

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Financial Statements
and Supplementary Information

December 31, 2025 and 2024

Adventist HealthCare, Inc. and Controlled Entities

Table of Contents
December 31, 2025 and 2024

	<u>Page</u>
Independent Auditors' Report	1
Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations	5
Consolidated Statements of Changes in Net Assets	6
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	9
Supplementary Information	
Consolidating Schedule, Balance Sheet	37
Consolidating Schedule, Statement of Operations	41

Independent Auditors' Report

To the Board of Trustees of
Adventist HealthCare, Inc. and Controlled Entities

Opinion

We have audited the consolidated financial statements of Adventist HealthCare, Inc. and Controlled Entities (the Corporation), which comprise the consolidated balance sheets as of December 31, 2025 and 2024, 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, 2025 and 2024, 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 (GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 GAAP, 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 financial statements are 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 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, 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 as noted in the table of contents 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.

Baker Tilly US, LLP

Pittston, Pennsylvania
April 27, 2026

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2025 and 2024

(In Thousands)

	<u>2025</u>	<u>2024</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 17,285	\$ 35,051
Short-term investments	297,276	276,816
Assets whose use is limited	26,643	27,143
Patient accounts receivable	148,709	131,482
Other receivables	21,268	16,835
Inventories	11,927	10,969
Prepaid expenses and other current assets	<u>21,041</u>	<u>18,142</u>
Total current assets	544,149	516,438
Property and Equipment, Net	897,790	855,397
Finance Lease Right-of-Use Assets	21,030	13,874
Operating Lease Right-of-Use Assets	80,576	84,328
Assets Whose Use is Limited		
Under trust indentures held by trustees and banks	52,260	77,659
Professional liability fund	18,372	11,297
Deferred compensation fund	2,422	2,863
Cash and Cash Equivalents Restricted for Capital Acquisitions	228	711
Investments and Investments in Unconsolidated Subsidiaries	29,785	27,845
Land Held for Healthcare Development	7,963	7,522
Intangible Assets, Net	7,580	6,574
Deposits and Other Noncurrent Assets	10,467	9,461
Assets Held for Sale	<u>14,987</u>	<u>14,814</u>
Total assets	<u>\$ 1,687,609</u>	<u>\$ 1,628,783</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets
December 31, 2025 and 2024
(In Thousands)

	<u>2025</u>	<u>2024</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 129,299	\$ 116,881
Accrued compensation and related items	60,590	59,785
Interest payable	9,416	9,600
Deferred revenues	8,367	7,942
Due to third-party payors	23,122	22,220
Estimated self-insured professional liability	3,510	3,249
Current maturities of:		
Long-term obligations	16,645	16,064
Finance lease obligations	5,781	3,878
Operating lease obligations	13,261	12,878
	<u>269,991</u>	<u>252,497</u>
Total current liabilities	269,991	252,497
Construction Payable	12,135	16,980
Long-Term Obligations, Net	647,322	665,209
Finance Lease Obligations	15,915	10,698
Operating Lease Obligations	73,446	76,836
Other Liabilities	15,830	14,524
Estimated Self-Insured Professional Liability	24,077	8,572
	<u>1,058,716</u>	<u>1,045,316</u>
Total liabilities	1,058,716	1,045,316
Net Assets		
Net assets without donor restrictions	619,385	570,486
Net assets with donor restrictions	9,508	12,981
	<u>628,893</u>	<u>583,467</u>
Total net assets	628,893	583,467
	<u>\$ 1,687,609</u>	<u>\$ 1,628,783</u>
Total liabilities and net assets	\$ 1,687,609	\$ 1,628,783

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Operations
Years Ended December 31, 2025 and 2024
(In Thousands)

	<u>2025</u>	<u>2024</u>
Revenues		
Net patient service revenue	\$ 1,128,208	\$ 1,019,817
Other revenues	51,564	53,409
COVID-19 grant income	-	4,117
Total revenues	<u>1,179,772</u>	<u>1,077,343</u>
Expenses		
Salaries and wages	559,149	516,790
Employee benefits	101,317	91,009
Contract labor	60,098	54,686
Medical supplies	135,150	122,382
General and administrative	142,511	133,766
Building and maintenance	62,113	55,206
Insurance	25,437	9,747
Interest	23,252	23,724
Depreciation and amortization	52,721	52,617
Total expenses	<u>1,161,748</u>	<u>1,059,927</u>
Income from operations	<u>18,024</u>	<u>17,416</u>
Other Income (Expense)		
Investment income	22,292	14,829
Other loss	(2,399)	(9,393)
Total other income	<u>19,893</u>	<u>5,436</u>
Revenues in excess of expenses from continuing operations	37,917	22,852
Change in Net Unrealized Gains on Investments in Debt Securities	3,931	8,634
Net Assets Released From Restrictions for Purchases of Property and Equipment	9,842	699
Deferred Compensation Plan Liability Adjustment	(18)	(20)
Other Net Asset Activity	<u>(1,817)</u>	<u>697</u>
Increase in net assets without donor restrictions from continuing operations	49,855	32,862
Loss From Discontinued Operations	<u>(956)</u>	<u>(1,219)</u>
Increase in net assets without donor restrictions	<u>\$ 48,899</u>	<u>\$ 31,643</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2025 and 2024

