

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Header section A-M: A For the 2021 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts \$; H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes sub-sections for Net Assets or Fund Balances (lines 20-22).

Part II Signature Block

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

Signature of officer: KRISTEN PULIO, SR., VICE PRESIDENT & CFO. Date: 11/11/2022.

Preparer information: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE EXTEND GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 46,513,933. including grants of \$) (Revenue \$ 61,073,094.) IN 2021, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC., AN ACUTE CARE HOSPITAL, PROVIDED MEDICAL AND SURGICAL SERVICES TO THE COMMUNITY. IN ADDITION, THEY PROVIDED BENEFITS TO THE COMMUNITY THAT INCLUDED, CHARITY CARE, COMMUNITY HEALTH EDUCATION, COMMUNITY WOUND CARE EDUCATION, COMMUNITY SPONSORSHIP OPPORTUNITIES, AND COMMUNITY ENGAGEMENT ACTIVITIES.

THE HOSPITAL RECEIVED THE FOLLOWING HEALTH AWARDS: WORKPLACE PARTNERSHIP FOR LIFE SILVER RECOGNITION FOR EFFORTS TO INCREASE ORGAN, EYE, AND TISSUE DONOR REGISTRATIONS IN MARYLAND; CONTINUES ON SCHEDULE O.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 46,513,933.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KRISTEN PULIO, SVP & CFO - 301 315 3030**
820 WEST DIAMOND AVE., SUITE 600, GAITHERSBURG, MD 20878-1419

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN SACKETT VICE CHAIR; EVP/COO,AHC	2.00 48.00	X						0.	1,755,941.	67,598.
(2) TERRY FORDE CHAIR; PRESIDENT & CEO,AHC	2.00 48.00	X		X				0.	1,671,698.	62,165.
(3) JAMES G. LEE AHC EVP/CFO,END 10/21; AHC EVP,CSO	6.00 44.00	X		X				0.	964,842.	175,915.
(4) EUNMEE SHIM SECY.; PRES OF FWMC & AHC AMB NETWK	40.00 10.00	X		X				0.	645,193.	151,744.
(5) KRISTEN PULIO AHC SVP/CRO;AHC SVP/CFO,STRT 10/2021	3.00 47.00	X		X				0.	552,488.	124,728.
(6) GRIFFIN DAVIS CHIEF MEDICAL OFFICER	40.00					X		389,247.	0.	44,232.
(7) ANN TOUPIN VP, CNO & COO	40.00					X		251,151.	0.	35,175.
(8) ROBBIN YOUNG NURSING DIRECTOR	40.00					X		202,727.	0.	31,305.
(9) STEVEN PETERSON ANCILLARY SERVICES DIRECTOR	40.00					X		186,438.	0.	25,846.
(10) TAMMY WOODFORK SENIOR HR BUSINESS PARTNER	40.00					X		176,702.	0.	12,947.
(11) EMMANUEL ASIEDU BOARD MEMBER	1.00	X						0.	12,000.	0.
(12) GINA BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(13) CHARLES DAY, SR. BOARD MEMBER	1.00	X						0.	0.	0.
(14) PASTOR MARCUS HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(15) MICHELLE HEREFORD BOARD MEMBER	1.00	X						0.	0.	0.
(16) ALVIN KIBBLE BOARD MEMBER	1.00	X						0.	0.	0.
(17) KIMBERLY ROBERTSON BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SAMEER SHAMMAS BOARD MEMBER	1.00	X						0.	0.	0.
(19) KENNETH FISHER BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,206,265.	5,602,162.	731,655.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,206,265.	5,602,162.	731,655.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **65**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
USACS INTEGRATED ACUTE CARE SERVICES PO BOX 645948, CINCINNATI, OH 45264	PHYSICIAN PROVIDERS	2,240,205.
LABCORP PO BOX 12140, BURLINGTON, NC 27216-2140	CLINICAL LABORATORY SERVICES	2,072,527.
AYA HEALTHCARE INC PO BOX 123519, DALLAS, TX 75312-3519	STAFFING/RECRUITMENT SERVICES	1,685,983.
NORTH AMERICAN PARTNERS IN ANESTHESIA MD, 1305 WALT WHITMAN ROAD, SUITE 300,	ANESTHESIA SERVICES	685,677.
ALLIANT STAFFING LLC, 3 BETHESDA METRO CENTER, SUITE 460, BETHESDA, MD 20814	CONTRACT LABOR	609,568.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **24**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	498,941.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,074,796.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		1,573,737.			
Program Service Revenue	2 a	PATIENT SERVICES	Business Code				
			622110	61,073,094.	61,073,094.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		61,073,094.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		39,885.		39,885.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	81,925.			
			(ii) Personal				
	b	Less: rental expenses	6b	0.			
	c	Rental income or (loss)	6c	81,925.			
	d	Net rental income or (loss)		81,925.		81,925.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		62,768,641.	61,073,094.	0.	121,810.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,482,178.	19,218,212.	4,127,223.	136,743.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	655,881.	561,603.	93,751.	527.
9 Other employee benefits	2,113,308.	1,342,423.	761,174.	9,711.
10 Payroll taxes	1,739,681.	1,380,235.	349,059.	10,387.
11 Fees for services (nonemployees):				
a Management	46,509.	30,479.	16,030.	
b Legal	37,851.		37,851.	
c Accounting	29,750.		29,750.	
d Lobbying	10,000.		10,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	16,091,836.	14,845,185.	1,246,651.	
12 Advertising and promotion	644,325.	830.	643,495.	
13 Office expenses	392,964.	283,906.	108,920.	138.
14 Information technology	640,944.	480,708.	160,236.	
15 Royalties				
16 Occupancy	3,716,038.	875,097.	2,840,941.	
17 Travel	88,745.	62,226.	26,473.	46.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	26,728.	14,999.	11,729.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,133,828.		1,133,828.	
23 Insurance	483,863.		483,863.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	7,341,148.	7,341,148.		
b COLLECTION FEES/LICENSE	954,500.	76,882.	877,618.	
c COST ALLOC. FROM PARENT	551,857.		551,857.	
d RECRUITING	4,008.		4,008.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	60,185,942.	46,513,933.	13,514,457.	157,552.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	77,190.
	2 Savings and temporary cash investments	10,431,976.	2	3,474,695.
	3 Pledges and grants receivable, net	46,000.	3	1,666.
	4 Accounts receivable, net	6,159,719.	4	5,861,700.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,121,832.	7	490,184.
	8 Inventories for sale or use	1,172,586.	8	766,376.
	9 Prepaid expenses and deferred charges	178,238.	9	139,078.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,512,955.		
	b Less: accumulated depreciation	10b 1,949,948.		
		19,090,063.	10c	24,563,007.
	11 Investments - publicly traded securities		11	96,263.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	3,858,433.	15	4,295,820.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,058,847.	16	39,765,979.	
Liabilities	17 Accounts payable and accrued expenses	9,288,078.	17	10,815,141.
	18 Grants payable		18	
	19 Deferred revenue	2,083,004.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	17,989,019.	23	13,805,635.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,900,800.	25	2,764,560.
	26 Total liabilities. Add lines 17 through 25	32,260,901.	26	27,385,336.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,690,946.	27	12,096,628.
	28 Net assets with donor restrictions	107,000.	28	284,015.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,797,946.	32	12,380,643.
	33 Total liabilities and net assets/fund balances	42,058,847.	33	39,765,979.

Form **990** (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,768,641.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,185,942.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,582,699.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,797,946.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,380,643.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RESTRICTED _____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	RESTRICTED _____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	RESTRICTED _____ _____ _____	\$ 249,468.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
---	---

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

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

Name of organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
---	--

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

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		10,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			10,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC. ADVOCATED FOR

STATE BOND FUNDING TO SUPPORT ITS CONTINUED RENOVATION PROJECT TO

PROVIDE STATE OF THE ART, QUALITY CARE TO THE COMMUNITY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON
MEDICAL CENTER INC.
Employer identification number
84-2670875

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,110,000.		3,110,000.
b Buildings		10,396,050.	554,934.	9,841,116.
c Leasehold improvements		2,250,735.	439,016.	1,811,719.
d Equipment		8,064,569.	922,298.	7,142,271.
e Other		2,691,601.	33,700.	2,657,901.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,563,007.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MORTGAGE RESERVE FUND	1,699,150.
(2) FINANCING LEASE RIGHT-OF-USE ASSET	447,267.
(3) OPERATING LEASE RIGHT-OF-USE ASSET	2,114,936.
(4) SECURITY DEPOSIT	34,467.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,295,820.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCING LEASE OBLIGATIONS	151,569.
(3) OPERATING LEASE OBLIGATIONS	2,170,187.
(4) OTHER LONG TERM LIABILITIES	442,804.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,764,560.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	61,906,848.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	61,906,848.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,885.	
b	Other (Describe in Part XIII.)	4b	821,908.	
c	Add lines 4a and 4b		4c	861,793.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	62,768,641.

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

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

1	Total expenses and losses per audited financial statements		1	60,185,942.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	60,185,942.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	60,185,942.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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 2021 OR 2020.

THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED

TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

RESTRICTED CONTRIBUTIONS

ASSETS RELEASED FOR OPERATIONS

Multiple horizontal lines for data entry.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number	84-2670875
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 600 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			529,206.		529,206.	.88%
b Medicaid (from Worksheet 3, column a)			998,177.	827,259.	170,918.	.28%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1,527,383.	827,259.	700,124.	1.16%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,079,269.	287,933.	791,336.	1.31%
f Health professions education (from Worksheet 5)			65,752.		65,752.	.11%
g Subsidized health services (from Worksheet 6)			2,381,168.	301,779.	2,079,389.	3.45%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			179,407.		179,407.	.30%
j Total. Other Benefits			3,705,596.	589,712.	3,115,884.	5.17%
k Total. Add lines 7d and 7j			5,232,979.	1,416,971.	3,816,008.	6.33%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group AHC FORT WASHINGTON MEDICAL CENTER INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE URL ON SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE URL ON SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group AHC FORT WASHINGTON MEDICAL CENTER INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group AHC FORT WASHINGTON MEDICAL CENTER INC.

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group AHC FORT WASHINGTON MEDICAL CENTER INC.

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 5: IN 2015, THE PRINCE GEORGE'S COUNTY

GOVERNMENT AND MARYLAND-NATIONAL CAPITAL PARKS AND PLANNING COMMISSION

CONDUCTED A SPECIAL STUDY TO DEVELOP A PRIMARY HEALTHCARE STRATEGIC PLAN

IN PREPARATION FOR ENHANCING THE HEALTHCARE DELIVERY NETWORK. A KEY

RECOMMENDATION FROM THE PLAN WAS TO "BUILD COLLABORATION AMONG PRINCE

GEORGE'S COUNTY HOSPITALS" WHICH INCLUDED CONDUCTING A JOINT COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) WITH THE PRINCE GEORGE'S COUNTY HEALTH

DEPARTMENT. FORT WASHINGTON MEDICAL CENTER INC., ALONG WITH THE OTHER

FOUR HOSPITALS LOCATED IN PRINCE GEORGE'S COUNTY, TEAMED UP WITH THE

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT TO CREATE A "CORE TEAM" TO

FACILITATE THE 2019 CHNA PROCESS. THE PROCESS WAS DEVELOPED TO 1)

MAXIMIZE COMMUNITY INPUT, 2) LEARN FROM THE COMMUNITY EXPERTS, 3) UTILIZE

EXISTING DATA, AND 4) TO ENSURE A COMPREHENSIVE COMMUNITY PRIORITIZATION.

THE PROCESS INCLUDED: 1) A COMMUNITY RESIDENT SURVEY IN BOTH ENGLISH AND

SPANISH, 2) AN ANALYSIS OF DEMOGRAPHICS AND POPULATION DESCRIPTIONS

THROUGH SOCIOECONOMIC INDICATORS AND COMPREHENSIVE HEALTH INDICATOR

PROFILE, 3) HOSPITAL SERVICE PROFILES OF RESIDENTS SERVICED BY THE CORE

TEAM, 4) A COMMUNITY-BASED ORGANIZATION SURVEY AND KEY INFORMANT

INTERVIEWS, AND 5) A COMMUNITY PRIORITIZATIONS PROCESS THAT INCLUDED 40

REPRESENTATIVES FROM ACROSS THE COUNTY FROM MULTIPLE SECTORS AND

POPULATIONS SUCH AS:

AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION;

COMMUNITY CLINIC, INC.;

COMMUNITY COUNSELING AND MENTORING SERVICES, INC.;

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DIMENSIONS HEALTHCARE SYSTEM/PRINCE GEORGE'S HOSPITAL CENTER;

DOCTORS COMMUNITY HOSPITAL;

FORT WASHINGTON MEDICAL CENTER/NEXUS;

GREATER BADEN MEDICAL CENTER;

HEART TO HAND;

HOUSE OF DELEGATES;

LA CLINICA DEL PUEBLO;

LAUREL REGIONAL HOSPITAL CENTER;

MARY'S CENTER;

MARYLAND NATIONAL PARK AND PLANNING COMMISSION;

MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER;

NORVARTIS;

OFFICE OF SCHOOL HEALTH, PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS;

PACANET USA;

PGC CHAMBER OF COMMERCE;

PGC DEPARTMENT OF CORRECTIONS;

PGC DEPARTMENT OF FAMILY SERVICES.

