someone should do if they sometimes experience chest pains?

Some individuals experience symptoms related to a complication from heart disease that were silent up to that point. Angina pectoris, also called angina, is often associated with intense chest pains that may also irradiate to the jaw or the left arm. This pain usually occurs during great physical exertion because the heart is not sufficiently irrigated due to chronic narrowing of the artery (stenosis). The presence of these symptoms, associated with low to moderate risk factors, indicates the need for a coronary artery scan to identify the origin of the pain and so take care of it without further delay.

A coronary artery scan produces a 3D view of the coronary arteries, in particular to detect atheroma plaques and any narrowing of the arteries. It requires an IV and the injection of an iodine-containing contrast product to clearly visualize the arteries by making them appear opaque. The scan therefore makes it possible to screen for coronary lesions (atheroma plaques) and to determine their severity. For example, it can detect "high-risk"

plaques: non-calcified or partially calcified plaques whose images show signs of instability and potential vulnerability. These plaques can rupture and suddenly block the coronary artery, causing a heart attack. For this reason, a coronary artery scan is indicated as a first-line treatment for chest pain (and increasingly when screening high-risk patients, especially those with a family history).

What do the results of the coronary artery scan indicate?

A normal heart scan means there is a very low probability of a cardiovascular event within five years, ruling out the heart as the source of the pains experienced by the patient. However, if the result is positive, the cardiologist will, in most cases, suggest a coronarography to possibly insert one or more stents. If there is any doubt, or moderate narrowing of the artery, other exams may also be prescribed to evaluate the impact on heart irrigation (ischemic imaging).

Six months ago, in collaboration with GE Healthcare, we at the American Hospital of Paris developed a coronary artery scan protocol on the latest



generation machine that includes a combined assessment of the coronary arteries and irrigation of the heart muscle in a single exam. We are the first center in France (and one of the rare centers in Europe and the United States) to perform this exam routinely. A multicenter study conducted by the American Hospital of Paris will begin in 2019 to analyze the results of this new technique in patients with an elevated calcium score.

Is special monitoring required after a coronary artery scan?

If the exam is normal, no treatment is necessary and there is no need to repeat the exam for several years. If there are atheroma plaques without narrowing, the cardiologist will prescribe preventive medical treatment. Around a year later, a new coronary artery scan is recommended, depending on the risk and extent of the plaques, to verify that the disease is stable and to adjust the treatment if necessary. If the patient has had one or more stents inserted after the discovery of narrowing that was causing pain, a coronary artery scan is also recommended later to verify that the treatment was effective.

Is heart risk for women still underestimated?



"Women older than 50 are no longer protected by their hormones (oestrogen) and have greater risk of cardiovascular disease, and it increases with age. Weakness in women's coronary arteries and new risk factors like smoking, obesity, a sedentary lifestyle and stress have become more prevalent. But women are not really aware of this, even

though it is the leading cause of women's death in the world! Awareness of this risk is paramount since women are subject to a higher risk of complications than men because their arteries are smaller and more sensitive. The symptoms are

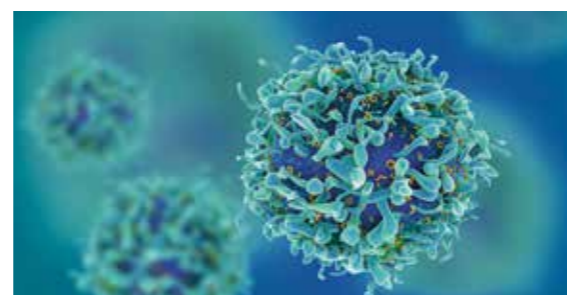
also different: breathlessness and signs of anxiety, abdominal pain and nausea, unusual fatigue and trouble sleeping, dizziness and heart palpitations. Women need to know them and see a doctor very quickly if symptoms are unusual and appear suddenly. The calcium score is now the most powerful risk marker for predicting coronary events. It allows us to prescribe other exams if necessary, or to implement protective therapeutic measures."