(In Thousands)

	<u>2025</u>	<u>2024</u>
Net Assets Without Donor Restrictions		
Revenues in excess of expenses from continuing operations	\$ 37,917	\$ 22,852
Change in net unrealized gains on investments in debt securities	3,931	8,634
Net assets released from restrictions for purchases of property and equipment	9,842	699
Deferred compensation plan liability adjustment	(18)	(20)
Other net asset activity	<u>(1,817)</u>	<u>697</u>
Increase in net assets without donor restrictions from continuing operations	49,855	32,862
Loss from discontinued operations	<u>(956)</u>	<u>(1,219)</u>
Increase in net assets without donor restrictions	<u>48,899</u>	<u>31,643</u>
Net Assets With Donor Restrictions		
Restricted gifts and donations	6,576	7,446
Net assets released from restrictions for purchase of property and equipment	(9,842)	(699)
Net assets released from restrictions used for operations	(2,775)	(4,885)
Change in value of charitable gift annuity obligation	13	(9)
Change in discount of pledges receivable and provision for doubtful pledges	27	(78)
Other restricted net asset activity	<u>2,528</u>	<u>-</u>
(Decrease) increase in net assets with donor restrictions	<u>(3,473)</u>	<u>1,775</u>
Increase in net assets	45,426	33,418
Net Assets, Beginning	<u>583,467</u>	<u>550,049</u>
Net Assets, Ending	<u>\$ 628,893</u>	<u>\$ 583,467</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows

Years Ended December 31, 2025 and 2024

(In Thousands)

	<u>2025</u>	<u>2024</u>
Cash Flows From Operating Activities		
Increase in net assets	\$ 45,426	\$ 33,418
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	52,721	52,617
Change in operating lease right-of-use assets and obligations	16,429	15,782
Termination of operating lease right-of-use assets and obligations	(73)	1,144
Termination of finance lease right-of-use assets and obligations	375	458
Payments on operating lease obligations	(15,611)	(16,440)
Amortization of deferred financing costs and bond premium	(1,242)	(1,226)
Deferred compensation plan liability adjustment	18	20
Restricted contributions and grants	(6,576)	(7,446)
Gains recognized on investments in unconsolidated subsidiaries	(548)	(1,196)
Net realized and unrealized gains on investments	(12,036)	(4,884)
Change in net unrealized gains on investments in debt securities	(3,931)	(8,634)
Change in value of charitable gift annuity obligation	13	9
Change in discount of pledges receivable and provision for doubtful pledges	(27)	78
Changes in assets and liabilities:		
Patient accounts receivable	(17,227)	6,425
Other receivables	(4,433)	(42)
Inventories, prepaid expenses and other current assets	(3,857)	(3,779)
Accounts payable and accrued expenses	12,418	(13,243)
Accrued compensation and related items	805	4,989
Interest payable	(184)	(184)
Deferred revenues	425	(340)
Estimated self-insured professional liability	15,766	(2,673)
Due to third-party payors	902	(12,818)
Other noncurrent assets and liabilities	392	3,308
Net cash provided by operating activities	<u>79,945</u>	<u>45,343</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows
Years Ended December 31, 2025 and 2024
(In Thousands)