PGC DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT;

PGC DEPARTMENT OF SOCIAL SERVICES;

PGC DEPT. PUBLIC WORKS & TRANSPORTATION;

PGC FIRE/EMS DEPARTMENT;

PGC HEALTH DEPARTMENT HEALTH ENTERPRISE ZONE;

PGC HEALTH DEPARTMENT, WIC PROGRAM;

PGC HEALTH DEPARTMENT;

PGC POLICE DEPARTMENT;

PGC PUBLIC SCHOOLS;

THE ARC;

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE COMMUNITY FOUNDATION, PRINCE GEORGE'S COUNTY;

UMD-PUBLIC HEALTH, DEPT. OF EPIDEMIOLOGY & BIostatISTICS;

UNITED HEALTHCARE COMMUNITY PLAN;

UNIVERSITY OF MARYLAND, DEPARTMENT OF COMMUNICATION;

WILD TURKEY CLAN, CEDARVILLE BAND OF PISCATAWAY CONOY.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 6A: DOCTORS COMMUNITY HOSPITAL; LAUREL REGIONAL HOSPITAL; MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER; AND PRINCE GEORGE'S HOSPITAL CENTER.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 6B: PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT; SOUTHERN MARYLAND REGIONAL COALITION FOR CARE TRANSITIONS; PRINCE GEORGE'S COMMUNITY COLLEGE HEALTH BUSINESS SCHOOL; FRIENDLY HIGH SCHOOL, BEHAVIORAL HEALTH; RIVER JORDAN PROJECT, PRINCE GEORGE'S COUNTY DISTRICT 8 HEALTH; COMMUNITY COALITION; PRINCE GEORGE'S CHAMBER OF COMMERCE AND AMERICAN DIABETES ASSOCIATION.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 7D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878;

PART V, SECTION B, LINE 7A: THE CHNA REPORT IS FOUND ON THIS URL:

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

PART V, SECTION B, LINE 7B:

THE CHNA REPORT CAN ALSO BE FOUND ON THESE LINKS:

[HTTPS://WWW.DCHWEB.ORG/WELLNESS/COMMUNITY-HEALTH-NEED-ASSESSMENT](https://www.dchweb.org/wellness/community-health-need-assessment)

[HTTPS://WWW.UMMS.ORG/CAPITAL/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.umms.org/capital/community/community-health-needs-assessment)

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

URL:

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

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 11: THE HOSPITAL ALONE CANNOT ADDRESS ALL

COMMUNITY NEEDS DUE TO BUDGET CONSTRAINTS. HOWEVER, TO ENSURE THAT ALL

HEALTH NEEDS WERE MET, FWMC, ALONG WITH THE OTHER FOUR HOSPITALS IN PRINCE

GEORGE'S COUNTY AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT,

IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET

EACH IDENTIFIED COMMUNITY HEALTH NEED. WHILE THE CORE TEAM LED THE DATA

GATHERING PROCESS OF THE CHNA, THERE WAS RECOGNITION THAT THERE MUST BE

SHARED OWNERSHIP OF THE COUNTY'S COMMUNITY'S HEALTH. FWMC IS DIRECTLY

ADDRESSING NEEDS RELATED TO DIABETES AND HEART DISEASE THROUGH DIABETIC

EDUCATION AND TRAINING CLASSES, AN EXERCISE AND FITNESS PROGRAM, AND

COMMUNITY OUTREACH SCREENING PROGRAMS. IN ADDITION, THE HOSPITAL ADDED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INPATIENT DIALYSIS AND LITHOTRIPSY SERVICES. FWMC PARTNERS WITH PG COUNTY

HEALTH DEPARTMENT AND GILEAD SCIENCES. INC., TO ADDRESS THE GROWING

CONCERN OF HIV AND HEPATITIS C IN THE COMMUNITY THROUGH FREE HIV AND

HEPATITIS C TESTING IN THE EMERGENCY ROOM DEPARTMENT. IN ORDER TO ASSURE

THAT THE COMMUNITY HAS ACCESS TO ALL IDENTIFIED NEEDS, THOSE SERVICES THAT

CANNOT BE DIRECTLY DONE BY FWMC ARE SERVICES THAT THE HOSPITAL HAS

DEVELOPED A LINK TO CARE TO ASSURE THAT THEY CAN REFER ANY PATIENT TO THE

SERVICES THAT ARE IDENTIFIED OR NEEDED.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/](https://www.adventisthealthcare.com/patients/billing/financial-assistance/)

PART V, SECTION B, LINE 16B: SAME URL AS LISTED ON LINE 16A

PART V, SECTION B, LINE 16C: SAME URL AS LISTED ON LINE 16A

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

IN CONSIDERATION FOR FINANCIAL ASSISTANCE TO OUR PATIENTS, ADVENTIST HEALTHCARE ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME. THE PATIENT'S CIRCUMSTANCES COULD INCLUDE THE NEEDS OF THE PATIENT AND/OR FAMILY AND OTHER FINANCIAL RESOURCES. IT IS OUR MISSION TO PROVIDE NECESSARY MEDICAL CARE TO THOSE WHO ARE UNABLE TO PAY FOR THAT CARE. IN GENERAL, ADVENTIST HEALTHCARE HAS 15 LEVELS OF FINANCIAL ASSISTANCE. THEY ARE AS FOLLOWS:

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

Part VI Supplemental Information (Continuation)

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

PART I, LINE 7:

MARYLAND'S UNIQUE ALL PAYER SYSTEM PROVIDES A MECHANISM FOR INCLUDING

UNCOMPENSATED CARE FUNDING IN EACH PROVIDER'S RATES. FOR PURPOSES OF

COMPLETING ADVENTIST HEALTHCARE'S FORM 990, THESE UNCOMPENSATED CARE

ADJUSTMENTS TO OUR APPROVED RATE ORDER ARE NOT PRESENTED AS AN OFFSET TO

THE LEVEL OF UNCOMPENSATED CARE WE PROVIDED.

SINCE THE HSCRC ASSESSES HOSPITALS TO SUBSIDIZE THE STATE'S MEDICAID

BUDGET DEFICIT, THESE ASSESSMENTS (NET OF AMOUNTS BUILT IN RATES) ARE ALSO

COUNTED TOWARD COMMUNITY BENEFITS AND THIS IS IMPUTED ON SCHEDULE H, PART

I, LINE 7B.

FOR PURPOSES OF PREPARING SCHEDULE H OF FORM 990, ADVENTIST HEALTHCARE

CALCULATED A COST TO CHARGE RATIO AS REFLECTED IN ITS 2021 AUDITED

FINANCIAL STATEMENTS. THE COST TO CHARGE RATIO WAS USED TO REDUCE THE

YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST.

IN ADDITION, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER ALSO

CONSIDERS THE NET MEDICAID DEFICIT ASSESSMENT AS A COMPONENT OF COMMUNITY

BENEFIT. THIS ASSESSMENT IS CHARGED TO ALL MARYLAND HOSPITALS TO FUND THE

STATE MEDICAID BUDGET SHORTFALL.

PART II, COMMUNITY BUILDING ACTIVITIES:

Part VI Supplemental Information (Continuation)

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER'S COMMUNITY BUILDING

ACTIVITIES WERE DONE JOINTLY AT THE CORPORATE LEVEL WITH ADVENTIST

HEALTHCARE, INC. TO CENTRALIZE THE ACTIVITIES PERFORMED AS A SYSTEM.

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER PLAYED AN INTEGRAL

ROLE AND CONTRIBUTED TO SEVERAL OUTREACH PROGRAMS AS PART OF ITS MISSION.

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER AND ADVENTIST

HEALTHCARE'S MISSION IS "WE EXTEND GOD'S CARE THROUGH THE MINISTRY OF

PHYSICAL, MENTAL AND SPIRITUAL HEALING." ADVENTIST HEALTHCARE FORT

WASHINGTON MEDICAL CENTER AND ADVENTIST HEALTHCARE GO BEYOND TRADITIONAL

HOSPITAL CARE TO OFFER EXPERTISE AND RESOURCES THAT HELP STRENGTHEN THE

COMMUNITY'S INFRASTRUCTURE IN A WAY THAT PROMOTES HEALTH AND WELL-BEING.

IN 2021, A MAJORITY OF ADVENTIST HEALTHCARE'S COMMUNITY BUILDING

ACTIVITIES CONSISTED OF: LOWERING HEALTHCARE COSTS AND PROMOTING HEALTH

AND WELLBEING OF THE COMMUNITY; ADVOCATING ON COMMUNITY HEALTH

IMPROVEMENTS THROUGH OUR GOVERNMENT RELATIONS AND PUBLIC POLICY

DEPARTMENT; AND ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS.

GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES:

IN 2021, ADVENTIST HEALTHCARE WORKED WITH FEDERAL, STATE, AND LOCAL

LEADERS TO EXPAND ACCESS TO CARE AND SECURE ADEQUATE SUPPORT FOR

HEALTHCARE PROVIDERS THROUGHOUT THE COVID-19 PANDEMIC. WE WORKED WITH THE

MARYLAND HOSPITAL ASSOCIATION TO EXPAND ACCESS TO CARE BY SUPPORTING

PUBLIC POLICY THAT WILL DIRECT HEALTH CARE RESOURCES TO UNDERSERVED

COMMUNITIES ACROSS THE STATE. WE WORKED CLOSELY WITH LOCAL CHAMBERS OF

COMMERCE TO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT PROJECTS ACROSS

MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY. WE PROVIDED FREE SPACE ON

OUR HOSPITAL CAMPUS TO VARIOUS LOCAL COMMUNITY GROUPS AND CONTINUED TO

Part VI Supplemental Information (Continuation)

PROVIDE FINANCIAL SUPPORT TO OTHER COMMUNITY PARTNERS LIKE MANNA FOOD TO
SUPPORT THEIR MISSION TO SERVE VULNERABLE POPULATIONS ESPECIALLY DURING
THE PANDEMIC.

HEALTH PARTNERSHIPS WITHIN THE COMMUNITY:

ADVENTIST HEALTHCARE AIMS TO IMPROVE THE HEALTH OF COMMUNITIES IT SERVES.

IT DOES THIS BY RAISING AWARENESS OF COMMUNITY HEALTH NEEDS AND LOCAL

DISPARITIES, IMPROVING ACCESS TO CULTURALLY APPROPRIATE CARE AND PROVIDING

COMMUNITY WELLNESS OUTREACH AND EDUCATION. A TEAM OF HEALTH EDUCATORS,

CLINICAL CARE COORDINATORS, NURSES, PATIENT NAVIGATORS, PUBLIC HEALTH

RESEARCHERS AND INTERNS WORK TOGETHER TO ENSURE THE DELIVERY OF

POPULATION-BASED CARE AND PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE

SERVE.

ADVENTIST HEALTHCARE WORKS TO ADDRESS NOT JUST THE PHYSICAL AND MENTAL

HEALTH NEEDS OF OUR PATIENTS AND COMMUNITY MEMBERS, BUT TO ADDRESS

WHOLE-PERSON HEALTH. TO DO THIS, WE DEVELOP PARTNERSHIPS AND COLLABORATE

WITH KEY STAKEHOLDERS IN THE COMMUNITY. THROUGH COLLABORATION, WE CAN

EXPAND OUR EXPERTISE AND RESOURCES AND THEREFORE HAVE A LARGER COLLECTIVE

IMPACT ON THE HEALTH AND WELL-BEING OF OUR COMMUNITY. A SAMPLING OF OUR

PARTNERSHIPS IS DESCRIBED BELOW:

1) HEALTHY MONTGOMERY:

HEALTHY MONTGOMERY IS THE LOCAL HEALTH IMPROVEMENT COALITION FOR

MONTGOMERY COUNTY, MARYLAND. ADVENTIST HEALTHCARE PARTNERS WITH AND

SUPPORTS HEALTHY MONTGOMERY BOTH STRATEGICALLY AND FINANCIALLY.

REPRESENTATIVES FROM ADVENTIST HEALTHCARE SIT ON THE HEALTHY MONTGOMERY

STEERING COMMITTEE, THE HEALTH IN ALL POLICY WORKGROUP, AND THE HOSPITAL

WORKGROUP, AMONG OTHERS. ADVENTIST HEALTHCARE ALSO CONTRIBUTES \$50,000

Part VI Supplemental Information (Continuation)

ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY.

HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS SUCH AS LOCAL POLICY MAKERS, HOSPITALS, ADVOCACY GROUPS AND ACADEMIC INSTITUTIONS, AMONG OTHERS, REVIEWS THE NEEDS AND RESOURCES IN THE COUNTY AND WORKS TO SET PRIORITIES FOR IMPROVING HEALTH AND WELL-BEING. THE OVERALL GOALS OF HEALTHY MONTGOMERY ARE TO IMPROVE ACCESS TO HEALTH AND SOCIAL SERVICES, ACHIEVE HEALTH EQUITY FOR ALL RESIDENTS, AND ENHANCE THE PHYSICAL AND SOCIAL ENVIRONMENT TO SUPPORT OPTIMAL HEALTH AND WELL-BEING. AMONG ITS MANY ACCOMPLISHMENTS, HEALTHY MONTGOMERY HAS BEEN ABLE TO PROVIDE LOCAL LEVEL DATA THAT IS STRATIFIED BY SEX, AGE, RACE, AND ETHNICITY. BY MAKING THIS DATA MORE EASILY AVAILABLE, COMMUNITY STAKEHOLDERS, ADVENTIST HEALTHCARE INCLUDED, ARE BETTER ABLE TO IDENTIFY NEEDS IN THE COMMUNITY THAT MAY HAVE OTHERWISE BEEN MASKED BY LESS GRANULAR DATA. THIS ALLOWS FOR MORE STRATEGIC AND TARGETED HEALTH PREVENTION AND PROMOTION PROGRAMMING TO BE DEVELOPED.

2) PRINCE GEORGE'S HEALTHCARE ACTION COALITION:

PRINCE GEORGE'S HEALTHCARE ACTION COALITION (PGHAC) SERVES AS A COMMUNITY HEALTH NETWORK AND FORUM FOR COLLABORATION TO ADVANCE THE HEALTH OF PRINCE GEORGE'S COUNTY. THIS COMMUNITY-POWERED COALITION REPRESENTS OVER 70 COMMUNITY ORGANIZATIONS, HEALTH CARE PROVIDERS AND STAKEHOLDERS IN COMMUNITY HEALTH.

THE COALITION WAS FORMED IN 2012 UNDER THE LEADERSHIP OF PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT (PGCHD), WITH HEALTH OFFICER PAMELA CREEKMUR SERVING AS CHAIRWOMAN. THE PGHAC LEADS THE PROCESS FOR DEVELOPING AND EXECUTING THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR THE COUNTY. THIS

Part VI Supplemental Information (Continuation)

INCLUDES ORGANIZING SEVERAL WORK GROUPS AND BRINGING TOGETHER PARTNERS IN AREAS SUCH AS HEALTH EQUITY, BEHAVIORAL HEALTH AND HEALTHY EATING AND ACTIVE LIVING.

3) NEXUS MONTGOMERY:

NEXUS MONTGOMERY IS A PARTNERSHIP OF FOUR HEALTH SYSTEMS IN MONTGOMERY COUNTY, MARYLAND, INCLUDING ADVENTIST HEALTHCARE, HOLY CROSS HEALTH, MEDSTAR MONTGOMERY AND SUBURBAN HOSPITAL. THE PARTNERSHIP IS FOCUSED ON IMPROVING THE WELL-BEING OF PATIENTS AND COMMUNITY MEMBERS AND REDUCING POTENTIAL AVOIDABLE UTILIZATION (PAU)'S AND TOTAL COST OF CARE. EXAMPLES OF STRATEGIES AND PROGRAMS THAT THE PARTNERSHIP HAS WORKED ON INCLUDE: WELLNESS AND INDEPENDENCE FOR SENIORS AT HOME (WISH), HOSPITAL CARE TRANSITIONS, UNINSURED/PROJECT ACCESS AND SEVERELY MENTALLY ILL/BEHAVIORAL HEALTH. THE GOALS OF THESE PROGRAMS ARE TO: STABILIZE HEALTH OF OLDER ADULTS TO REDUCE HOSPITAL ADMISSIONS; IMPROVE TRANSITIONS FROM HOSPITAL-TO-HOME; CONNECT UNINSURED TO SPECIALTY CARE; IMPROVE COMMUNITY-BASED RESOURCES FOR THE SEVERELY MENTALLY ILL. MOST RECENTLY NEXUS IS MOVING FORWARD WITH A REGIONAL INITIATIVE TO ADDRESS DIABETES PREVENTION AND MANAGEMENT IN OUR COMMUNITY. MOST RECENTLY NEXUS HAS ALSO TURNED ITS FOCUS TO A REGIONAL EFFORT TO INCREASE ACCESS TO DIABETES EDUCATION, PARTICULARLY THE DIABETES SELF-MANAGEMENT TRAINING (DSMT) AND DIABETES PREVENTION PROGRAM (DPP).