Dr. Riadh Caïd Essebsi,
Cardiologist, Vascular Disease Specialist,
and President of the Medical Board
of the American Hospital of Paris

PREVENTION

The Right Steps against Risk of Infection

From October 15 to 21, 2018, the American Hospital of Paris mobilized for International Infection Prevention Week to strengthen its commitment to limit the risk of virus transmission. Hand hygiene, using soap or an antibacterial solution, is always one of the basic measures for preventing infection. Likewise, to limit the spread of a virus when coughing or sneezing, it is best to cover your mouth and nose with a disposable tissue, or cough into your sleeve rather than your hands. The Hospital encourages these responsible, civic-minded steps by providing antibacterial solution dispensers throughout the facility.



ORGANIZATION

Admissions and Pre-admissions Merged

To better manage the registration process for hospitalized patients, the Admissions and Pre-admissions departments have now been combined into one department, in a single location. It is open to patients Monday through Friday from 7 am to 7 pm and weekends from 7:30 am to 7 pm.

Admission is a crucial step in the patient registration process and is completed no later than the day of hospitalization. An admission may be processed in advance through what is called pre-admission. It allows the patient to complete the administrative formalities in a leisurely manner prior to hospitalization, so they do not have to worry about registering on the day of hospitalization. For example, if an operation is scheduled, the patient must come to the American Hospital of Paris for a consultation with their anesthesiologist before they are hospitalized. In this case, the Admissions Department offers the ability to complete the admissions process at that visit. With the administrative formalities complete, the patient can go directly to their room on the day of their hospitalization.



COMMEMORATION

Proudly Celebrating our History

During the month of November, we celebrated the 100th anniversary of the end of World War I. With large banners decorating the facade of the American Hospital of Paris, we expressed our gratitude to the thousands of American doctors, nurses and ambulance drivers who volunteered at the Hospital during the war to transport and care for thousands of wounded on the front. The documentary film *The American in Paris* was screened in several locations this fall, where it met with great success:

- **November 8** at the American Hospital of Paris
- **November 9** at the American Church of Paris
- **November 13** at le Village cinema in Neuilly-sur-Seine and at the French Institute Alliance Française in New York
- **November 14** at the French Embassy in Washington, DC
- **December 3** at the Cercle de l'Union Interalliée in Paris



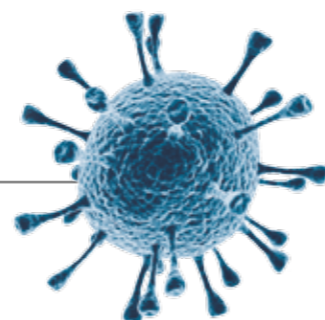
RECEPTION

A New Call Center



To better respond to and direct telephone calls and provide information, the switchboard system at the American Hospital of Paris is evolving. In the coming months, all communications, particularly calls to make appointments with doctors, will be gradually transferred to dedicated secretaries whose duties will be to assist patients contacting the American Hospital of Paris by telephone. The telephone numbers will not change; the only difference will be the people answering them! This new arrangement will enable the medical secretaries to be available to assist patients when they arrive for consultations, for example, and improve our ability to promptly respond to telephone calls and requests.

Flu Vaccinations: Protecting Yourself and Others



Besides preventive measures like washing your hands, coughing into your sleeve rather than your hand or

wearing a mask, the only protection against the seasonal flu remains the flu vaccination, especially for the most vulnerable people.

Every year, the flu vaccination campaign in France focuses on people for whom the flu represents a risk with potentially serious complications: people older than 65, patients affected by certain chronic diseases (such as diabetes and cardiac or respiratory insufficiency), pregnant women, and people with morbid obesity. To avoid transmitting the disease to these

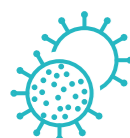
vulnerable people and to prevent outbreaks, vaccination is the most effective means of prevention. For this reason, to avoid unknowingly infecting patients and to protect them effectively, health professionals and all employees of the American Hospital of Paris are encouraged to get vaccinated.

Talk to your doctor about the flu vaccination.

LET'S BUST THE MYTHS!



The flu vaccination **cannot give someone the flu** because it is not made from a live flu virus.