	<u>2025</u>	<u>2024</u>
Cash Flows From Investing Activities		
Purchases of property and equipment	\$ (96,121)	\$ (90,143)
Change in short-term investments, investments and investments in unconsolidated subsidiaries	(7,175)	27,277
Purchases of land held for healthcare development	(441)	(830)
Proceeds from the sale of land for healthcare development	-	1,695
Distributions from investments in unconsolidated subsidiaries	188	304
Change in assets held for sale	(173)	(2,760)
Change in assets whose use is limited and restricted cash	(10,579)	67,841
Net cash (used in) provided by investing activities	<u>(114,301)</u>	<u>3,384</u>
Cash Flows From Financing Activities		
Repayments on long-term obligations	(16,064)	(21,948)
Repayments of finance lease obligations	(4,249)	(4,295)
Proceeds from restricted contributions and grants	6,576	7,446
Net cash used in financing activities	<u>(13,737)</u>	<u>(18,797)</u>
Net (decrease) increase in cash, cash equivalents and restricted cash and cash equivalents	(48,093)	29,930
Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Beginning	<u>138,040</u>	<u>108,110</u>
Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Ending	<u>\$ 89,947</u>	<u>\$ 138,040</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 28,711</u>	<u>\$ 34,356</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Finance lease obligations incurred for right-of-use assets	<u>\$ 10,992</u>	<u>\$ -</u>
Operating lease obligations incurred for right-of-use assets	<u>\$ 9,463</u>	<u>\$ 3,952</u>
Construction payable for property and equipment	<u>\$ 12,135</u>	<u>\$ 16,980</u>
Reconciliation of Cash, Cash Equivalents and Restricted Cash and Cash Equivalents		
Cash and cash equivalents	\$ 17,285	\$ 35,051
Cash and cash equivalents restricted for capital acquisitions	228	711
Cash and cash equivalents included in the current portion of assets whose use is limited	26,643	27,143
Cash and cash equivalents included in the noncurrent portion of assets whose use is limited	45,791	75,135
Total cash, cash equivalents and restricted cash and cash equivalents	<u>\$ 89,947</u>	<u>\$ 138,040</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Adventist HealthCare, Inc. (AHC or the Corporation) is a nonstock membership corporation organized to effectuate coordinated administration of hospitals and other health care organizations through the provision of key management and administrative services. The mission of AHC is to extend God's care through the ministry of physical, mental and spiritual healing. AHC is tax-exempt under Section 501(c)(3) of the Internal Revenue Code (IRC). AHC is not exempt from income taxes for unrelated business income. AHC's sole corporate member is Mid-Atlantic Adventist HealthCare, Inc. AHC is comprised of several operating divisions and controlled entities, as follows:

Shady Grove Medical Center (SGMC) is a 355-bed acute care hospital located in Rockville, Maryland. In addition to the acute care hospital, SGMC also has a 133-bed psychiatric hospital as part of its behavioral health and wellness services.

White Oak Medical Center (WOMC) is a 224-bed acute care hospital located in Silver Spring, Maryland.

Rehabilitation (Rehab) operates two inpatient hospitals and five outpatient locations in Maryland. The two inpatient hospitals consist of Rehab-Rockville, a 55-bed rehabilitation facility and Rehab-WOMC, a 42-bed rehabilitation facility.

Outpatient Services (OPS) includes Adventist Healthcare Imaging which operates eight clinical sites and provides inpatient and outpatient imaging services at SGMC, WOMC and Adventist HealthCare Fort Washington Medical Center, Inc. (FWMC). OPS also includes Capital Choice Pathology Lab (CCPL) and Advanced Pathology Associates (APA) which provide full pathology production services to client hospitals.

Adventist HealthCare Physician Enterprise (PE), formerly known as Clinical Integration Services (CIS) is comprised of Adventist Medical Group (AMG). AMG is a not-for-profit entity that provides primary care and specialty care physician professional health services to the communities it serves. The respective operating results of the specialist practices are recorded in SGMC, WOMC and FWMC. PE also includes the administration needed to facilitate the coordination of patient care across conditions, providers and settings.

The Other Health Services (OHS) operating division includes Lifework Strategies (LWS) which provides employee assistance and employee wellness programs to client employees. LWS's mission is to help individuals live healthier, happier and more productive lives.

The Support Center is comprised of the Corporate Office (CO) and the AHC benefit business unit. The CO provides corporate and centralized shared service functions that benefit the entire AHC system. The AHC benefit business unit administers the self-insurance health benefit program, including health insurance, dental and vision coverage for AHC and controlled entities.

Philanthropy (formerly known as the Foundation) is an operating division of the Corporation that operates for the furtherance of the Corporation's health care objectives primarily through the solicitation of contributions, gifts and bequests. Philanthropy also exists to help fund new equipment purchases and capital improvement projects. In 2024, the operations from the existing foundations were combined into one new entity under control by the Corporation. All of the Foundation's assets were moved to the parent company of the Corporation and Philanthropy continues to support the Corporation's mission and objectives.

FWMC is a 33-bed acute care hospital located in Fort Washington, Maryland.

The Lourie Center for Infants and Young Children (Lourie Center) is a not-for-profit organization that specializes in the diagnosis, treatment and prevention of developmental and emotional disorders in children from birth through 10 years of age.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

Adventist Home Care Services, Inc. (AHCS) is a nonstock membership corporation organized to provide home health services in Maryland and includes Adventist Home Assistance (AHA). AHA provides nonclinical assistance to homebound patients who cannot perform certain daily activities on their own.