4) CASA:

CASA IS THE FOREMOST IMMIGRANT ORGANIZATION IN THE MID-ATLANTIC REGION AND A NATIONAL LEADER IN SUPPORTING IMMIGRANT FAMILIES AND ENSURING THAT ALL INDIVIDUALS HAVE THE CORE SUPPORTS NECESSARY FOR FULL PARTICIPATION IN SOCIETY. NOW A NATIONAL IMMIGRANT POWERHOUSE, CASA CREATES CHANGE WITH ITS

Part VI Supplemental Information (Continuation)

POWER BUILDING MODEL BLENDING HUMAN SERVICES, COMMUNITY ORGANIZING, AND
ADVOCACY IN ORDER TO SERVE THE FULL SPECTRUM OF THE NEEDS, DREAMS, AND
ASPIRATIONS OF MEMBERS.

IN 2021, THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF)
PROVIDED CASA DE MARYLAND GRANT FUNDING TO SUPPORT ACCESS TO CARE AND
SOCIAL SERVICES AMONG LOW-INCOME POPULATIONS IN MONTGOMERY AND PRINCE
GEORGE'S COUNTIES. FUNDS WERE UTILIZED TO INCREASE CAPACITY FOR THEIR
MULTILINGUAL HEALTH AND SOCIAL SERVICES HOTLINE WHICH PROVIDES HEALTH
EDUCATION AND INFORMATION, AS WELL AS NAVIGATIONAL ASSISTANCE TO HEALTH
SERVICES, FOOD BANKS, SHELTERS, AND OTHER VITAL SOCIAL SERVICES. THE
HOTLINE WAS ALSO ASSISTING CALLERS IN ACCESSING COVID TESTING AND
TREATMENT, QUARANTINE SUPPORT AND CONTACT TRACING, AS WELL AS UNEMPLOYMENT
AND OTHER PUBLIC BENEFITS.

5) IMPACT SILVER SPRING/MORE NETWORK:

THE MONTGOMERY COUNTY RACIAL EQUITY (MORE) NETWORK IS A MULTI-RACIAL
NETWORK OF COMMUNITY-BASED ORGANIZATIONS AND GRASSROOTS RESIDENTS. ITS
MISSION IS TO ADVANCE RACIAL EQUITY AND JUSTICE BY CREATING A NETWORK OF
PEOPLE COLLABORATING TO DISMANTLE RACIST SYSTEMS AND BUILD AN EQUITABLE
MONTGOMERY COUNTY.

IN 2021, THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF)
PROVIDED THE MORE NETWORK WITH GRANT FUNDING TO ADVOCATE FOR RACIAL
JUSTICE AND HOLD THE COUNTY ACCOUNTABLE TO THE RACIAL EQUITY AND SOCIAL
JUSTICE ACT. THEIR WORK CENTERED AROUND INFORMING POLICY, RAISING
AWARENESS, AND SUPPORTING GRASSROOTS EFFORTS.

PART III, LINE 2:

Part VI Supplemental Information (Continuation)

TO ESTIMATE THE COST OF BAD DEBT THAT WE HAVE REPORTED ON SCHEDULE H, WE
MULTIPLIED THE ORGANIZATION'S COST TO CHARGE RATIO (CCR) TIMES THE BAD
DEBT PROVISION THAT HAS BEEN REPORTED IN THE 2021 AUDITED FINANCIAL
STATEMENTS. THE ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN
TOTAL OPERATING EXPENSE IS DIVIDED BY TOTAL CHARGES AS REFLECTED IN THE
ORGANIZATION'S GENERAL LEDGER.

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

PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:

6) INTERFAITH WORKS:

INTERFAITH WORKS PROVIDES EMERGENCY SHELTER, SUPPORTIVE HOUSING,
ESSENTIAL NEEDS, AND EMPLOYMENT PROGRAMS TO OVER 35,000 RESIDENTS OF
MONTGOMERY COUNTY, MD, EVERY YEAR.

IN 2021, ADVENTIST HEALTHCARE PROVIDED INTERFAITH WORKS WITH GRANT
FUNDING TO SUPPORT THEIR VOCATIONAL SERVICES PROGRAM. THE GOAL OF THE
PROGRAM IS TO PLACE LOW-INCOME MONTGOMERY COUNTY RESIDENTS, AND THOSE
EXPERIENCING HOMELESSNESS, IN LONG-TERM JOBS. THE PROGRAM PROVIDES
COMPREHENSIVE, INDIVIDUALIZED SUPPORT TO CLIENTS, THEREBY STRENGTHENING
THE FINANCIAL STABILITY OF INDIVIDUALS AND FAMILIES THROUGH JOB
TRAINING AND READINESS PROGRAMS, EMPLOYMENT ASSISTANCE, AND SUPPORT
UPON EMPLOYMENT. THEIR BILINGUAL (ENGLISH/SPANISH/FRENCH) VOCATIONAL
COUNSELORS WORK WITH CLIENTS UNTIL THEY SUCCESSFULLY GAIN EMPLOYMENT

Part VI Supplemental Information (Continuation)

AND OFFER SUPPORT FOR A MINIMUM OF ONE YEAR FOLLOWING EMPLOYMENT.

7) GENERATION HOPE:

GENERATION HOPE'S GOAL IS TO DISMANTLE GENERATIONAL POVERTY THROUGH EDUCATIONAL ATTAINMENT. THEIR PROGRAMMING ADDRESSES AN URGENT NEED IN THE COMMUNITY BY FOCUSING ON THE BEST LONG-TERM POVERTY SOLUTIONS AND MAKING A LASTING IMPACT ON THE REGION'S LOW-INCOME TEEN PARENTS AND THEIR CHILDREN. OUR GOAL FOR OUR SCHOLAR PROGRAM IS THAT TEEN PARENTS EARN A COLLEGE DEGREE AND SECURE THRIVING FUTURES FOR THEIR FAMILIES. FOR NEXT GENERATION ACADEMY, OUR GOAL IS THAT THE CHILDREN OF TEEN PARENTS ARE PREPARED FOR SUCCESS AND WELLBEING IN KINDERGARTEN AND BEYOND.

IN 2021, ADVENTIST HEALTHCARE PROVIDED GENERATION HOPE WITH GRANT FUNDING TO SUPPORT THEIR SCHOLAR PROGRAM AND NEXT GENERATION ACADEMY. WITH THIS FUNDING GENERATION HOPE PROVIDED MENTAL HEALTH SUPPORT TO SCHOLARS AND THEIR CHILDREN, PROVIDED SCHOLARS WITH WORKFORCE DEVELOPMENT SUPPORT, AND SUPPORTED SCHOLARS IN MAINTAINING HIGH GPAS AND GRADUATION RATES TO SET THEM UP FOR LONG TERM SUCCESS.

8) FAITH COMMUNITY NURSE NETWORK (FCN):

ADVENTIST HEALTHCARE, THROUGH OUR FAITH COMMUNITY HEALTH NETWORK, SERVES THE LOCAL COMMUNITIES OF FAITH (CHURCHES, TEMPLES, MOSQUES, ETC.), BY PROVIDING ASSESSMENT, TRAINING AND CONSULTATION, EMPOWERING THEM TO BECOME CENTERS OF HEALTH AND HEALING, RESULTING IN IMPROVED WHOLE PERSON HEALTH.

WE "PROMOTE COMMUNITY HEALTH THROUGH FAITH LEADERS". TOGETHER, SINCE

Part VI Supplemental Information (Continuation)

1995, THIS PARTNERSHIP HAS HELPED IN ACHIEVING A THRIVING CULTURE

DEMONSTRATING PHYSICAL, MENTAL AND SPIRITUAL WELLBEING.

OUR COMMITMENT IS TO HELP OUR COMMUNITIES OF FAITH TO DEVELOP STRONG

HEALTH MINISTRIES TO REACH THE MEMBERS AND SURROUNDING COMMUNITIES.

THIS IS ACCOMPLISHED THROUGH THE ONGOING TRAININGS OF THE FAITH

COMMUNITY NURSES, HEALTH MINISTERS, HEALTH TEAMS, PASTORS AND

ADMINISTRATORS, SUPPLYING EVIDENCE-BASED EDUCATION AND TOOLS NECESSARY

TO ASSESS THE NEEDS AND RISK FACTORS, OUTLINE LIFESTYLE STRATEGIES FOR

DISEASE PREVENTION AND MANAGEMENT, IMPLEMENT HEALTH PROGRAMMING (BASED

ON ASSESSMENT RESULTS) WITH ONGOING MEASUREMENT AND EVALUATION OF

HEALTH OUTCOMES, THEREBY INCREASING THE POTENTIAL FOR OPTIMAL HEALTH

AND WHOLENESS. ALL OF THIS IS DONE IN CONJUNCTION WITH THE NEEDS

IDENTIFIED IN THE ADVENTIST HEALTHCARE'S COMMUNITY HEALTH NEEDS

ASSESSMENT.

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

PROGRAMS. CHURCHES CAN BRING A HOLISTIC PERSPECTIVE TO AN UNDERSTANDING

OF HEALTH AS BEING IN HARMONY WITH ONESELF, ONE'S GOD, OTHERS AND THE

ENVIRONMENT. THE CHURCH IS A KNOWN AND TRUSTED PLACE WHERE PEOPLE FEEL

COMFORTABLE IN THEIR MOST VULNERABLE HOUR. IT IS A NATURAL "REFERENCE

POINT." AT ADVENTIST HEALTHCARE, WE BELIEVE THIS TO BE A NECESSARY,

NATURAL, SYMBIOTIC AND SYNERGISTIC PARTNERSHIP.

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER AND ADVENTIST

HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY BUILDING

ACTIVITIES IN 2022. PROVIDING COMMUNITY BUILDING ACTIVITIES IS

ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION.

Part VI Supplemental Information (Continuation)

PART III, LINE 4:

THE CORPORATION ASSESSES COLLECTABILITY ON PATIENT CONTRACTS PRIOR TO THE
 RECOGNITION OF NET PATIENT SERVICE REVENUE. PATIENT ACCOUNTS RECEIVABLE
 ARE REPORTED AT THEIR NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF
 THROUGH BAD DEBT EXPENSE WHEN THE CORPORATION HAS EXHAUSTED ALL COLLECTION
 EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN PATIENT
 CREDIT WORTHINESS. PATIENT ACCOUNTS RECEIVABLE ALSO INCLUDES MANAGEMENT'S
 ESTIMATE OF THE IMPACT OF CERTAIN UNDERCHARGES TO BE RECOUPED OR
 OVERCHARGES TO BE PAID BACK FOR INPATIENT AND OUTPATIENT SERVICES IN
 SUBSEQUENT YEARS RATES AS DISCUSSED EARLIER.

PART III, LINE 8:

ACUTE CARE HOSPITALS IN MARYLAND ARE EXEMPT FROM MEDICARE REIMBURSEMENT
 METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND MEDICAID) PAY HOSPITALS
 A CERTAIN PRESCRIBED PERCENTAGE OF CHARGES, WHICH ARE REGULATED BY THE
 STATE'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). SPECIFICALLY,
 MEDICARE IS AWARDED A DISCOUNT OF 7.7% OF CHARGES WITHOUT AN ADVANCE
 FUNDING DEPOSIT WITH PROVIDERS, AS WELL AS A 2% REDUCTION FOR
 SEQUESTRATION. A SHORTFALL WILL ONLY EXIST WHEN THE MEDICARE COLLECTION
 EXPERIENCE IS LOWER THAN THE FACILITY'S COST TO CHARGE RATIO (WHICH WOULD
 BE HIGHLY UNUSUAL GIVEN THE MARYLAND REIMBURSEMENT ENVIRONMENT). IF SUCH
 A SHORTFALL EXISTS, NONE OF IT SHOULD BE COUNTED TOWARDS A COMMUNITY
 BENEFIT CALCULATION.

ADVENTIST HEALTHCARE USES ITS INCOME STATEMENT TO COMPUTE A COST TO CHARGE
 RATIO USED TO ESTIMATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS.

Part VI Supplemental Information (Continuation)

PART III, LINE 9B:

> THAT ALL PATIENTS RECEIVE A NOTICE ON FINANCIAL ASSISTANCE AND A PHONE CALL, BY ADVENTIST HEALTHCARE'S STAFF AND OUTSOURCED VENDORS, MENTIONING THE OPPORTUNITY TO HAVE THEIR BILL REDUCED IF THE DEBTOR QUALIFIES FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE.

> WHEN A DEBTOR HAS AFFIRMED A DEBT AND HAS BEEN GIVEN AN OPPORTUNITY TO APPLY FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE, AND HAS APPLIED FOR AND BEEN GRANTED ASSISTANCE THAT REDUCED THE OUTSTANDING BALANCE BUT LEAVING AN AMOUNT STILL OWED TO AN ADVENTIST HEALTHCARE FACILITY OR HAS NOT APPLIED FOR ASSISTANCE IN THE ALLOTTED TIME PERIOD:

1) FOR EXISTING ACCOUNTS, THE COLLECTION AGENCY WILL RECEIVE "DAILY" NOTIFICATION TO REDUCE THE OUTSTANDING BALANCE OF ANY DEBTOR WHO QUALIFIES FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE. THE AGENCY WILL SEND A LETTER TO THE DEBTOR, ACKNOWLEDGING THE NEW BALANCE WITHIN 30 DAYS OF THE NOTICE TO ADJUST.

2) ONCE THE DEBTOR AFFIRMS THE DEBT, THE AGENCY WILL INFORM THE DEBTOR ABOUT ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE POLICY AND ASK IF THEY HAD RECEIVED INFORMATION ON HOW TO COMPLETE THE APPLICATION, OR THE CRITERIA FOR QUALIFICATION.

3) WHEN A DEBTOR EXPRESSES A DESIRE TO COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE, THEY WILL BE REFERRED TO ADVENTIST HEALTHCARE'S FINANCIAL COUNSELOR (301)-203-3475. THE COLLECTION AGENCY WILL PLACE THE ACCOUNT ON "HOLD" FOR 60 DAYS UNTIL THE FINANCIAL ASSISTANCE APPLICATION IS COMPLETE.

4) WHEN THE DEBTOR HAS COMPLETED THE APPLICATION FOR FINANCIAL ASSISTANCE AND BEEN APPROVED, THE AGENCY WILL RECEIVE IMMEDIATE NOTIFICATION FROM THE PATIENT FINANCIAL SERVICES DEPARTMENT. NOTIFICATION WILL INCLUDE THE

Part VI Supplemental Information (Continuation)

AMOUNT OF DEBT REDUCTION THE DEBTOR QUALIFIED FOR. THE PATIENT FINANCIAL
SERVICE LEADER WILL APPROVE THE ADJUSTMENT AND THE DEBTOR'S BALANCE WILL
BE ADJUSTED ON ADVENTIST HEALTHCARE'S BOOKS.