A person can be contagious even without showing symptoms: **24 to 48 hours before the first signs of flu appear, the patient is already contagious.** In about 40% of cases, people who have the flu are symptom-free. But transmitting the flu to vulnerable people or people suffering from certain diseases can lead to serious complications for them.



Several scientific studies have been conducted on the relationship between the flu and Guillain-Barré syndrome: **it is actually the flu—not the vaccination!—that is a risk factor in the onset of this syndrome.**



Preventive measures reduce the risks of transmitting the flu, and a healthy body is more resistant, but **vaccination is the most effective means of prevention** for yourself and others!



The New Withholding Tax System: No Change to Tax Benefits in 2019

Marshall I. Waiss
Chairman of the
Board of Governors

The new monthly withholding tax system will go into effect on January 15. This tax reform, undoubtedly the most important that France has seen in a long time, has consumed the media for many months. Everything, or almost everything, has been said on the subject, so we think it is important to raise the issue with you now and clear up any concerns you may have about the treatment of income tax reductions related to your donations to the American Hospital of Paris.

“With you, and thanks to you, we still have some ambitious projects to finance.”

Many of you have rightfully questioned the consequences of the monthly withholding tax and the notorious *année blanche* (lost year) of benefits you are entitled to as donors.

By devoting our special report to this reform, we wanted to provide some needed clarity and to reassure you that in 2018, all donations made to our Hospital will indeed be tax-deductible. And if you were so generous as to support

us in 2017, you will be doubly rewarded! In January, you will receive an initial refund from the tax authorities equal to 60% of your tax credit for donations made in 2017. The balance will be refunded in September, along with any tax credit you are entitled to for donations made in 2018.

For 2019, there is more good news for you and your Hospital. Monthly withholding income tax will have no impact on your generosity, since the government guarantees that it will still maintain your tax benefits. You can continue to deduct 66% of your gift from your income tax, or 75% of your IFI (Impôt sur la Fortune Immobilière) real estate wealth tax.

Besides this encouraging tax framework, I am firmly convinced that your concern for the American Hospital of Paris remains the principal motivation for your generosity and loyalty. In the months ahead, I hope to be able to count on your support more than ever. With you by our side, we still have some major challenges to overcome and, thanks to you, ambitious projects to finance, to better take care of your health!

On behalf of all the medical and administrative teams at the American Hospital of Paris, I would like to thank you for your trust.



WELL-BEING

Second Phase of Music Therapy Deployment

Thanks to you, new music therapy kits were installed in several departments at the Hospital this fall. The Maternity Unit, 24/7 Medical Surgical Unit, dialysis and several hospitalization units are now equipped, following intensive care, the operating suite, MRI, assisted reproductive technology, oncology and coronarography. Since 2016, hundreds of patients have been able to benefit from this non-medical, innovative and effective treatment for pain and anxiety. It is used during surgery and during the administration of painful procedures.

“Music helps me enormously to relax during my chemotherapy sessions. I ask for it every time. It helps me get rid of a little of the stress I feel about the treatment, the injections, the side effects... It's a real bonus.”

Jacqueline V., patient.

QUALITY OF CARE

Nurses Travel to New York

In a few weeks, a group of six nurses from the American Hospital of Paris will be going to NewYork-Presbyterian Hospital for a study trip. The purpose of the trip will be to focus on the management of risks, quality and safety of care throughout the patient pathway and particularly in interventional areas (operating room and ambulatory care), as well as sharing best practices. The Hospital's Director of Nursing, Christel Deschamps, will accompany the group and meet her American counterpart. This trip is part of the Medical Exchange Program made possible by three American donors: Constance Milstein, the Florence Gould Foundation and The Starr Foundation. It is part of the partnership established between our two hospitals, whose goals are to give our patients the best of French and American medical practices and continually strengthen the quality of our care.