Other Leasehold Services (formerly known as Adventist HealthCare Urgent Care Center, Inc. (Urgent Care)) was comprised of three urgent care centers located in Germantown, Laurel and Rockville, Maryland. AHC sold and entered into an affiliation agreement with an unrelated party as of February 1, 2022 to become the exclusive health system affiliate for the urgent care centers through One Health Quality Alliance (OHQA). AHC continues to lease certain locations to the unrelated party. AHC dissolved the Urgent Care entity as of January 2025.

Adventist HealthCare Physician Alliance (HPA) (formerly known as OHQA) is a physician-led clinically integrated network designed to deliver value to payors, employers and consumers through the highest quality care at a lower cost. Through this alliance, participating physicians gain access to resources to support the transition to value-based care, while maintaining their independence. Through this collaboration, HPA aims to improve the health of patient populations and communities, while enhancing the patient experience and reducing the costs of health care. HPA currently has over 2,400 physician members, most of whom are on the medical staff of AHC, including primary care, orthopedics and other community and hospital-based specialists.

All of the operating divisions and controlled entities mentioned above are tax-exempt under Section 501(c)(3) of the IRC.

Principles of Consolidation

The consolidated financial statements include the accounts of AHC, the controlling parent, SGMC, WOMC, Rehab, OPS, PE, OHS, the Support Center, Philanthropy, FWMC, the Lourie Center, AHCS, Other Leasehold Services, HPA, which include their majority-owned subsidiaries and controlled affiliates (collectively, the Corporation). All significant intercompany balances and transactions have been eliminated in the consolidated financial statements of the Corporation.

Reclassification

Certain 2024 amounts have been reclassified to conform to the 2025 consolidated financial statements presentation.

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through April 27, 2026, the date the consolidated financial statements were 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 all entities that fall under the HSCRC's jurisdiction comply with applicable requirements.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

In January 2014, CMS approved the All-Payer Model that granted Maryland (via the HSCRC) the authority to regulate hospital revenue within a rigorous annual expenditure limit. One of the key components of the All-Payer Model was the introduction of Global Budget Revenue (GBR). The GBR methodology encourages hospitals to focus on population health strategies by establishing a fixed annual revenue cap for each Maryland acute care 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. 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).

Effective January 1, 2019, the State of Maryland implemented the Maryland Total Cost of Care (TCOC) Model, pursuant to an agreement between the State and the CMS. The TCOC Model succeeded Maryland's prior All-Payer Model and expanded the State's value-based payment framework beyond hospital global budgets to include accountability for the total cost of care for Medicare beneficiaries across care settings, including hospital, physician, and post-acute services.

Under the TCOC Model, Maryland hospitals continue to operate under regulated global budgets established by the State, while the State assumes responsibility for meeting Medicare total cost of care growth targets and quality performance metrics. The model is designed to promote care coordination, improve population health outcomes and constrain the rate of growth in per capita health care expenditures.

The HSCRC requires rate-regulated hospitals under its jurisdiction to calculate the amount of patient charges that are less than or in excess of their approved global revenue base. To the extent that the patient charges differ from the approved global revenue base, these price variances are removed from (in an overcharge situation) or added to (in an undercharge situation) the hospital's rate order in the subsequent year. Because these price variances from approved revenue cannot be retained, it is the Corporation's policy to adjust net patient revenue equal to the amount of the price variances. The Corporation reported net overcharges of \$12,345 and \$15,091 as of December 31, 2025 and 2024, respectively. These price variances reflect the variance between actual patient charges and the pro-rata share of approved rate orders (adjusted for certain revenue adjustments expected to be made in a future period). 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 each rate year (June 30), the value of any overcharge liability (or undercharge asset) is amortized on the straight-line basis over the following rate year when the price variance adjustments are actually built into each entity's rate order.

Under Maryland law, charges of specialty hospitals such as Rehab are subject to review and approval by the HSCRC. The HSCRC regulations also include a provision whereby a hospital may apply for an exemption from the requirements to charge for services in accordance with the HSCRC regulations. Certain conditions regarding the percentage of revenue related to Medicare and Medicaid patients must be met to receive the initial exemption, and those same conditions, must be met each year thereafter. Reporting requirements as established by the HSCRC continue even if an exemption regarding charging for services is received. The Corporation's management believes Rehab met the conditions for exemption during 2025 and 2024.

In November 2023, CMS rolled out the All-Payer Health Equity Approaches and Development (AHEAD) model for healthcare to serve as a blueprint for improving population health, advancing health equity and controlling healthcare costs. The model is a comprehensive framework designed to incentivize states to implement broad changes in delivering and paying for healthcare. Maryland is one of the states that have applied for inclusion in the Model framework, and it now serves as the vehicle through which the waiver from the Medicare Prospective Payment System reimbursement principles is secured.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

The guiding principles under the AHEAD Model are familiar to healthcare providers in Maryland because the key features in the model are consistent with the types of programs Maryland has been pursuing since 2014. These key features include (1) assuming responsibility for managing all healthcare costs within the state's borders (not just those specific to programs like Medicare and Medicaid), (2) strengthening the availability of (and access to) primary care, (3) developing specific plans to address health disparities and improve health outcomes for underserved populations and (4) a reimbursement model that holds hospitals to operate within the constraint of global revenue budgets.