PART VI, LINE 2:

FORT WASHINGTON MEDICAL CENTER (FWMC) PARTICIPATED AS A MEMBER OF A "CORE
TEAM" COMPRISED OF 5 HOSPITALS IN PRINCE GEORGE'S COUNTY AND THE PRINCE
GEORGE'S COUNTY HEALTH DEPARTMENT, TO CONDUCT A COMMUNITY HEALTH NEEDS
ASSESSMENT (CHNA) IN 2019. AS REQUIRED TO IDENTIFY THE NEEDS OF THOSE
LIVING IN ITS PRIMARY AND SECONDARY SERVICE AREAS IN PRINCE GEORGE'S
COUNTY, CHARLES COUNTY, AND WASHINGTON, D.C. THIS COMMUNITY HEALTH NEEDS
ASSESSMENT WAS CONDUCTED TO IDENTIFY HEALTH NEEDS AND DEVELOP STRATEGIES
TO IMPROVE HEALTH CONDITIONS IN THE SURROUNDING COMMUNITIES SERVICED BY
THE HOSPITAL. IN ADDITION, WE ARE ACTIVELY INVOLVED WITH THE PRINCE
GEORGE'S COUNTY HEALTHCARE ACTION COALITION (PGHAC) DEVELOPED BY THE
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO ASSIST IN MAKING
MARYLAND HEALTHIER. PGHAC'S MISSION IS TO IMPROVE THE HEALTH OF THE
RESIDENTS OF PRINCE GEORGE'S COUNTY BY INCREASING ACCESS TO CARE,
PROMOTING COLLABORATION AMONG HEALTH CARE PROVIDERS AND KEY STAKEHOLDERS,
AND INTEGRATING AND COORDINATING PATIENT CARE TO REDUCE DUPLICATION OF AND
ENHANCE SEAMLESS HEALTH SERVICE DELIVERY. FWMC IS INVOLVED WITH THE
"ACCESS TO CARE" WORK GROUP WITH A FOCUS ON ENSURING RESIDENTS RECEIVE
NEEDED HEALTH CARE, PARTICULARLY LOW INCOME, UNINSURED/UNDERINSURED ADULTS
AND CHILDREN. THE ORGANIZATION HAS BEEN INVOLVED FROM THE BEGINNING OF
THE INITIATIVE WORKING WITH PUBLIC HEALTH EXPERTS, AGENCIES, HOSPITAL
PERSONNEL AND COMMUNITY ORGANIZATIONS TO LAY A FOUNDATION FOR ADDRESSING
THIS ISSUE AND ESTABLISHING WAYS TO PROMOTE AND COMMUNICATE THE INITIATIVE
AND MONITOR

Part VI Supplemental Information (Continuation)

AND MEASURE ITS OVERALL EFFECTIVENESS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY:

ADVENTIST HEALTHCARE EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS ABOUT

CHARITY CARE AND FINANCIAL ASSISTANCE IN MANY WAYS. THEY INCLUDE, BUT ARE

NOT LIMITED TO, THE FOLLOWING: (1) ADVENTIST HEALTHCARE HAS FINANCIAL

ASSISTANCE SIGNAGE IN ALL ITS FACILITIES, ON ALL PATIENT STATEMENTS AND ON

OUR HOSPITALS' WEBSITES; (2) DURING PRE-REGISTRATION AND REGISTRATION,

PATIENTS WHO ARE REGISTERED AS SELF-PAY, OR EXPRESS A FINANCIAL HARDSHIP,

ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND MAILED OR GIVEN

A CHARITY APPLICATION. ADDITIONALLY, AN ADVENTIST HEALTHCARE PATIENT

FINANCIAL ADVISOR WILL VISIT ADMITTED PATIENTS TO REVIEW FINANCIAL

OPTIONS, INCLUDING AHC'S FINANCIAL ASSISTANCE PROGRAM; (3) WHEN GOING

THROUGH THE MEDICAID ELIGIBILITY SCREENING, SELF-PAY PATIENTS ARE GIVEN A

CHARITY APPLICATION DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT

QUALIFY FOR MEDICAID; (4) WHEN PATIENTS WITH A BALANCE RECEIVES A

STATEMENT, THE PATIENT STATEMENT INCLUDES NOTIFICATION OF THE AVAILABILITY

OF FINANCIAL ASSISTANCE AND THE CONTACT INFORMATION TO SPEAK WITH A

REPRESENTATIVE OR OBTAIN A FINANCIAL ASSISTANCE PACKAGE; (5) WHEN PATIENTS

WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL

HARDSHIP, CUSTOMER SERVICE REPS AND SELF-PAY COLLECTORS WILL NOTIFY THE

PATIENT OF THE AVAILABILITY OF ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE

AND MAIL A CHARITY APPLICATION TO THE PATIENT AND (6) RESIDENTS WHO

PARTICIPATE IN OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY,

ETC., ARE INFORMED OF ADVENTIST HEALTHCARE'S CHARITY PROGRAM PRIOR TO

RECEIVING SERVICES.

Part VI Supplemental Information (Continuation)

PART VI, LINE 4:

FORT WASHINGTON, OXON HILL AND TEMPLE HILLS COMPRISE FORT WASHINGTON
MEDICAL CENTER'S COMMUNITY-BASED SERVICE AREA (CBSA) AND ARE LOCATED IN
PRINCE GEORGE'S COUNTY. THE SUBURBAN CITIES ARE WITHIN A SHORT
DISTANCE FROM THE WASHINGTON, D.C/MARYLAND LINE. FORT WASHINGTON
ENCOMPASSES A 14-SQUARE MILE RADIUS. ACCORDING TO CLARITAS.COM, IT HAS A
POPULATION OF 54,890 PEOPLE. THE RACIAL DYNAMIC OF FORT WASHINGTON IS
PRIMARILY AFRICAN AMERICAN WITH 73.6% RESIDENTS; 10.49% WHITE RESIDENTS;
6.4% ASIAN, AND THE REMAINDER OF OTHER RACES ARE, NATIVE HAWAIIAN,
AMERICAN INDIAN, AND PACIFIC ISLANDER. THE MEDIAN FORT WASHINGTON
HOUSEHOLD INCOME IS \$59,291 AND THE MEDIAN AGE OF THE FORT WASHINGTON
RESIDENT IS 44 YEARS. SURROUNDING PORTIONS OF FORT WASHINGTON IS 9-SQUARE
MILES OF LAND IN OXON HILL, MARYLAND. IT EXTENDS ALONG THE 210 NORTH
CORRIDORS AND ALONG SOUTHERN AVENUE, WHICH SEPARATES IT FROM WASHINGTON,
D.C. ACCORDING TO THE CLARITAS.COM, ITS POPULATION IS 30,187 RESIDENTS.
THE RACIAL MAKE-UP OF OXON HILL IS 74.95% AFRICAN AMERICANS; 9.56% WHITE
RESIDENTS AND 5.10% ASIAN RESIDENTS. THE MEDIAN OXON HILL HOUSEHOLD
INCOME IS \$86,714 AND THE AVERAGE AGE OF THE OXON HILL RESIDENT IS 38
YEARS. ANOTHER COMPONENT OF THE FWMC SERVICE AREA IS TEMPLE HILLS, WHICH
IS 1.4 SQUARE MILES, AND IS WEST OF OXON HILL AND SOUTHEAST OF WASHINGTON,
D.C. TEMPLE HILLS HAS A POPULATION OF 37,588 PEOPLE, AFRICAN AMERICAN
COMPRISE THE MAJORITY OF THE POPULATION WITH 85.36% RESIDENTS, 6.48% WHITE
RESIDENTS AND 6.80% HISPANIC RESIDENTS. THERE IS A SMALL POPULATION OF
NATIVE HAWAIIAN, ASIANS, AMERICAN INDIAN AND PACIFIC ISLANDERS. NEARLY
16.8% OF THE POPULATION IS CONSIDERED BELOW THE POVERTY LINE. THE MEDIAN
TEMPLE HILLS HOUSEHOLD INCOME IS \$60,920 AND THE AVERAGE AGE OF THE TEMPLE
HILLS RESIDENT IS 31 YEARS.

Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

FORT WASHINGTON MEDICAL CENTER PROVIDES CARE TO SOME OF THE MOST MEDICALLY
UNDERSERVED AREAS IN PRINCE GEORGE'S COUNTY. THE LOW NUMBER OF SPECIALTY
AND SUB-SPECIALTY PHYSICIANS AND THE LACK OF ACCESS TO HEALTHY DINING
OPTIONS AND MEDICAL FACILITIES HAVE CREATED HEALTH DISPARITIES. ACCORDING
TO THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE
PRINCE GEORGE'S COUNTY DEPARTMENT OF HEALTH, WE HAVE SOME OF THE HIGHEST
INSTANCES OF HEART DISEASE, DIABETES, STROKE AND HYPERTENSION, BREAST
CANCER, PROSTATE CANCER, HIV, SEXUALLY TRANSMITTED ILLNESSES, SENIOR
HEALTH ISSUES, AND ASTHMA IN MARYLAND. MEETING THESE CARE NEEDS IS WHY
ACCESS TO HIGH QUALITY AND COMPASSIONATE CARE IS A CRITICAL PART OF OUR
PLAN. BELOW IS A BRIEF SUMMARY OF THE HEALTH PROMOTIONAL ACTIVITIES THE
FORT WASHINGTON MEDICAL CENTER TEAM PERFORMED FOR THE COMMUNITY IN 2021.

> ASSISTED WITH MANAGING COVID-19 VACCINE CLINICS TO CONTINUE CARING FOR
THE COMMUNITY THROUGH THE PANDEMIC. DURING THE HEIGHT OF COVID, FORT
WASHINGTON MEDICAL CENTER WAS CARING FOR PATIENTS IN COMMUNITIES POPULATED
WITH THE PANDEMIC'S MOST VULNERABLE PATIENTS AND WHERE COVID-19 RATES WERE
HIGH, AND COMORBIDITIES ARE PREVALENT. THROUGH URGENT CONVERSATIONS WITH
STATE AND COUNTY HEALTH OFFICIALS ABOUT THE CAPACITY TO CARE FOR PATIENTS,
ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER BECAME THE FIRST
HOSPITAL IN THE NATION TO INSTALL STAAT MODTM (STRATEGIC, TEMPORARY,
ACUITY-ADAPTABLE TREATMENT) 16-BED MODULAR INTENSIVE CARE UNIT TO CARE FOR
COVID-19 AND OTHER CRITICALLY ILL PATIENTS. THE UNIT WAS BROUGHT IN BY THE
MARYLAND DEPARTMENT OF HEALTH TO ADDRESS THE HOSPITAL'S SHORTAGE OF
CRITICAL CARE BEDS DURING THE PANDEMIC.

> PARTICIPATED IN SEVERAL COMMUNITY TOWN HALL MEETINGS AND CHURCH SERVICES

Part VI Supplemental Information (Continuation)

TO PROMOTE THE PROGRAMS AND SERVICES OFFERED BY ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER, TO OFFER THE HOSPITAL'S COMMUNITY SUPPORT, AND TO SOLICITED COMMUNITY FEEDBACK ON THE SERVICES THEY WOULD LIKE TO SEE THE HOSPITAL PROVIDE PATIENTS.

> THE HOSPITAL MANAGES THREE FREE COMMUNITY-BASED PROGRAMS, INCLUDING PHARMACY MEDICATION SERVICES, DIABETES EDUCATION, AND AN INFECTIOUS DISEASES PROGRAM.

> PERSONNEL FROM VARIOUS DEPARTMENTS ARE ACTIVE IN THE COMMUNITY SERVING ON VARIOUS BOARDS, COALITIONS AND COMMITTEES TO HELP ADDRESS HEALTH IN THE COMMUNITY, PARTICULARLY THE HEALTH OF THE UNDERSERVED AND AT-RISK POPULATIONS.

> TO MEET THE CONTINUING NEEDS OF OUR DIVERSE COMMUNITY, ADVENTIST HEALTHCARE PROVIDES CULTURAL AND LINGUISTIC COMPETENCY TRAINING TO MEDICAL AND SUPPORT STAFF.

THE TEAM AT FORT WASHINGTON MEDICAL CENTER ARE STRONG ADVOCATES FOR INVESTING IN THE AREAS ANCHORED TO FORT WASHINGTON. WE INTEND TO CLOSE THE HEALTH EQUITY GAP IN THE COUNTY THAT HAS LONG EXISTED BUT BECAME GLARINGLY APPARENT DURING THE PANDEMIC AND WE AIM TO PROVIDE THE HIGHEST QUALITY CARE TO ENSURE HEALING FOR THE WHOLE PERSON IN BODY, MIND AND SPIRIT.

PART VI, LINE 6:

ADVENTIST HEALTHCARE, BASED IN GAITHERSBURG, MD., IS A FAITH-BASED, NOT-FOR-PROFIT ORGANIZATION OF DEDICATED PROFESSIONALS WHO WORK TOGETHER EACH DAY TO PROVIDE EXCELLENT WELLNESS, DISEASE MANAGEMENT AND HEALTH-CARE

Part VI Supplemental Information (Continuation)

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

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

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

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

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

CHALLENGING HOSPITAL SYSTEMS NATIONWIDE TO IMPROVE THE HEALTH OF

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

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

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

WASHINGTON, D.C. METROPOLITAN AREA.

ADVENTIST HEALTHCARE INCLUDES: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL

CENTER, ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER, ADVENTIST

HEALTHCARE FORT WASHINGTON MEDICAL CENTER, ADVENTIST HEALTHCARE

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

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

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

THAN 2,000 AFFILIATED PRIMARY AND SPECIALTY CARE PHYSICIANS, ADVENTIST

HEALTHCARE ENCOMPASSES MANY OF THE NECESSARY CARE DELIVERY COMPONENTS

NEEDED TO DELIVER POPULATION-BASED CARE ACROSS THE CONTINUUM.

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

MOST VULNERABLE AND UNDERSERVED. IN 2021, THERE WERE APPROXIMATELY 664,712

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

PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFIT. AS ONE OF THE

LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE

DEDICATED COMMITMENT OF 6,145 EMPLOYEES AND NUMEROUS VOLUNTEERS PROVIDING

Part VI Supplemental Information (Continuation)

OVER 31,019 HOURS OF TIME, THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE

COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY.

IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST

HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO

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

WELL AS HISTORICALLY UNDER-SERVED COMMUNITIES INCLUDING MINORITIES AND

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

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

DEMOGRAPHIC CHARACTERISTICS.

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

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

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

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

MD

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.** Employer identification number **84-2670875**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN SACKETT VICE CHAIR; EVP/COO,AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	573,450.	214,511.	967,980.	26,000.	41,598.	1,823,539.	0.
(2) TERRY FORDE CHAIR; PRESIDENT & CEO,AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	900,426.	374,113.	397,159.	26,000.	36,165.	1,733,863.	188,889.
(3) JAMES G. LEE AHC EVP/CFO,END 10/21; AHC EVP,CSO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	631,246.	200,460.	133,136.	153,557.	22,358.	1,140,757.	113,955.
(4) EUNMEE SHIM SECY.; PRES OF FWMC & AHC AMB NETWK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	387,637.	135,893.	121,663.	122,013.	29,731.	796,937.	69,014.
(5) KRISTEN PULIO AHC SVP/CRO;AHC SVP/CFO,STRT 10/2021	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	336,043.	107,499.	108,946.	116,347.	8,381.	677,216.	58,928.
(6) GRIFFIN DAVIS CHIEF MEDICAL OFFICER	(i)	239,604.	71,938.	77,705.	19,272.	24,960.	433,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANN TOUPIN VP, CNO & COO	(i)	124,080.	47,476.	79,595.	23,000.	12,175.	286,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBBIN YOUNG NURSING DIRECTOR	(i)	173,810.	26,152.	2,765.	7,269.	24,036.	234,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEVEN PETERSON ANCILLARY SERVICES DIRECTOR	(i)	160,791.	24,736.	911.	11,855.	13,991.	212,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TAMMY WOODFORK SENIOR HR BUSINESS PARTNER	(i)	152,085.	23,073.	1,544.	3,091.	9,856.	189,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

PAY PRACTICE: ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL
ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL
COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE
RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE IRS FORM
990 AS IF PAID DIRECTLY BY SUCH AFFILIATE. AS APPLICABLE, THE SAME AND
NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS
WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC. RELATED ENTITIES'
RETURNS.