Study trip to the NewYork-Presbyterian Hospital

HIGH TECHNOLOGY

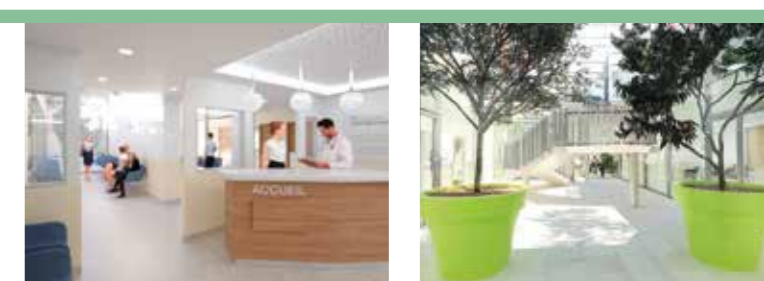
The Interventional Cardiology Suite Welcomes its First Patients

On October 23, the first patients were welcomed to the new Interventional Cardiology Suite. Equipped with the latest generation Philips angiography table, which produces real-time, very high-precision images, this new space allows our practitioners to perform complex, minimally-invasive procedures under the safest conditions. Like an operating

room, it has its own air handling unit, guaranteeing a very high level of sterility. It is used primarily to treat heart disease (60%); gastroenterology and cancer procedures are also performed there. The room was officially inaugurated in November 2018 (*see p. 13*).



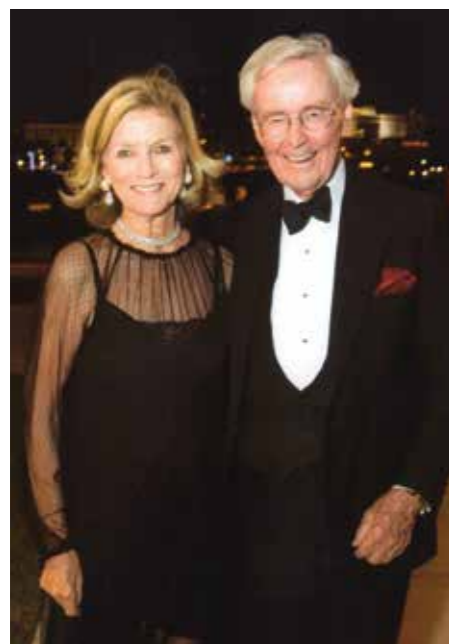
The new 1,600 square meter center will house the most innovative technologies in a comfortable, welcoming environment.



DIAGNOSTICS

Imaging Center Construction Continues

The foundation and landscaping work was completed in October according to schedule. The new elevator installed several weeks ago will go into service in December. The Center will be operational in October 2019 and will initially house two CT scanners and two MRI machines, and then a new PET-scanner at the beginning of 2020. All this latest-generation equipment will allow the American Hospital of Paris to double its diagnostic capacity.



Ambassador Howard Leach & Mrs. Gretchen Leach

When entering the American Hospital of Paris for the first time, one is immediately struck by the bronze plaques in the main lobby. Upon closer look, these testaments to the Hospital's 110 years of service reveal names engraved in our history. A new plaque, modern but still in keeping with Hospital tradition, was recently installed, paying tribute to Ambassador Howard and Gretchen Leach and representing a new generation of American philanthropic pioneers for the Hospital.

Their connection to Paris and to the American Hospital began when Howard H. Leach, businessman and investor from California, presented his credentials to President Chirac on September 4, 2001. One week later, the newly arrived ambassador was required to manage in France the extraordinary events of the September 11 attacks. This meant securing the Embassy and its offices throughout France and ensuring that assistance was provided to American citizens unable to return to the U.S. The generosity of the French populace who offered their homes and donations marked the Leaches, as did the solidarity shown by President Chirac. Despite this challenging beginning, the Leaches remained focused on their roles and were determined to support their adopted community in Paris. When they were visited some months later by Hospital

representatives, the story of the Hospital, the high-quality medical care it offers and its ongoing role in French and American friendship appealed to Ambassador and Mrs. Leach.