Maryland has already committed itself to operate under the principles and requirements of the AHEAD model. As such, a Participation Agreement has already been executed between CMS and the State. In addition, the Corporation was required to sign '*Hospital Participation Agreements*' covering each of our acute care facilities, indicating our intent to participate in the AHEAD Model. Those agreements were fully executed by December 31, 2025.

Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and certificates of deposit purchased with original maturities of less than 90 days, excluding assets whose use is limited. For purposes of the consolidated statements of cash flows, cash, cash equivalents and restricted cash and cash equivalents include investments purchased with an initial maturity of three months or less.

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 the credit loss 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. Patient accounts receivable as of December 31, 2023 were \$137,907.

Other Receivables

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients, and pledges from donors reported at their net realizable value. These services include, but are not limited to, fees from educational programs, rental of health care facility space, interest earned and management services. 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 includes assets held by bond trustees under trust indentures, assets set aside as required by the Corporation's self-funded professional liability fund, and assets set aside for deferred compensation agreements. Amounts available to meet current liabilities of the Corporation have been reclassified as current assets in the accompanying consolidated balance sheets.

Investments and Investment Risk

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the accompanying consolidated balance sheets. Cash and cash equivalents and certificates of deposit are carried at cost which approximates fair value. The Corporation has alternative investments that represent ownership interests in managed funds. The alternative investments are stated at fair value based on the Corporation's percentage of the net asset value (NAV) of the funds and represents a practical expedient of fair value.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

Investment income or loss (including realized and unrealized gains and losses on investments, write-downs of the cost basis of investments in debt securities due to an other-than-temporary decline in fair value, interest and dividends) is included in the determination of revenues in excess of expenses from continuing operations unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments in debt securities are excluded from the determination of revenues in excess of expenses from continuing operations. Donor restricted investment income is reported as an increase in net assets with donor restrictions. Investments available for current operations have been classified as short-term investments in the accompanying consolidated balance sheets.

Investments and investments in unconsolidated subsidiaries includes the Corporation's investments in healthcare entities in which the Corporation has a financial interest. The Corporation follows authoritative guidance in determining whether to record such investments using the equity method.

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

Inventories

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

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 from continuing operations as they are determined. The Corporation reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, the Corporation calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, an impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. There were no impairment losses on property and equipment recognized in 2025 or 2024.

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 finance 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.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

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 finance 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 finance 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 or equipment 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.

Intangible Assets

The Corporation's intangible assets primarily include costs in excess of net assets acquired related to certain business acquisitions. The Corporation is amortizing certain intangible assets over a period not to exceed 40 years. Amortization of these intangible assets was \$96 in 2025 and \$110 in 2024. Accumulated amortization of intangible assets was \$5,498 and \$5,402 as of December 31, 2025 and 2024, respectively.

Goodwill, which is included in intangible assets in the accompanying consolidated balance sheets, is reviewed annually for impairment or more frequently if events or circumstances indicate the carrying amount of the goodwill will not be recoverable. There were no impairment losses recognized on goodwill in 2025 or 2024.

Deferred Financing Costs

Costs incurred in connection with the issuance of long-term obligations have been deferred and are being amortized over the term of the related obligation using the straight-line method. Deferred financing costs remaining as of December 31, 2025 and 2024 totaled \$4,805 and \$5,076, respectively, and are included in the consolidated balance sheets as a reduction of bonds payable, which is included in long-term obligations on the consolidated balance sheets. Amortization expense was \$271 and \$287 in 2025 and 2024, respectively, and is included as a component of interest expense in the consolidated statements of operations.

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 and are intended to provide adequate funding to providers while they wait for the final adjudication of claims issued to each payer. These working capital advances are reported as a current liability in the consolidated balance sheets.

For those services that are subject to a cost settlement with third-party payors, the Corporation evaluates estimated reimbursable cost, the terms of the payment agreement with the payor, correspondence with the payor, and the Corporation's historical settlement activity to determine if an adjustment to the interim payment rate should be recorded in the underlying consolidated statements of operations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

A key point of this evaluation provides consideration to retroactive adjustments (or expected adjustments) due to audits, reviews or investigations. Any changes in settlement estimates are recognized as a component of income in the period such a determination is made.

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 these cost settlement processes were not significant in 2025 or 2024.

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.

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, if any, are recognized 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.