INDEPENDENT GUIDELINES: WHEN SETTING COMPENSATION FOR THE OFFICERS,
DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES,
ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBODIED
IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE OFFICERS,
DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES
IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE BOARD OF TRUSTEES.
IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET
COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

PART I, LINE 4B:

CERTAIN EMPLOYEES RECEIVED COMPENSATION FROM A DISTRIBUTION UNDER AN
EXECUTIVE RETENTION 457F PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015.
PRE-TAX CONTRIBUTIONS ARE ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON
JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED, OR SOONER BASED ON CERTAIN
EXCEPTIONS. THERE IS TYPICALLY A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS
ARE RELEASED. CONTRIBUTIONS ACCUMULATED IN 2019 WERE GENERALLY DISTRIBUTED
ON JANUARY 1, 2021 AND CONTRIBUTIONS ACCUMULATED IN 2020 WILL GENERALLY BE
DISTRIBUTED ON JANUARY 1, 2022. AMOUNTS LISTED UNDER PART II, COLUMN F
INCLUDE PAYOUT AMOUNTS WHICH WERE CONSIDERED DEFERRED COMPENSATION FROM THE
457F PLAN IN OUR PRIOR YEAR RETURNS AND THESE AMOUNTS ARE NOW BEING SHOWN
UNDER THE OTHER REPORTABLE INCOME, COLUMN B (III).

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE ADVENTIST HEALTHCARE EXECUTIVE RETENTION PLAN PAYS CERTAIN PARTICIPANTS

THEIR RETIREMENT PAYMENTS IN DIRECT CASH, RATHER THAN RETENTION BENEFITS OF

DEFERRED CASH, AFTER ATTAINING THE PLAN'S RETIREMENT AGE. THE FOLLOWING

EXECUTIVE RECEIVED A SUPPLEMENTAL RETIREMENT PAYMENT UNDER THIS PLAN

FEATURE:

JOHN SACKETT: \$137,472 RETIREMENT AGE PAYMENT.

THE FOLLOWING EMPLOYEE RECEIVED A PAYOUT OF HIS ENTIRE ACCRUED BENEFIT

UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), DUE TO HAVING

COMPLETED THE NECESSARY YEARS OF SERVICE AND ATTAINING THE NECESSARY AGE

FOR VESTING AND PAYMENT. THIS AMOUNT ALSO WAS INCLUDED IN PRIOR YEAR 990

DISCLOSURES WHEN THE AMOUNT ACCRUED (I.E., THIS BENEFIT HAS BEEN REPORTED

ON FORM 990 TWICE IN PRIOR YEARS AND IN THIS YEAR).

JOHN SACKETT: \$685,966.

PART I, LINE 7:

THE ANNUAL INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OF PRE-DETERMINED PERFORMANCE TARGETS SUCH AS QUALITY/PATIENT SAFETY GOALS,
EMPLOYEE AND PATIENT ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL
PERFORMANCE, AMONG OTHER THINGS. THE ANNUAL INCENTIVE COMPENSATION APPLIES
TO DIRECTORS AND ABOVE.

SUPPLEMENTAL INFORMATION:

OTHER REPORTABLE COMPENSATION INCLUDES RETENTION PAYMENTS AND LUMP-SUM
ADJUSTMENTS IN LIEU OF THE ACROSS-THE-BOARD INCREASE (FOR EMPLOYEES WHO
ARE AT OR REACH THE RANGE MAXIMUM FOR THEIR POSITION). OTHER
REPORTABLE COMPENSATION ALSO INCLUDES LONG-TERM DISABILITY COVERAGE,
CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED PAID TIME OFF (PTO) HOURS,
IMPUTED VALUE OF LIFE INSURANCE BENEFITS, AND SEVERANCE, AS APPLICABLE.
CERTAIN EXECUTIVES CAN ALSO RECEIVE REPORTABLE COMPENSATION THROUGH A
SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), ONCE THEY HAVE VESTED IN
THE PLAN.

NON-TAXABLE BENEFITS INCLUDES PRE-TAX PAYROLL DEDUCTIONS (SUCH AS
FLEXIBLE MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT
PREMIUMS), AND THE EMPLOYER PORTION OF CERTAIN EMPLOYEE BENEFITS SUCH

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE, AND LIFE

INSURANCE, ETC.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number	84-2670875
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE HOSPITAL RECEIVED THE FOLLOWING HEALTH AWARDS, CONTINUED:

BEST PLACE TO WORK BY THE PRINCE GEORGE'S ECONOMIC DEVELOPMENT
CORPORATION

- AWARDED CIRCLE OF HONOR WINNER BY MARYLAND PATIENT SAFETY CENTER FOR
PATIENT SAFETY INNOVATION

IN OCTOBER 2019, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER
BECOME PART OF THE ADVENTIST HEALTHCARE SYSTEM. GIVEN THE CHANGES IN
HEALTHCARE BOTH NATIONALLY AND IN MARYLAND, JOINING ADVENTIST
HEALTHCARE ALLOWS ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER
TO EXPAND ITS HIGH-QUALITY HEALTHCARE SERVICES IN PRINCE GEORGE'S
COUNTY AND OVERCOME THE CHALLENGES OF OPERATING AS A STANDALONE
COMMUNITY HOSPITAL.

IN COMBINATION WITH A GRANT RECEIVED FROM GILEAD SCIENCES, INC.,
ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER ADDRESSES THE HIV
EPIDEMIC IN PRINCE GEORGE'S COUNTY AND HELPS PREVENT DEVELOPING
COMPLICATIONS SUCH AS LIVER FAILURE, LIVER CANCER, AND CIRRHOSIS
BROUGHT ON BY A HEPATITIS C DIAGNOSIS. THE PROGRAM ALSO ALLOWS FWMC TO
ADMINISTER 20,000 HIV AND HEPATITIS C TESTS TO PATIENTS WHO COME
THROUGH ITS EMERGENCY DEPARTMENT. THE PROGRAM HAS LINKED NEARLY 4,900
OF PATIENTS TO LIFE-SAVING CARE AFTER OR HEALTH INFORMATION AFTER BEING
DIAGNOSED OR TESTING IN 2021. THIS PROGRAM NOT ONLY PROVIDES
DIAGNOSTIC AWARENESS, BUT IT ALSO PROVIDES NAVIGATIONAL SERVICES FOR
FOLLOW UP AND CONTINUED CARE BASED ON THE TEST RESULTS.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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IN ADDITION, THE HOSPITAL IN PARTNERSHIP WITH ALLENTOWN PHARMACY,
 GREATER BADEN MEDICAL SERVICES, MEDCO, AND FORMER DISTRICT 8
 COUNCILWOMAN MONIQUE ANDER-WALKER, IMPLEMENTED A PHARMACY ASSISTANCE
 PROGRAM. THE PROGRAM ASSISTS PATIENTS WITH CHRONIC HEALTH CONDITIONS
 BY COVERING THE COST OF THE PRESCRIPTIONS. FOR PATIENTS, THE PROGRAM
 REMOVES THE WORRY OF FINANCES SO THAT PATIENTS CAN FOCUS ON GETTING
 BETTER. THE PROGRAM IS DESIGNED TO HELP AT LEAST 25-30 PATIENTS A
 MONTH.

PART V, LINE 1A, 2A, AND 2B

GENERAL EXPLANATION:

EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX
 EXEMPT ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST
 HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.) ARE PAID THROUGH A
 COMMON PAYMASTER, ADVENTIST HEALTHCARE, INC. AND ARE REPORTED ON ITS
 FORM 941. SALARY AND BENEFIT EXPENSES REPORTED ON THEIR RESPECTIVE
 RETURNS ARE ACTUAL CHARGES RELATED TO THE EMPLOYEES WORKING ON THE
 SPECIFIC TAX EXEMPT ENTITY.

VENDOR PAYMENTS FOR ANY OF THE ADVENTIST HEALTHCARE, INC. AND RELATED
 ENTITIES IN THE STATE OF MARYLAND ARE MADE THROUGH A COMMON PAYMASTER,
 ADVENTIST HEALTHCARE, INC. ANY APPLICABLE FORMS 1099 ARE PROCESSED BY
 ADVENTIST HEALTHCARE, INC.

FORM 990, PART VI, SECTION A, LINE 1A:

THE GOVERNING BODY HAS DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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DURING SUCH TIMES WHEREBY IT IS IMPRACTICABLE TO CONVENE THE FULL BOARD,
 AND WHEN IT IS NECESSARY TO CARRY OUT THE GOVERNANCE FUNCTIONS OF THE
 BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS OF THE BOARD IN
 THE MANAGEMENT AND DIRECTION OF THE AFFAIRS OF ADVENTIST HEALTHCARE FORT
 WASHINGTON MEDICAL CENTER INC., PROVIDED SUCH ACTIONS ARE NOT IN CONFLICT
 WITH GENERAL POLICIES ENACTED BY THE BOARD OF TRUSTEES. THE EXECUTIVE
 COMMITTEE SHALL BE CHAIRED BY THE CHAIR OF THE BOARD OF TRUSTEES, AND SHALL
 CONSIST OF THE BOARD OFFICERS, A PHYSICIAN BOARD MEMBER, THE CHAIR OF THE
 FINANCE COMMITTEE, AND ANOTHER BOARD MEMBER DESIGNATED BY THE CHAIR OF THE
 BOARD OF TRUSTEES. EXCEPT FOR EX-OFFICIO MEMBERS, ALL COMMITTEE MEMBERS
 SHALL BE APPOINTED BY THE CHAIR OF THE BOARD OF TRUSTEES AND SERVE FOR A
 TERM OF ONE YEAR AND/OR UNTIL THEIR SUCCESSORS ARE APPOINTED AND QUALIFIED.

FORM 990, PART VI, SECTION A, LINE 6:
 ADVENTIST HEALTHCARE, INC. IS THE SOLE MEMBER OF ADVENTIST HEALTHCARE FORT
 WASHINGTON MEDICAL CENTER INC.

FORM 990, PART VI, SECTION A, LINE 7A:
 ADVENTIST HEALTHCARE, INC. CAN ELECT MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:
 DECISIONS SUBJECT TO APPROVAL.

SEE BY LAWS, ARTICLE II, SECTION 2: RESERVED AUTHORITY AND RESPONSIBILITY.

THE FOLLOWING ACTIONS SHALL BE RESERVED TO THE MEMBER:

A. THE ADOPTION, ALTERING, AMENDING OR REPLACING OF THE ARTICLES OF
 INCORPORATION OR THE BYLAWS OF THE CORPORATION;

B. THE LIQUIDATION, DISSOLUTION, WINDING UP, OR ABANDONMENT OF THE

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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CORPORATION;

C. APPOINTMENT OF MEMBERS OF THE BOARD OF DIRECTORS FROM NOMINEES

SUBMITTED BY THE NOMINATING COMMITTEE (AS DEFINED HEREUNDER);

D. REMOVAL OF MEMBERS OF THE BOARD OF DIRECTORS;

E. APPOINTMENT AND REMOVAL OF THE PRESIDENT OF THE CORPORATION, IN

CONSULTATION WITH THE BOARD OF DIRECTORS;

F. THE PURCHASE, SALE OR DISPOSITION OF REAL PROPERTY OF THE CORPORATION;

G. AUTHORIZATION AND APPROVAL OF THE ISSUANCE OF DEBT AND THE USE OF

PROCEEDS OF SUCH DEBT FOR AND ON BEHALF OF THE CORPORATION;

H. DEVELOPMENT OF CAPITAL INVESTMENT, CAPITAL ALLOCATION AND BORROWING

POLICIES FOR THE CORPORATION;

I. CEASING THE PROVISION OF HEALTH CARE SERVICES NECESSARY FOR OPERATION

AS A LICENSED GENERAL ACUTE CARE FACILITY AT ANY SITE;

J. ADOPTING THE HOSPITAL CORPORATION'S ANNUAL AND LONG-TERM CAPITAL AND

OPERATION BUDGETS;

K. MAKING ANY CHANGES IN ANY OF THE CORPORATION'S INSURANCE PROGRAM; AND

L. RECOMMENDING ANY UNBUDGETED CAPITAL EXPENDITURE OF THE HOSPITAL

CORPORATION'S CAPITAL BUDGET IN EXCESS OF \$50,000.

ALL MEMBERS HAVE RIGHTS TO VOTE.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING THE FORM 990 WITH THE IRS, IT WAS REVIEWED BY THE

ORGANIZATION'S FINANCE DEPARTMENT AND EXECUTIVE MANAGEMENT TEAM. ALSO,

PRIOR TO FILING THE FORM 990 WITH THE IRS, ALL MEMBERS OF THE BOARD ARE

PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, EACH FACILITY
 BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT
 REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS
 REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL
 RELATIONSHIP OUTSIDE OF THE ORGANIZATION.

AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR THE PERCEPTION OR
 APPEARANCE OF A CONFLICT OF INTEREST, OCCURS WHEN A COVERED PERSON IS IN A
 POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN FOR
 THAT EMPLOYEE, A RELATIVE, OR OTHER PERSON LIVING IN THE SAME HOUSEHOLD, AS
 A RESULT OF ADVENTIST HEALTHCARE'S BUSINESS ACTIVITIES. A RELATIVE IS
 DEFINED AS ANY PERSON WHO IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE
 RELATIONSHIP WITH THE COVERED PERSON IS SIMILAR TO THAT OF PERSONS WHO ARE
 RELATED BY BLOOD OR MARRIAGE.

NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A
 RELATIONSHIP BETWEEN AN ADVENTIST HEALTHCARE EMPLOYEE AND AN OUTSIDE FIRM
 OR BUSINESS ENDEAVOR, OR OTHER POTENTIAL CONFLICT OF INTEREST. HOWEVER, IF
 A COVERED PERSON HAS ANY BUSINESS, FINANCIAL, OR OTHER RELATIONSHIP WITH
 ANY ORGANIZATION WHEREBY THE EXISTENCE OF THAT RELATIONSHIP EITHER CREATES
 A CONFLICT OF INTEREST OR IS PERCEIVED TO CREATE A CONFLICT OF INTEREST,
 THE COVERED PERSON MUST DISCLOSE THIS RELATIONSHIP TO THE DESIGNATED SENIOR
 MANAGER, OR GOVERNING BOARD, AS THE CASE MAY BE, AT THE LOCATION WHERE THE
 EMPLOYEE IS ASSIGNED. THE SENIOR MANAGER WILL REVIEW THE RELATIONSHIP, MAKE
 COMMENTS AND RECOMMENDATIONS, AND FORWARD ALL DOCUMENTATION TO THE
 ORGANIZATIONAL INTEGRITY COMMITTEE FOR A FINAL DECISION.