As a committed and active philanthropist, Gretchen Leach must prioritize to which causes she dedicates her energy and her time. She has supported a number of organizations, many in San Francisco and brought with her from California a "can do" spirit with regards to what is possible. Gretchen and Howard quickly decided

Leach joined the American Hospital of Paris Foundation as Vice-Chairman of the Board of Directors in New York, a position he retained until 2017. Along with Michel David-Weill, Ambassador Leach took a leading role in the Building the Future capital campaign, making the first significant donations and reaching out to those in their networks who could be supportive of the Hospital. Still carefully choosing where to target her efforts, Gretchen and two members of the Advisory Council have joined the Board of Governors in Paris.

Howard and Gretchen Leach advised the American Hospital of Paris to continue its dedication to and pursuit of excellence. We take their words to heart.

that the Hospital was a resource for excellent medical care in France not only for Americans, but for all of those living in or visiting France, and thus merited their support— a natural fit. In 2004, Gretchen created the Advisory Council of the American Hospital of Paris, whose aim would be to raise €1 million, rapidly, to be used to create the Breast Imaging Center. By 2005, the Advisory Council surpassed its original fundraising goal, and the Breast Imaging Center was inaugurated in March of that same year.

Their diplomatic mission also completed in 2005, but their devotion to the Hospital and their connection to Paris remained strong. Ambassador

The Leaches are among the first of the Hospital's donors to help fund projects, their goal being to show their faith in a vital institution, in need of donor support if it is to continue to grow. The American notion of service is ever present when discussing the Hospital—they mention again and again the need to invest in our communities, to give back. Howard and Gretchen Leach advised the American Hospital of Paris to continue its dedication to and pursuit of excellence. We take their words to heart.

INAUGURATION

Interventional Cardiology Suite

On November 15, the American Hospital of Paris inaugurated the Interventional Cardiology Suite, equipped with the latest Philips technology.

Governors, physicians, nurses and donors were able to visit this very high-tech suite and view the plaque featuring the names of the largest donors who helped make it happen. We'd like to remind you that donors entirely financed the acquisition and equipment, as well as the renovation of the room.



"Our Interventional Cardiology Suite now allows us to perform minimally-invasive procedures that are increasingly complex, requiring extreme precision, under the safety conditions of an operating room. The radiation doses delivered by the angiography device have been reduced by half, which is essential for the patient and the medical team. Today, I am proud that we have these latest-generation diagnostic and therapeutic tools that allow us to precisely adapt treatment to each patient and condition."

Dr. François Tarragano, Chief of Cardiology

"Donors and friends, allow me to express once more, on behalf of our entire institution, and especially our medical teams, our deep gratitude and sincere thanks. Thanks to your enormous support, we have been able to build this Suite that meets our highest expectations and which will surely allow our Cardiology Department to become a leading center."

Prof. Robert Sigal, CEO



Special Tax Report



Monthly withholding taxes: tax reform that increases the value of your support of the American Hospital of Paris

Monthly income tax withholding will become effective January 1, 2019. This reform and its consequences rightly raise some questions to which *L'Américain* now offers some answers.

What happens in particular to tax deductions and credits allowed by the French government and, specifically, to the benefits related to donations to a not-for-profit institution of public benefit, like the American Hospital of Paris?

In Brief

Monthly income tax withholding is a method of tax collection which consists of withholding your tax, each month, at the time you receive your income.

If you are an employee or retiree, your tax will be collected by your employer or your pension fund.

If you are self-employed, a farmer or if you receive real estate income, you will pay your income tax in installments collected via direct debit by the tax authority.

Source: service-public.fr

The Government's Guarantee: No Change to your Tax Benefits

As you know, in France your philanthropic commitment is encouraged by a very advantageous tax system. Each time you make a donation to the American Hospital of Paris, you can deduct 66% of the amount from your income tax, or 75% from your real estate wealth tax (Impôt sur la Fortune Immobilière). In 2019, nothing changes. Benefits related to the donations you have already declared for 2017, or that you will declare for 2018, will be maintained at the same level.

A First Refund Installment in January 2019

The second piece of good news, as the government announced in September, is that donations made in 2017 (reported in spring 2018) will be taken into account in your first income tax withholding on January 15, 2019. You will receive a refund equal to 60% of the amount of your 2017 tax reduction. The balance will be taken into account in the calculation of your 2018 tax and refunded beginning in September 2019.