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. Net assets were released from donor restriction by satisfying their restricted purposes in the amount of \$12,617 in 2025 and \$5,584 in 2024.

Net assets with donor restrictions includes those whose use by the Corporation has been limited by donors to specific purposes in the amount of \$9,508 and \$12,981 as of December 31, 2025 and 2024, respectively.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

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 sheets, 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 From Continuing Operations

The consolidated statements of operations include the determination of revenues in excess of expenses from continuing operations. Revenues in excess of expenses from continuing operations is the Corporation's performance indicator. Changes in net assets without donor restrictions which are excluded from the determination of revenues in excess of expenses from continuing operations, consistent with industry practice, include the change in net unrealized gains on investments in debt securities, contributions of long-lived assets (including contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets), the deferred compensation plan liability adjustment, other net asset without donor restriction activity, and the loss from discontinued operations.

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 our hospitals receiving services over multiple days. 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.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

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. 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.

FEMA obligated \$4,117 for eligible costs in the year ended December 31, 2024. These amounts were recognized and included in COVID-19 grant income in the accompanying consolidated statements of operations during 2024. No amounts were obligated and recognized in COVID-19 grant income in the accompany consolidated statements of operations during 2025. All amounts obligated by FEMA have been received and no amounts remain outstanding as of December 31, 2025.

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 2025 or 2024.

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

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 \$13,734 and \$17,291 in 2025 and 2024, respectively.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

2. Discontinued Operations and Assets Held for Sale

The Corporation made the decision to relocate Washington Adventist Hospital to White Oak, as a result of limited opportunities for growth and expansion on the Takoma Park campus. The new campus was considered a better way for the Corporation to expand access to care throughout the Washington, D.C. region, leading to the decision to sell the campus. In July 2019, AHC entered into an agreement to sell the Takoma Park campus to an unrelated third-party. The closing of the sale was delayed due to the use of the Takoma Park campus as a 200-bed alternate care site (ACS) to care for patients as a result of the COVID-19 pandemic. The ACS was approved by the Maryland Health Care Commission and opened in May 2020 in accordance with the terms of an agreement with the State of Maryland. The agreement ended in April 2023 with the termination of the State of Emergency and Catastrophic Health Emergency proclamation made by the Governor of Maryland in May 2023. The ACS closed in April 2023, and discussions are underway to update the terms of the sales agreement, given the passage of time. The outcome of these negotiations will determine the timing of the closing for the sale of the Takoma Park campus.

The Corporation incurred other miscellaneous operating expenses related to the maintenance of the Takoma Park Campus. The expenses are included in the loss from discontinued operations in the accompanying consolidated statements of operations in 2025 and 2024. The loss on discontinued operations was \$956 and \$1,219 for the years ended December 31, 2025 and 2024, respectively.

Assets held for sale in the accompanying consolidated balance sheets is comprised of land and improvements and building and improvements totaling \$14,987 and \$14,814 at December 31, 2025 and 2024, respectively, that will be sold as part of the agreement. No gain or loss on sale has been recognized in 2025 or 2024.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

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. A summary of payment arrangements with third-party payors, by service type, is as follows:

- Global Budget Revenue - SGMC, WOMC and FWMC have entered into agreements 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.
- Rehabilitation services - Rehab has entered into agreements by which the third-party payors pay at a contract rate per day or visit.
- Physician practice services - AMG has entered into agreements by which the third-party payors pay negotiated rates per procedure as defined in the term sheet of the agreements.
- Imaging services - Imaging has entered into agreements by which the third-party payors pay negotiated rates per procedure as defined in the term sheet of the agreements.
- Home health services - AHCS has entered into agreements by which the third-party payors pay negotiated rates on a per visit basis.

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 adjustments, financial assistance and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments 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 credit loss 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 type of service and 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 service type for the years ended December 31, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Global budget revenue	\$ 939,406	\$ 839,725
Rehabilitation services	77,622	73,767
Physician practice services	44,527	43,319
Imaging services	37,671	35,704
Home health services	25,038	25,450
Other health services	3,944	1,852
Total	<u>\$ 1,128,208</u>	<u>\$ 1,019,817</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

Net patient service revenue disaggregated by payor for the years ended December 31, 2025 and 2024 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, 2025	\$ 392,496	\$ 81,538	\$ 622,720	\$ 31,454	\$ 1,128,208
December 31, 2024	\$ 352,777	\$ 70,528	\$ 563,044	\$ 33,468	\$ 1,019,817

Contract Balances

Contract assets represent the Corporation's right to consideration in exchange for goods or services that the Corporation has transferred to a patient when that right is conditioned on something other than the passage of time (for example, the Corporation's future performance). Contract liabilities represent the Corporation's obligation to transfer goods or services to a patient for which the Corporation has received consideration (or the amount is due) from the patient.