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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BY THE HUMAN RESOURCES DEPARTMENT, ORGANIZATIONAL INTEGRITY DEPARTMENT AND
 THE LEGAL DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15:

WHEN SETTING COMPENSATION FOR EXECUTIVES, OFFICERS, KEY EMPLOYEES, AND ALL
 EMPLOYEES, THE ORGANIZATION FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS
 EMBEDDED IN THE IRS REGULATIONS. COMPENSATION IS ENTIRELY SET BY A
 COMMITTEE OF THE BOARD OF TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING
 BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN
 INDEPENDENT OUTSIDE COMPENSATION CONSULTANT. TO ENSURE REASONABLENESS,
 COMPENSATION IS SET AT THE 50TH PERCENTILE OF THE NATURAL MARKET.

GENERAL EXPLANATION:

EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX EXEMPT
 ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST HEALTHCARE FORT
 WASHINGTON MEDICAL CENTER INC.) ARE PAID THROUGH A COMMON PAYMASTER,
 ADVENTIST HEALTHCARE, INC. AND ARE REPORTED ON ITS FORM 941. SALARY AND
 BENEFIT EXPENSES REPORTED ON THEIR RESPECTIVE RETURNS ARE ACTUAL CHARGES
 RELATED TO THE EMPLOYEES WORKING ON THE SPECIFIC TAX EXEMPT ENTITY.

COMPENSATION INCLUDED REGULAR BASE SALARY, BONUS, PAID TIME OFF CASH OUT
 (ONLY FOR EMPLOYEES WHO LEAVE OUR ORGANIZATION), TAXABLE RELOCATION
 ALLOWANCE, HOLIDAY GIFT, RETROACTIVE COMPENSATION ADJUSTMENT, BEREAVEMENT
 LEAVE, EDUCATION, AND WITHDRAWAL OF DEFERRED COMPENSATION, AS APPLICABLE.

THE SAME AND NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN
 CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC.'S
 RELATED ENTITIES RETURNS.

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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VENDOR PAYMENTS FOR ANY OF THE ADVENTIST HEALTHCARE, INC. AND RELATED

ENTITIES IN THE STATE OF MARYLAND ARE MADE THROUGH A COMMON PAYMASTER,

ADVENTIST HEALTHCARE, INC.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES 10,037,814.

MANAGEMENT AND GENERAL EXPENSES 25,084.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 10,062,898.

CONSULTING AND PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 4,807,371.

MANAGEMENT AND GENERAL EXPENSES 1,221,567.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 6,028,938.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 16,091,836.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER RESTRICTED NET ASSETS ACTIVITY -2.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **ADVENTIST HEALTHCARE FORT WASHINGTON
MEDICAL CENTER INC.** Employer identification number **84-2670875**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FORT WASHINGTON AMBULATORY SERVICES, LLC - 81-4231152, 174 WATERFRONT STREET, SUITE 225, OXON HILL, MD 20745	AMBULATORY SERVICES	MARYLAND	-416,281.	1,445,634.	ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVENTIST HEALTHCARE, INC. - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 3	MID-ATLANTIC ADVENTIST HEALTHCARE		X
ADVENTIST HEALTHCARE URGENT CARE CENTERS, INC. - 46-1577511, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	CLINIC - EMERGENCY CARE	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.		X
ADVENTIST HOME HEALTH SERVICES, INC. - 52-0986808, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOME CARE SERVICES	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.		X
ADVENTIST PHYSICIAN SERVICES, INC - 20-4600646, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	PHYSICIAN SERVICES	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.		X

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

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC. - 20-1486678, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	REHABILITATION HOSPITAL	MARYLAND	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE, INC.		X
ADVENTIST REHABILITATION, INC. - 30-0780513 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	REHABILITATION SERVICES	MARYLAND	501(C)(3)	LINE 10	ADVENTIST REHABILITATION HOSPITAL OF		X
MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION - 52-1884153, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOLDING COMPANY	MARYLAND	501(C)(3)	LINE 10	N/A		X
REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC. - 52-1255870, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD	BEHAVIORAL CARE	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.		X
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC. - 52-1216429, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 12A, I	N/A		X
WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC. - 52-1692158, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 12A, I	ADVENTIST HEALTHCARE, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHADY GROVE MEDICAL BUILDING, LLC - 27-4599411, 1650 TYSONS BOULEVARD, STE 820, MCLEAN, VA 22102	MEDICAL OFFICE BUILDING	MD	N/A	RELATED				X	N/A		X	
NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC - 81-5410250, 820 WEST DIAMOND AVE. SUITE 600, GAITHERSBURG, CORELIFE ADVENTIST, LLC - 84-1813204, 821 WEST BENFIELD ROAD, SUITE 5, SEVERNA PARK, MD 21146	HEALTHCARE & COMMUNITY SERVICE FOR IMPROVED HEALTH PROVIDES WELLNESS AND WEIGHT MANAGEMENT	MD	N/A	RELATED				X	N/A		X	
ADVENTIST HEALTHCARE SURGERY CENTER AT NATIONAL HARBOR LLC - 85-2814304, 251 NATIONAL HARBOR BOULEVARD, SUITE 200,	AMBULATORY SURGICAL SERVICES	MD	N/A	RELATED				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MID-ATLANTIC RADIATION ONCOLOGY, LLC - 84-4560643, 10101 WOODLOCH FOREST DR, THE WOODLANDS, TX 77380	RADIATION ONCOLOGY SERVICES	MD	N/A	RELATED				X	N/A	X		

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ADVENTIST HEALTHCARE, INC.

DIRECT CONTROLLING ENTITY: MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION

NAME OF RELATED ORGANIZATION:

ADVENTIST REHABILITATION, INC.

DIRECT CONTROLLING ENTITY: ADVENTIST REHABILITATION HOSPITAL OF MARYLAND,

INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN,

INC.

EIN: 52-1255870

820 W. DIAMOND AVE SUITE 600

GAITHERSBURG, MD 20878-1419

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC

EIN: 81-5410250

820 WEST DIAMOND AVE. SUITE 600

GAITHERSBURG, MD 20878

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ADVENTIST HEALTHCARE SURGERY CENTER AT NATIONAL HARBOR LLC

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

EIN: 85-2814304

251 NATIONAL HARBOR BOULEVARD, SUITE 200

OXEN HILL, MD 20745

**Adventist HealthCare Fort Washington
Medical Center, Inc. and
Controlled Entity**

Consolidated Financial Statements
and Supplementary Information

December 31, 2021 and 2020

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

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December 31, 2021 and 2020

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Independent Auditors' Report

To the Board of Directors of
Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity (the Corporation), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, 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.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Corporation as of December 31, 2021 and 2020, and the results of their operations, changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* (*Government Auditing Standards*) issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Corporation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, changes in net assets and cash flows of the individual organizations, and it 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 consolidating 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 consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated April 27, 2022 on our consideration of the Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
April 27, 2022

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Consolidated Balance Sheets
December 31, 2021 and 2020

	2021	2020
Assets		
Current Assets		
Cash	\$ 3,388,508	\$ 10,020,975
Patient accounts receivable	5,861,700	6,159,719
Other receivables	491,851	1,167,833
Inventories	766,376	1,172,586
Assets whose use is limited	96,263	-
Prepaid expenses and other current assets	139,078	178,238
Total current assets	10,743,776	18,699,351
Property and Equipment, Net	24,869,146	19,090,061
Financing Lease Right-of-Use Assets	141,127	500,059
Operating Lease Right-of-Use Assets	2,114,936	1,664,644
Assets Whose Use is Limited		
Under trust indentures and mortgage loan agreement	1,699,150	1,659,265
Professional liability trust fund	163,378	-
Deposits and Other Noncurrent Assets	34,465	445,467
Total assets	\$ 39,765,978	\$ 42,058,847
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 8,107,006	\$ 6,291,790
Accrued salaries and benefits	2,708,133	2,996,288
Deferred revenues	-	2,083,004
Due to third party payors	640,647	640,647
Medicare advance and accelerated payments	7,560,133	3,096,315
Estimated self-insured professional liabilities	96,263	-
Current maturities of:		
Mortgage loan	540,675	519,768
Financing lease obligations	60,583	100,144
Operating lease obligations	537,699	317,782
Total current liabilities	20,251,139	16,045,738
Construction Payable	279,426	289,312
Mortgage Loan, Net	4,967,917	5,484,315
Financing Lease Obligations	90,987	414,143
Operating Lease Obligations	1,632,488	1,368,418
Other Liabilities	-	411,002
Estimated Self-Insured Professional Liabilities	163,378	-
Medicare Advance and Accelerated Payments	-	8,247,974
Total liabilities	27,385,335	32,260,902
Net Assets		
Without donor restrictions	12,096,628	9,690,945
With donor restrictions	284,015	107,000
Total net assets	12,380,643	9,797,945
Total liabilities and net assets	\$ 39,765,978	\$ 42,058,847

See notes to consolidated financial statements

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Consolidated Statements of Operations

Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Revenues		
Net patient service revenue	\$ 55,326,213	\$ 47,004,287
Other revenues	468,062	377,906
COVID-19 grant income	6,112,573	3,816,517
	<u>61,906,848</u>	<u>51,198,710</u>
Expenses		
Salaries and wages	23,482,178	24,652,164
Employee benefits	4,508,869	4,432,243
Contract labor	10,062,898	5,568,919
Medical supplies	7,341,148	5,364,998
General and administrative	9,457,120	6,413,448
Building and maintenance	3,405,234	2,329,068
Insurance	483,863	674,003
Interest	310,804	329,982
Depreciation and amortization	1,133,828	771,201
	<u>60,185,942</u>	<u>50,536,026</u>
Total expenses	60,185,942	50,536,026
Income from operations	1,720,906	662,684
Other Income		
Investment income	39,885	-
	<u>1,760,791</u>	<u>662,684</u>
Revenues in excess of expenses	1,760,791	662,684
Net Assets Released From Restriction for Purchase of Property and Equipment	644,892	286,882
Forgiveness of Amounts Due From Related Party	-	(627,668)
Other Net Asset Activity	-	(80,988)
	<u>-</u>	<u>(80,988)</u>
Increase in net assets without donor restrictions	<u>\$ 2,405,683</u>	<u>\$ 240,910</u>

See notes to consolidated financial statements

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Net Assets Without Donor Restrictions		
Revenues in excess of expenses	\$ 1,760,791	\$ 662,684
Net assets released from restriction for purchase of property and equipment	644,892	286,882
Forgiveness of amounts due from related party	-	(627,668)
Other net asset activity	-	(80,988)
	<u>2,405,683</u>	<u>240,910</u>
Increase in net assets without donor restrictions		
Net Assets With Donor Restrictions		
Restricted gifts and donations	825,328	286,882
Net assets released from restriction for operations	(3,421)	-
Net assets released from restriction for purchase of property and equipment	<u>(644,892)</u>	<u>(286,882)</u>
	<u>177,015</u>	<u>-</u>
Increase in net assets with donor restrictions		
Increase in net assets	2,582,698	240,910
Net Assets, Beginning	<u>9,797,945</u>	<u>9,557,035</u>
Net Assets, Ending	<u>\$ 12,380,643</u>	<u>\$ 9,797,945</u>

See notes to consolidated financial statements

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Consolidated Statements of Cash Flows
Years Ended December 31, 2021 and 2020

	2021	2020
Cash Flows From Operating Activities		
Increase in net assets	\$ 2,582,698	\$ 240,910
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,133,828	771,201
Restricted contributions	(825,328)	(286,882)
Decrease in operating lease right-of-use assets and obligations	479,341	412,147
Payments on operating lease obligations	(445,646)	(390,591)
Interest expense on financing lease obligation	5,346	7,106
Forgiveness of amounts due from related party	-	627,668
Amortization of discount	24,277	24,277
Changes in assets and liabilities:		
Patient accounts receivable	298,019	(912,783)
Other receivables	675,982	(2,754,535)
Inventories, prepaid expenses and other current assets	445,370	873,832
Deposits and other noncurrent assets	411,002	73,630
Accounts payable and accrued liabilities	1,815,216	(1,750,564)
Accrued salaries and benefits	(288,155)	895,507
Deferred revenues	(2,083,004)	2,101,640
Due to third party payors	-	60,901
Medicare advance and accelerated payments	(3,784,156)	11,344,289
Estimated self-insured professional liability	259,641	-
Other liabilities	(411,002)	411,002
Net cash provided by operating activities	293,429	11,748,755
Cash Flows From Investing Activities		
Purchases of property and equipment	(6,873,532)	(2,570,886)
Net cash used in investing activities	(6,873,532)	(2,570,886)
Cash Flows From Financing Activities		
Principal payments on long-term debt	(519,768)	(499,670)
Payment of insurance premiums on long-term debt	-	(358,794)
Proceeds from restricted contributions	825,328	286,882
Principal payments on financing lease obligations	(58,398)	(64,269)
Net cash provided by (used in) financing activities	247,162	(635,851)
Net (decrease) increase in cash	(6,332,941)	8,542,018
Cash and Restricted Cash, Beginning	11,680,240	3,138,222
Cash and Restricted Cash, Ending	\$ 5,347,299	\$ 11,680,240
Supplemental Disclosure of Cash Flow Information		
Interest paid	\$ 281,181	\$ 298,599
Supplemental Schedule of Noncash Investing and Financing Activities		
Financing lease obligations incurred for equipment	\$ -	\$ 304,030
Termination of financing lease obligation and right-of-use assets	\$ 316,455	\$ -
Operating lease obligations and right-of-use assets	\$ 879,061	\$ 1,825,497
Construction payable	\$ 279,426	\$ 289,312
Reconciliation of Cash and Restricted Cash		
Cash	\$ 3,388,508	\$ 10,020,975
Cash included in assets whose use is limited	1,958,791	1,659,265
Total cash and restricted cash	\$ 5,347,299	\$ 11,680,240

See notes to consolidated financial statements

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Adventist HealthCare Fort Washington Medical Center, Inc. (FWMC), a subsidiary of Adventist HealthCare, Inc. (AHC), is a 28-bed acute care hospital located in Fort Washington, Maryland. FWMC is the sole member of Fort Washington Ambulatory Services, LLC (FWAS). FWMC and FWAS are tax-exempt under Section 501(c)(3) of the Internal Revenue Code (IRC).

Principles of Consolidation

The consolidated financial statements include the accounts of FWMC and FWAS (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 27, 2022, the date the consolidated financial statements were available to be issued.

Use of Estimates

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

Maryland Health Services Cost Review Commission

Certain hospital charges are subject to review and approval by the Maryland Health Services Cost Review Commission (HSCRC). The HSCRC has jurisdiction over hospital reimbursement in Maryland by agreement with the Centers for Medicare and Medicaid Services (CMS). This agreement is based on a waiver from the Medicare Prospective Payment System reimbursement principles granted under Section 1814(b) of the Social Security Act. Management has filed the required forms with the HSCRC and believes the entity that falls under the HSCRC's jurisdiction is in compliance with applicable requirements.

In January 2014, the Centers for Medicare and Medicaid Services approved a modernized waiver that grants Maryland (via the HSCRC) the authority to regulate hospital revenue within a rigorous per capita expenditure limit. Maryland's All Payer Model Agreement builds on decades of innovation and equity in healthcare payment and delivery - with an aim to enhance patient care, improve health outcomes and lower costs.