Example:

You made a **€1,000** donation to the American Hospital of Paris in **September 2017**.

You reported it on your tax return in the **spring of 2018**.

60% of your tax benefit, or **€396**, will be refunded on **January 15, 2019**.

The balance, or **€264**, will be added to the reduction applicable to your donations made in 2018 and taken into account beginning in **September 2019**.

Be generous! In 2018, every donation counts for reducing your tax

All donations made through December 31, 2018 are deductible from your 2019 taxes. As usual, to continue to enjoy your tax benefit, you can report your donations to the American Hospital of Paris on your next tax return, in the spring 2019.



Your reduction will be taken into account in the new calculation of your tax, based on the 2018 tax benefits, in September 2019.

Example:

On **December 29**, you make a **€1,000** donation to the American Hospital of Paris.

In the **spring of 2019**, you file your tax return for 2018 revenues, and report your donation.

You receive your tax reduction of **€660** in **September 2019**.

Questions & Answers

How does the American Hospital of Paris use my donation?

Your donation is invested in projects vital to the growth, sustainability and medical excellence of the American Hospital of Paris. It is used for investments like acquiring high-tech equipment, modernizing or constructing certain buildings, developing novel medical practices, clinical trials, and so on. Most of all, it is used to benefit your health and the health of those you love.

Why is it important to give to the American Hospital of Paris?

The American Hospital of Paris is a private not-for-profit institution. It owes its existence solely to the goodwill and financial commitment of generous patrons. For more than a century, its financial resources have come exclusively from the unfailing support of donors and members like you.

What types of donations can I deduct from my taxes?

To be tax deductible, your donation to the American Hospital of Paris must be in one of the following forms:

- Payment of money (cash, check, bank transfer or bank card)
- Donation in kind (work of art, for example)
- Surrendering an interest in income or products (royalties, for example)

Can I deduct my annual fee for the American Hospital of Paris membership program from my taxes?

The tax authority considers your annual membership fee to be a donation. You can therefore deduct 66% of the amount from your income taxes, or 75% of the amount from your real estate wealth tax, if you are subject to it. If your membership is expiring soon, consider the possibility of renewing it before December 31, 2018 to receive your tax benefit.

Would you like to support the American Hospital of Paris?



CHOOSE HOW

1.

Become a member

Be part of the privileged circle of members of the American Hospital in Paris

- Your membership dues are a donation that enables you, each year, to participate in American Hospital of Paris development projects.
- Depending on the membership level you choose, you can receive exclusive benefits, which include a personalized membership card, a waiver of the deposit requirement for hospitalization, access to our exclusive supplemental health insurance plan, hours of free parking, among others.
- Your membership fee entitles you to a tax credit.

To learn more about the membership program, go to **www.american-Hospital.org** and click **Make a Gift**.

2.

Make a gift

Invest in your Hospital's medical, technological or construction projects

- You can choose to direct your support to a specific use or let our Hospital choose to dedicate it to a priority project.
- Your gift is essential in helping to carry out the investments planned by the American Hospital of Paris (clinical research, innovative treatments, latest-generation equipment, modernized facilities, etc.).
- The French and U. S. governments encourage charitable giving by offering tax credits.

3.

Planned giving

Offer the excellence of the American Hospital of Paris to future generations

- You are wondering about the future of your estate and would like the people you love to benefit from the same medical excellence that you always found at your Hospital.
- You have a special attachment to your Hospital and want to ensure, when the time comes, that it continues to have the resources it needs to build its future and carry out its plans for innovation.
- To help you consider the issue carefully, our estate planning brochure is available to you. We will send it to you in complete confidentiality, with no obligation from you.

TAX BENEFITS

66% of the amount of your gift can be deducted directly from your income tax.

75% of the amount of your gift can be deducted directly from your IFI wealth tax.

- As a registered 501 (c) (3) not-for-profit organization, we can provide you with a receipt for U. S. tax purposes.

TO NOTE

- The American Hospital of Paris is a recognized foundation of public benefit. This means that our institution can receive bequests that are exempt of all inheritance tax.
- To thank you for your generous support, a recognition plaque may be dedicated to you.