The Corporation's beginning and ending contract liabilities are separately presented on the consolidated balance sheets as of December 31, 2025 and 2024. There were no contract assets as of December 31, 2025, 2024 or 2023. Contract liabilities of amounts due to third party payors as of December 31, 2023 were \$35,038.

4. Investments

Short-Term Investments

The Corporation's short-term investments at December 31, 2025 and 2024 are comprised of the following:

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 7,601	\$ 1,635
Corporate bonds	63,402	72,344
Asset backed securities	79,629	77,181
Marketable equity securities	31,737	29,966
U.S. government securities, U.S. treasury notes	55,919	52,789
Mutual funds:		
Equity, balanced	8,037	6,229
Equity, growth	7,582	5,943
Alternative investments	43,369	30,729
Total short-term investments	\$ 297,276	\$ 276,816

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2025 and 2024 is set forth in the following tables:

	<u>2025</u>	<u>2024</u>
Under trust indentures held by trustees and banks:		
Cash and cash equivalents	\$ 69,179	\$ 100,530
U.S. government securities:		
U.S. treasury notes	6,214	-
U.S. government agency notes	-	1,023
Total	75,393	101,553
Less funds held for current liabilities	<u>(23,133)</u>	<u>(23,894)</u>
Noncurrent portion of assets held under trust indentures held by trustees and banks	<u>\$ 52,260</u>	<u>\$ 77,659</u>
Professional liability fund:		
Cash and cash equivalents	\$ 3,255	\$ 1,748
Mutual funds:		
Equity, large value	2,801	2,072
Equity, growth	4,470	3,480
Equity, midcap value	470	-
Equity, other	410	-
Fixed income, intermediate	5,048	2,161
Fixed income, multi-sector	5,428	3,467
Fixed income, short-term	-	1,618
Total	21,882	14,546
Less funds held for current liabilities	<u>(3,510)</u>	<u>(3,249)</u>
Noncurrent portion of professional liability fund	<u>\$ 18,372</u>	<u>\$ 11,297</u>
Deferred compensation fund:		
Mutual funds:		
Equity, growth	\$ 2	\$ 30
Equity, large value	277	378
Equity, midcap value	31	37
Equity, other	1,864	2,185
Equity, international	58	77
Fixed income, multi-sector	28	46
Fixed income, intermediate	162	110
Noncurrent portion of deferred compensation fund	<u>\$ 2,422</u>	<u>\$ 2,863</u>

The indenture requirements of certain tax-exempt financings provide for the establishment and maintenance of various accounts with a trustee (Note 10). These arrangements require the trustee to control the payment of interest and the ultimate repayment of respective debt to bondholders.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

The composition of assets whose use is limited under trust indentures held by trustees and banks at December 31, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Debt service reserve funds	\$ 25,539	\$ 26,085
Principal and interest funds	24,901	24,559
Project fund	<u>24,953</u>	<u>50,909</u>
Total	<u>\$ 75,393</u>	<u>\$ 101,553</u>

Investment income and gains and losses for investments, assets whose use is limited and cash and cash equivalents without donor restrictions are comprised of the following in 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Investment income:		
Interest and dividends, net	\$ 9,201	\$ 9,146
Interest on trustee held funds	1,055	799
Net realized and unrealized gains on investments	<u>12,036</u>	<u>4,884</u>
Total	<u>\$ 22,292</u>	<u>\$ 14,829</u>
Other changes in net assets without donor restrictions:		
Change in net unrealized gains on investments in debt securities	<u>\$ 3,931</u>	<u>\$ 8,634</u>

5. Fair Value Measurements and Financial Instruments

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

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

The levels of the fair value hierarchy are as follows:

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

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

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

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

	2025			
Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	
Reported at Fair Value				
Assets:				
Mutual funds:				
Fixed income, intermediate	\$ 5,210	\$ 5,210	\$ -	\$ -
Fixed income, multi-sector	5,456	5,456	-	-
Equity, international	58	58	-	-
Equity, growth	12,054	12,054	-	-
Equity, large value	3,078	3,078	-	-
Equity, balanced	8,037	8,037	-	-
Equity, midcap value	501	501	-	-
Equity, other	2,274	2,274	-	-
Marketable equity securities	31,737	31,737	-	-
U.S. government securities:				
U.S. treasury notes	62,133	-	62,133	-
Asset backed securities	79,629	-	79,629	-
Corporate bonds	63,402	-	63,402	-
	273,569	<u>\$ 68,405</u>	<u>\$ 205,164</u>	<u>\$ -</u>
Total assets measured at fair value				
Cash and cash equivalents	81,046			
Alternative investments measured at net asset value	43,369			
	<u>\$ 397,984</u>			
Total				