As a result of the waiver, the HSCRC introduced revenue arrangements, including the Global Budget Revenue (GBR) model. The GBR methodology encourages hospitals to focus on population health strategies by establishing a fixed annual revenue cap for the GBR hospital. The agreement establishes a fixed amount of charging authority (i.e. revenue) at the beginning of the rate year. It is evergreen in nature and covers both regulated inpatient and outpatient revenues. Annual revenue is calculated from a base year and is adjusted annually for inflation, infrastructure requirements, population changes, performance in quality-based programs and changes in the levels of uncompensated care. Revenue may also be adjusted annually for market levels and shifts of services from one health system to another and from a regulated setting to an unregulated setting (or vice versa).

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

FWMC entered into a GBR agreement with the HSCRC in 2014. The agreement set an initial fixed amount of revenue for each entity for the period July 1, 2013 through June 30, 2014 and is subsequently updated on an annual basis every July 1.

The HSCRC requires rate-regulated hospitals under its jurisdiction to calculate the amount of revenue lost or gained due to variances from approved rates. Revenue lost due to undercharges in rates is recouped through increases in prospective rates. Similarly, revenue gained due to overcharges in rates is paid back, wholly or in part, through reductions in prospective rates. These price variances reflect the variance between actual patient charges and the pro-rata share of approved rate orders. The net amounts are reported as a component of net patient service revenue and patient accounts receivable in the accompanying consolidated financial statements. Since the HSCRC's rate year extends from July 1 through June 30, these amounts will continue to fluctuate until the end of the rate year as actual patient charges deviate from the total approved charging authority. At the conclusion of the rate year ended June 30, 2021, any over/under charges are amortized on the straight-line basis over the following rate year when the price variance adjustments are actually built into the entity's rate order. Due to unique funding made available by the Coronavirus Aid, Relief and Economic Security (CARES) Act during 2020, net patient service revenue for hospital under the HSCRC jurisdiction were recognized as actual charges and no accrual for net overcharges or undercharges were made for the period July 1, 2019 through December 31, 2020. The variance between the HSCRC approved Global Budget and the amount charged for services during this period was calculated as lost revenues covered by the CARES Act Provider Relief Fund and reported as other revenues in the accompanying consolidated statement of operations.

Patient Accounts Receivable

The Corporation assesses collectability on patient contracts prior to the recognition of net patient service revenue. Patient accounts receivable are reported at their net realizable value. Accounts are written off through bad debt expense when the Corporation has exhausted all collection efforts and determines accounts are impaired based on changes in patient credit worthiness. Patient accounts receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed earlier.

Other Receivables

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

Assets Whose Use is Limited

Assets whose use is limited is comprised of cash held by a trustee in accordance with the United States Department of Housing and Urban Development (HUD) mortgage loan and assets set aside by the Corporation's self-funded professional liability trust. Amounts available to meet current liabilities of the Corporation have been reclassified as current assets in the accompanying consolidated balance sheets.

Inventories

Inventories are valued at the lower of cost or net realizable value. Cost is determined primarily by the weighted average cost method.

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Property and Equipment, Net

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful lives of the assets using the straight-line method.

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

Impairment losses are recognized in the consolidated statements of operations as a component of revenues in excess of expenses 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 on property and equipment recognized in 2021 and 2020.

Leases and Right-of-Use Assets

The Corporation evaluates at contract inception whether a lease exists and recognizes a lease obligation and right-of-use (ROU) asset for all leases with a term greater than 12 months. Leases are classified as either financing or operating. All lease liabilities are measured as the present value of the future lease payments using a discount rate. The future lease payments used to measure the lease liability include fixed payments, as well as the exercise price of any options to purchase the underlying asset that have been deemed reasonably certain of being exercised, if applicable. Future lease payments for optional renewal periods that are not reasonably certain of being exercised are excluded from the measurement of the lease liability. For all leases, the ROU asset is initially derived from the measurement of the lease liability and adjusted for certain items, such as initial direct costs and lease incentives received. ROU assets are subject to long-lived impairment testing.

Amortization of financing lease ROU assets, which is recognized on a straight-line basis over the lesser of the lease term or the estimated useful life of the asset, is included within depreciation and amortization expense in the consolidated statements of operations. Interest expense associated with financing lease obligations is included within interest expense in the consolidated statements of operations. Operating lease expense is recognized on a straight-line basis over the lease term and is included within building and maintenance expense in the consolidated statements of operations. The lease term is determined based on the date the Corporation acquires control of the leased premises through the end of the lease term. Optional renewal periods are initially not included in the lease term unless they are deemed to be reasonably certain of being exercised at lease commencement.

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 the HSCRC's rate regulations. These advances are subject to periodic adjustment.

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Settlements with third party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on reimbursable costs, the terms of the payment agreement with the payor, correspondence with the payor and the Corporation's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information become available), or as years are settled or no longer subject to such audits, reviews and investigations. Adjustments arising from a change in the transaction price, were not significant in 2021 and 2020.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result, health care entities, may from time to time and in the ordinary course of business, receive requests for information and notices from government agencies regarding alleged noncompliance with those laws and regulations, some of which may result in settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. Management is not aware of any material incidents of noncompliance; however, there can be no assurance that regulatory authorities will not challenge the Corporation's compliance in the future.

Medicare Advance and Accelerated Payments

The CARES Act included provisions to expand the Centers for Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program in order to improve cash flows for providers impacted by the COVID-19 pandemic. In April 2020, the Corporation received \$11,344,289 in advance payments under this program, of which \$7,560,133 and \$3,096,315 is classified as a current liability in the accompanying consolidated balance sheets as of December 31, 2021 and 2020, respectively, and \$8,247,974 is classified as a long-term liability in the accompanying consolidated balance sheet as of December 31, 2020.

Repayment of the advances began one year after receipt of the advances and will end 17 months later (29 months from initial payment), at which time the advances are required to be repaid in full. The Corporation began repaying the Medicare advance in April 2021 and the remainder of the liability is expected to be paid in full during 2022. The repayments occur automatically through a partial offset in Medicare payments due to the Corporation for services rendered to Medicare program beneficiaries.

Estimated Self-Insured Professional Liability

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

Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions - Net assets without donor restrictions include amounts available for use in general operations and not subject to donor restrictions. All revenues not restricted by donors as well as donor restricted contributions whose restrictions are met in the same period in which they are received, are accounted for in net assets without donor restrictions.

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Net Assets With Donor Restrictions - Net assets with donor restrictions include amounts subjected to donor imposed restrictions which are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing or purpose of the related expenditures or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or when the underlying conditions have been substantially met. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. Restricted funds to be used for capital acquisitions have been reported as noncurrent assets in the accompanying consolidated balance sheet, while other restricted cash and investments are included with the cash and cash equivalents of net assets without donor restrictions.

Measure of Operations

The consolidated statements of operations reflect all changes in net assets without donor restrictions, including changes from both operating and nonoperating activities. Operating revenues and expenses consist of those items that are an integral part of the Corporation's provision of healthcare and related supporting activities. Nonoperating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature.

Revenues in Excess of Expenses

The consolidated statements of operations include the determination of revenues in excess of expenses. Revenues in excess of expenses is the Corporation's performance indicator. Changes in net assets without donor restrictions which are excluded from the determination of revenues in excess of expenses, consistent with industry practice, include contributions of long-lived assets (including contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets), forgiveness of amounts due from related party and other net asset without donor restriction activity.

Net Patient Service Revenue

Net patient service revenue is recognized at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care. These amounts are due from patients, third party payors (including commercial and governmental programs) and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Corporation bills the patients and third party payors after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Corporation. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected (or actual) charges, ultimately adjusted in accordance with the charging authority awarded at the beginning of every year by the HSCRC. The Corporation believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the hospital receiving services over multiple days.

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenues for performance obligations satisfied at a point in time are generally recognized when goods or services are provided and the Corporation does not believe it is required to provide additional services to the patient. Generally, performance obligations satisfied at a point in time relate to patients receiving outpatient services in a single day. The Corporation measures the performance obligation from the commencement of the outpatient service, to the point when it is no longer required to provide services to that patient, which is generally the completion of the outpatient service.

All of the Corporation's performance obligations generally relate to contracts with a duration of less than one year, therefore, the Corporation has elected to apply the optional exemptions provided in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 606-10-50-14(a) and as a result is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Corporation determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third party payors, financial assistance provided to uninsured or underinsured patients in accordance with the Corporation's policies, and/or implicit price concessions provided to uninsured or underinsured patients. The Corporation determines its estimates of contractual adjustments based on contractual agreements, its financial assistance policies and historical experience. The Corporation determines its estimates of implicit price concessions based on its historical collection experience with a respective class of patient. Certain amounts categorized as implicit price concessions under ASC 606 were previously categorized as provision for doubtful accounts. The Corporation pursues collection of amounts defined as implicit price concessions.

The Corporation has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third party payors for the effects of a significant financing component due to the Corporation's expectation that the period between the time the service is provided to a patient and the time that the patient or a third party payor pays for that service will be one year or less.

COVID-19 Grant Income and Deferred Revenues

COVID-19 grant income includes amounts received from federal, state and local funding sources related to the COVID-19 pandemic. The Corporation accounts for this funding in accordance with the FASB ASC 958-605 guidance for conditional contributions, and accordingly, revenues are measured and recognized when barriers are substantially met which occurs when the Corporation complies with the terms and conditions related to the purpose of the grant rather than those that are administrative in nature.

In March 2020, the CARES Act was signed into law to combat the financial effects of COVID-19. The CARES Act created a Provider Relief Fund (PRF) to provide financial support for hospitals and other healthcare providers. In accordance with the terms and conditions of the PRF, the Corporation received \$199,808 and \$5,985,304, in the years ended December 31, 2021 and 2020, respectively, related to this funding. In 2021, AHC redistributed cash of \$4,119,973 related to PRF funding received by their subsidiaries to the Corporation to offset the financial effect of COVID-19. The Corporation also received \$549,000 in other funding in 2021 to offset eligible expenses in accordance with the terms and conditions of the funding source.

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

The Corporation has incurred lost revenues and eligible expenses of \$6,112,573 in 2021 and \$3,816,517 in 2020 in accordance with the terms of the respective funding sources. These amounts were recognized and included in COVID-19 grant income in the accompanying consolidated statements of operations. A portion of the funding was also applied to eligible capital expenditures of \$638,113 in 2021 and \$286,882 in 2020 and is included in net assets released from restrictions for purchase of property and equipment in the accompanying consolidated statements of operations.

Deferred revenues included \$1,881,905 as of December 31, 2020 of amounts received which the Corporation had determined the recognition criteria was not met as of year-end.

In 2020, the Corporation's methodology for calculating lost revenues was based on the difference between charges and the prospective Global Budget allowed by the HSCRC for hospitals falling under jurisdiction of the HSCRC rate setting and the difference between 2020 budgeted and actual 2020 net patient service revenue for revenue not subject to the HSCRC rate setting.

Based on additional guidance provided related to the measurement of lost revenues for the PRF and the HSCRC in 2021, the Corporation changed its methodology for the measurement of lost revenues. The methodology used in 2021 was based on the difference between 2020 budgeted patient care revenues compared to actual patient care revenues in 2021 and 2020. The change in methodology resulted in an increase in measurement of lost revenues through December 31, 2020 of approximately \$2,664,000.

The majority of the funding received is subject to future reporting and audit requirements. Noncompliance with the terms and conditions of the funding sources could result in repayment of some or all of the support, which can be subject to government review and interpretation. An estimate of the possible effects of these matters cannot be made as of the date these consolidated financial statements were issued.

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 2021 and 2020.

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

Charity Care

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

The Corporation maintains records to identify and monitor the level of charity care it provides. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the Corporation amounted to \$588,260 and \$439,927, respectively, in 2021 and 2020.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements
December 31, 2021 and 2020

2. Accounting Standard

Contributed Nonfinancial Assets

During September 2020, the FASB issued Accounting Standards Update (ASU) No. 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. ASU No. 2020-07 improves financial reporting by providing new presentation and disclosure requirements about contributed nonfinancial assets, including additional disclosure requirements for recognized contributed services. The standard will be required to be applied retrospectively for annual periods beginning after June 15, 2021. The Corporation has not yet determined the impact adoption of ASU No. 2020-07 will have on its consolidated financial statements.

3. Net Patient Service Revenue

The Corporation routinely obtains assignments of (or is otherwise entitled to receive) patient benefits receivable under their health insurance programs, plans or policies (i.e. third party payors). Third party payors include both government payors, which include Medicare, Medicaid and Managed Care Organizations and commercial insurance carriers. Agreements with third party payors typically provide for payments at amounts less than established charges.

The Corporation has entered into an agreement by which the third party payors pay a percentage of approved HSCRC charges. A reduced percentage can be obtained if the payor advances a certain amount of working capital.

Generally, patients who are covered by third party payors are responsible for related deductibles and coinsurance, which vary in amount. The Corporation also provides services to uninsured patients, and offers those uninsured or underinsured patients financial assistance, by either policy or law, from standard charges. The Corporation estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charges by any contractual adjustment, financial assistance and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Consistent with the Corporation's mission, care is provided to patients regardless of their ability to pay. Therefore, the Corporation has determined it has provided implicit price concessions to uninsured patients and other patient balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Corporation expects to collect based on its collection history with those patients.

The Corporation disaggregates revenue from contracts with customers by payor source as this depicts the nature, amount, timing and uncertainty of its revenues and cash flows as affected by economic factors. Tables providing details of these factors are presented below.

Net patient service revenue disaggregated by payor for the years ended December 31 are as follows:

	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Third Party Payors</u>	<u>Self-Pay and Other</u>	<u>Total</u>
December 31, 2021	<u>\$ 23,219,507</u>	<u>\$ 3,185,196</u>	<u>\$ 25,699,701</u>	<u>\$ 3,221,809</u>	<u>\$ 55,326,213</u>
December 31, 2020	<u>\$ 17,512,625</u>	<u>\$ 4,724,700</u>	<u>\$ 22,377,580</u>	<u>\$ 2,389,382</u>	<u>\$ 47,004,287</u>

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

4. Related-Party Transactions

During the year ended December 31, 2021, AHC provided services to the Corporation, including IT services, revenue cycle management, accounting, payroll and human resources. AHC allocates these expenses to the Corporation based on the best allocation driver for each cost center, which is primarily gross patient revenue by company. Expenses allocated to the Corporation from AHC totaled \$1,809,926 for the year ended December 31, 2021. During the year ended December 31, 2020, AHC provided the Corporation with working capital advances of \$4,500,000. The working capital advances were repaid during 2020 by the Corporation.

5. Property and Equipment, Net

Property and equipment, net consist of the following at December 31:

	2021	2020
Land and improvements	\$ 3,562,459	\$ 3,562,459
Building and improvements	12,991,447	11,968,731
Office furniture and equipment	4,942,195	2,561,639
Computer software and hardware	3,399,265	918,743
Total	24,895,366	19,011,572
Less accumulated depreciation	(2,002,008)	(941,103)
Total	22,893,358	18,070,469
Construction in progress	1,975,788	1,019,592
Property and equipment, net	<u>\$ 24,869,146</u>	<u>\$ 19,090,061</u>

Construction in progress as of December 31, 2021 consists primarily of major renovations of clinical facilities. Purchase commitments related to these and other miscellaneous projects were \$423,617 at December 31, 2021.

6. Mortgage Loan

On December 23, 2004, FWMC entered into an \$11,055,000 taxable mortgage loan insured by HUD through the Federal Housing Administration. The loan provided for the satisfaction of FWMC's previous bond obligation and for construction, new equipment and financing costs.

During the year ended December 31, 2013, the loan was refinanced through the same lender to lower the interest from 6.125 percent to 3.95 percent per annum, payable in monthly installments. The term of the loan was not changed and the last payment is due in 2030.

The loan is subject to restrictive covenants, including restrictions on additional long-term borrowings and prepayment of the outstanding obligation. In accordance with the terms of the Regulatory Agreement with HUD, FWMC is required to meet certain financial covenants in order to distribute assets to affiliates or incur additional indebtedness. Under the terms of the HUD-insured mortgage loan, FWMC is required to maintain certain deposits with a trustee. Such deposits are included in assets whose use is limited in the accompanying consolidated balance sheets. The loan is secured by FWMC's premises and all the assets and cash flows contained therein.

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements
December 31, 2021 and 2020

Scheduled principal repayments of the mortgage are due in future years as follows:

	<u>2021</u>	<u>2020</u>
Years ending December 31:		
2022	\$ 540,675	\$ 519,768
2023	562,422	540,675
2024	585,045	562,422
2025	608,577	585,045
2026	633,056	608,577
Thereafter	<u>2,797,306</u>	<u>3,430,362</u>
	5,727,081	6,246,849
Less:		
Current maturities	(540,675)	(519,768)
Discount	<u>(218,489)</u>	<u>(242,766)</u>
Noncurrent portion of mortgage loan, net	<u>\$ 4,967,917</u>	<u>\$ 5,484,315</u>

7. Leases

The Corporation leases office space and equipment used in operations. For many of these leases, the Corporation is responsible for paying property taxes, insurance, as well as maintenance and repair costs. The Corporation's real estate leases generally have initial lease terms of three to seven years or more and typically include one or more options to renew, with renewal terms that generally extend the lease term for an additional five to ten years or more. The Corporation assesses renewal options using a "reasonably certain" threshold, which is understood to be a high threshold, and therefore, the majority of its leases' terms do not include renewal periods for accounting purposes. For leases where the Corporation is reasonably certain to exercise its renewal option, the option periods are included within the lease term, and therefore, the measurement of the right-of-use asset and lease liability. The payment structure of the Corporation's leases generally include annual escalation clauses that are either fixed or variable in nature, some of which are dependent upon published indices. Leases with an initial term of 12 months or less are not recorded on the consolidated balance sheets and expenses for these leases are recognized on a straight-line basis over the lease term as an operating expense.

Certain leases include an option to purchase the leased assets. The Corporation assesses the likelihood of exercising the purchase option using a "reasonably certain" threshold, which is understood to be a high threshold, and therefore, purchase options are generally accounted for when a compelling economic reason to exercise the option exists. Certain leases include an option to terminate the lease, the terms and condition of which vary by contract. These options allow the parties to the contract to terminate their obligations typically in return for an agreed upon financial consideration amount. The Corporation's lease agreements do not contain material residual value guarantees.

The Corporation makes certain assumption and judgements in determining the discount rate, as most leases do not provide an implicit rate. The Corporation uses a risk-free discount rate based on information available at the commencement date in determining the present value of lease payments. In order to apply discount rate, a portfolio approach was utilized to group assets based on similar lease terms in a manner whereby the Corporation reasonably expects that the application does not differ materially from application to individual leases.

Subsequent to the lease commencement date, the Corporation reassesses lease classification when there is a contract modification that is accounted for as a separate contract, a change in the lease term, or a change in the assessment of whether the lessee is reasonably certain to exercise an option to purchase the underlying asset or terminate the lease.

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements
December 31, 2021 and 2020

Future minimum payments under financing lease obligations as of December 31, 2021 were as follows:

Years ending December 31:		
2022	\$	64,140
2023		64,140
2024		<u>31,358</u>
Total		159,638
Less amount representing interest		<u>8,068</u>
Total financing lease obligations		151,570
Less current portion		<u>60,583</u>
Long-term obligations	\$	<u><u>90,987</u></u>

Future minimum payments under operating lease obligations as of December 31, 2021 were as follows:

Years ending December 31:		
2022	\$	581,381
2023		562,263
2024		474,990
2025		357,410
2026		<u>303,482</u>
Total		2,279,526
Lease amount representing interest		<u>109,339</u>
Total operating lease obligations		2,170,187
Less current portion		<u>537,699</u>
Long-term obligations	\$	<u><u>1,632,488</u></u>

Total lease costs are comprised of the following for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Financing lease cost:		
Amortization of right-of-use asset	\$ 49,267	\$ 56,724
Interest on lease obligations	5,346	7,106
Operating lease cost	<u>479,341</u>	<u>412,147</u>
Total lease cost	<u><u>\$ 533,954</u></u>	<u><u>\$ 475,977</u></u>

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements
December 31, 2021 and 2020

Other supplemental information as of and for the years ended December 31 is as follows:

	<u>2021</u>	<u>2020</u>
Weighted-average remaining lease term:		
Financing lease obligations	2.49 years	5.56 years
Operating lease obligations	4.22 years	5.16 years
Weighted-average discount rate:		
Financing lease obligations	3.00%	3.00%
Operating lease obligations	2.36%	3.05%

Certain lease agreements contain a number of restrictive covenants that, among other things, and subject to certain exemptions, impose operating and financial restrictions on the Corporation.

8. Defined Contribution Retirement Plan

The Corporation sponsors a 401(a) defined contribution retirement plan, which covers substantially all full-time employees. After 12 months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2 percent of eligible employees' compensation, plus a matching employer contribution equal to 50 percent of employee contributions (to the 403(b) plan) up to 6 percent of base salary. The Corporation also has a 403(b) retirement savings plan for employees. Employee contributions are made to the 403(b) retirement savings plan. Retirement plan expense was \$655,881 and \$719,161 in 2021 and 2020, respectively.

9. 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

In 2020, the Corporation maintained professional liability insurance coverage on a claims-made basis and general liability insurance coverage on an occurrence basis. The limits for professional liability insurance are \$1,000,000 for each covered person and a \$3,000,000 total limit. The limits for general liability are \$1,000,000 per each occurrence, \$3,000,000 general aggregate, \$3,000,000 products/completed operations, \$50,000 fire damage and \$1,000,000 personal/advertising injury. The Corporation's coverage is subject to a deductible of \$50,000 for each incident and \$150,000 in the aggregate. In addition, the Corporation maintains an excess liability insurance policy with a limit of \$10,000,000 for each incident and \$10,000,000 in the aggregate.

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Beginning in October 2021, the Corporation's primary coverage for professional liability is provided through a self-funded insurance retention trust (the Trust) established on January 1, 1993 by AHC. The Trust is funded based on actuarial estimates and provides coverage of \$4,000,000 per occurrence with no annual aggregate limitation. The Trust also provides general liability coverage up to \$1,000,000 per occurrence and \$3,000,000 in the aggregate. The Corporation also carries umbrella excess liability insurance on a claims made basis with a commercial carrier, with limits of \$20,000,000 per occurrence and in aggregate.

It is the Corporation's policy to accrue for the ultimate cost of uninsured asserted and unasserted malpractice claims, if any, when incidents occur. Based on a review of the Corporation's prior experience and incidents occurring through December 31, 2021, management determined that the fully-funded professional liability reserve reported at December 31, 2021 and 2020 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 \$259,651 at December 31, 2021. The discount rate used in determining these liabilities was 2.5 percent at December 31, 2021.

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.

COVID-19

The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses and communities. The Corporation's evaluation of the effects of these events is ongoing as of the date the accompanying consolidated financial statements were available to be issued. COVID-19 may impact various parts of the Corporation's 2022 operations and financial performance. The extent of the impact will depend on future developments, including the duration and spread of the outbreak and related governmental or other regulatory actions.

10. 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, 2021 and 2020, concentrations of gross receivables from third party payors and others are as follows:

	<u>2021</u>	<u>2020</u>
Medicare	18 %	16 %
Medicaid	17	7
Other third party payors	43	52
Self-pay and others	<u>22</u>	<u>25</u>
	<u>100 %</u>	<u>100 %</u>

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

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

11. Liquidity and Availability

The Corporation's financial assets available for general expenditures within one year of the consolidated balance sheets date, consist of the following at December 31:

	<u>2021</u>	<u>2020</u>
Cash	\$ 3,388,508	\$ 10,020,975
Patient accounts receivable	5,861,700	6,159,719
Other receivables	491,851	1,167,833
Total	<u>\$ 9,742,059</u>	<u>\$ 17,348,527</u>

As part of the Corporation's liquidity management plan, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.

12. Functional Expenses

The Corporation provides acute care and related services to the community. Expenses related to providing these services were as follows for the years ended December 31:

	<u>2021</u>			
	<u>Program</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Salaries and wages	\$ 19,218,212	\$ 4,127,223	\$ 136,743	\$ 23,482,178
Employee benefits	3,284,261	1,203,984	20,624	4,508,869
Contract labor	10,037,814	25,084	-	10,062,898
Medical supplies	7,341,148	-	-	7,341,148
General and administrative	5,757,404	3,699,534	182	9,457,120
Building and maintenance	875,097	2,530,137	-	3,405,234
Insurance	-	483,863	-	483,863
Interest	-	310,804	-	310,804
Depreciation and amortization	-	1,133,828	-	1,133,828
Total	<u>\$ 46,513,936</u>	<u>\$ 13,514,457</u>	<u>\$ 157,549</u>	<u>\$ 60,185,942</u>

	<u>2020</u>			
	<u>Program</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Salaries and wages	\$ 18,817,154	\$ 5,820,164	\$ 14,846	\$ 24,652,164
Employee benefits	3,648,265	782,704	1,274	4,432,243
Contract labor	5,232,102	336,817	-	5,568,919
Medical supplies	5,364,998	-	-	5,364,998
General and administrative	4,225,219	2,188,229	-	6,413,448
Building and maintenance	990,859	1,338,209	-	2,329,068
Insurance	-	674,003	-	674,003
Interest	-	329,982	-	329,982
Depreciation and amortization	-	771,201	-	771,201
Total	<u>\$ 38,278,597</u>	<u>\$ 12,241,309</u>	<u>\$ 16,120</u>	<u>\$ 50,536,026</u>

**Independent Auditors' Report on Internal Control
Over Financial Reporting and on Compliance
and Other Matters Based on an Audit of
Financial Statements Performed in Accordance
With *Government Auditing Standards***

To the Board of Directors of
Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity (the Corporation), which comprise the consolidated balance sheet as of December 31, 2021, and the related consolidated statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated April 27, 2022.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Corporation's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Corporation's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Corporation's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the consolidated financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
April 27, 2022

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity

Consolidating Schedule, Balance Sheet
December 31, 2021

	Fort Washington Medical Center	Fort Washington Ambulatory Services	Total
Assets			
Current Assets			
Cash	\$ 3,514,988	\$ (126,480)	\$ 3,388,508
Patient accounts receivable	5,861,700	-	5,861,700
Other receivables	491,851	-	491,851
Inventories	766,376	-	766,376
Assets whose use is limited	96,263	-	96,263
Prepaid expenses and other current assets	137,566	1,512	139,078
Total current assets	10,868,744	(124,968)	10,743,776
Property and Equipment, Net	23,445,243	1,423,903	24,869,146
Financing Lease Right-of-Use Assets	141,127	-	141,127
Operating Lease Right-of-Use Assets	1,987,104	127,832	2,114,936
Assets Whose Use is Limited			
Under trust indentures and mortgage loan agreement	1,699,150	-	1,699,150
Professional liability trust fund	163,378	-	163,378
Deposits and Other Noncurrent Assets	15,598	18,867	34,465
Total assets	<u>\$ 38,320,344</u>	<u>\$ 1,445,634</u>	<u>\$ 39,765,978</u>
Liabilities and Net Assets			
Current Liabilities			
Accounts payable and accrued liabilities	\$ 8,103,454	\$ 3,552	\$ 8,107,006
Accrued salaries and benefits	2,708,133	-	2,708,133
Due to third party payors	640,647	-	640,647
Medicare advance and accelerated payments	7,560,133	-	7,560,133
Estimated self-insured professional liabilities	96,263	-	96,263
Current maturities of:			
Mortgage loan	540,675	-	540,675
Financing lease obligations	60,583	-	60,583
Operating lease obligations	476,362	61,337	537,699
Total current liabilities	20,186,250	64,889	20,251,139
Construction Payable	279,426	-	279,426
Mortgage Loan, Net	4,967,917	-	4,967,917
Financing Lease Obligations	90,987	-	90,987
Operating Lease Obligations	1,547,725	84,763	1,632,488
Estimated Self-Insured Professional Liabilities	163,378	-	163,378
Total liabilities	<u>27,235,683</u>	<u>149,652</u>	<u>27,385,335</u>
Net Assets			
Without donor restrictions	10,800,646	1,295,982	12,096,628
With donor restrictions	284,015	-	284,015
Total net assets	<u>11,084,661</u>	<u>1,295,982</u>	<u>12,380,643</u>
Total liabilities and net assets	<u>\$ 38,320,344</u>	<u>\$ 1,445,634</u>	<u>\$ 39,765,978</u>

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled EntityConsolidating Schedule, Statement of Operations
Year Ended December 31, 2021

	Fort Washington Medical Center	Fort Washington Ambulatory Services	Total
Revenues			
Net patient service revenue	\$ 55,326,213	\$ -	\$ 55,326,213
Other revenues	271,547	196,515	468,062
COVID-19 grant income	6,112,573	-	6,112,573
	<u>61,710,333</u>	<u>196,515</u>	<u>61,906,848</u>
Total revenues			
Expenses			
Salaries and wages	23,482,178	-	23,482,178
Employee benefits	4,508,869	-	4,508,869
Contract labor	10,062,898	-	10,062,898
Medical supplies	7,341,148	-	7,341,148
General and administrative	9,468,844	(11,724)	9,457,120
Building and maintenance	2,958,098	447,136	3,405,234
Insurance	483,863	-	483,863
Interest	310,804	-	310,804
Depreciation and amortization	956,444	177,384	1,133,828
	<u>59,573,146</u>	<u>612,796</u>	<u>60,185,942</u>
Total expenses			
Income (loss) from operations	2,137,187	(416,281)	1,720,906
Other Income			
Investment income	39,885	-	39,885
	<u>39,885</u>	<u>-</u>	<u>39,885</u>
Revenues in excess of (less than) expenses	2,177,072	(416,281)	1,760,791
Net Assets Released From Restriction for Purchase of Property and Equipment			
	644,892	-	644,892
	<u>644,892</u>	<u>-</u>	<u>644,892</u>
Increase (decrease) in net assets without donor restrictions	<u>\$ 2,821,964</u>	<u>\$ (416,281)</u>	<u>\$ 2,405,683</u>