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

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

	2024			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value				
Assets:				
Mutual funds:				
Fixed income, intermediate	\$ 2,271	\$ 2,271	\$ -	\$ -
Fixed income, multi-sector	3,513	3,513	-	-
Fixed income, short-term	1,618	1,618	-	-
Equity, international	77	77	-	-
Equity, growth	9,453	9,453	-	-
Equity, large value	2,450	2,450	-	-
Equity, balanced	6,229	6,229	-	-
Equity, midcap value	37	37	-	-
Equity, other	2,185	2,185	-	-
Marketable equity securities	29,966	29,966	-	-
U.S. government securities:				
U.S. treasury notes	52,789	-	52,789	-
U.S. government notes	1,023	-	1,023	-
Asset backed securities	77,181	-	77,181	-
Corporate bonds	72,344	-	72,344	-
Total assets measured at fair value	261,136	\$ 57,799	\$ 203,337	\$ -
Cash and cash equivalents	104,883			
Alternative investments measured at net asset value	30,729			
Total	\$ 396,748			

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

	2025	2024
Short-term investments (Note 4)	\$ 297,276	\$ 276,816
Assets whose use is limited (Note 4):		
Current portion	26,643	27,143
Under trust indentures held by trustees and banks	52,260	77,659
Professional liability fund	18,372	11,297
Deferred compensation fund	2,422	2,863
Investments held by philanthropy, included in deposits and other noncurrent assets and investments and investments in unconsolidated subsidiaries	1,011	970
	\$ 397,984	\$ 396,748

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in methodologies used at December 31, 2025 and 2024.

Mutual funds and marketable equity securities are valued based on quoted market prices.

U.S. government securities, asset backed securities and corporate bonds are valued based on estimated quoted market prices of similar securities.

The Corporation has alternative investments in Blackstone Real Estate Income Trust (Blackstone), Blackstone Private Credit Fund (Blackstone PC) and Ares Real Estate Income Trust, Inc. (Ares) (collectively, the Funds). The Funds are valued based on the NAV per share of the fund which is based on the fair value of their underlying assets derived principally from or corroborated by observable market data by correlation or other means. There are no unfunded purchase commitments for the Funds as of December 31, 2025. The value of the Funds is as follows as of December 31:

	<u>2025</u>	<u>2024</u>
Blackstone	\$ 8,512	\$ 8,062
Blackstone PC	26,405	15,104
Ares	8,452	7,563
Total	<u>\$ 43,369</u>	<u>\$ 30,729</u>

The following represents the investment strategies and share redemption policies for each fund:

Blackstone: The investment strategy for this fund is to acquire primarily stabilized, income-generating commercial real estate across asset classes in the United States and outside the United States, as well as in real estate debt investments. The investment strategy seeks to capitalize on Blackstone's scale and the real-time information provided by its real estate holding to identify and acquire their target investments at attractive pricing.

Shares can be redeemed through a request for repurchase, however, Blackstone limits these redemptions to no more than 2% of Blackstone's NAV per month and no more than 5% of their aggregate value per calendar quarter on the last business day of each calendar month, provided that written notice of redemption is provided five business days prior.

Blackstone PC: This fund's strategy is to invest primarily in originated loans and other securities, including broadly syndicated loans, of United States private companies. The investment strategy seeks to capitalize on Blackstone Credit & Insurance's scale and reputation in the market as an attractive financing partner to acquire target investments at attractive pricing.

Shares can be redeemed through a request for repurchase, however, Blackstone PC limits these redemptions to no more than 5% of Blackstone PC's NAV as of the previous calendar quarter. Blackstone PC reserves the right to amend or suspend the share repurchase program at any time.

Ares: The fund is focused on investing in and operating a diverse portfolio of real property and investment in other real estate-related assets. The objective is to bring Ares leading institutional-quality real estate assets investment platform to income-focused investors, with significant diversification across real estate and real estate-related asset classes, geographies and sectors.

The Corporation can make a request to redeem through a request for repurchase, however, Ares is not obligated to redeem any shares and may choose to redeem only some, or even none, of the shares in any particular month. If Ares approves the redemption, they will only do so on the last day of the calendar month and the redemption is limited to no more than 2% of Ares' NAV per month and no more than 5% of their aggregate value per calendar quarter.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

6. Property and Equipment, Net

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

	<u>2025</u>	<u>2024</u>
Land and improvements	\$ 47,852	\$ 45,993
Buildings and improvements	830,532	843,267
Office furniture and equipment	202,040	233,056
Computer software and hardware	146,141	141,676
Total	1,226,565	1,263,992
Less accumulated depreciation	<u>(515,399)</u>	<u>(572,601)</u>
Total	711,166	691,391
Construction in progress	<u>186,624</u>	<u>164,006</u>
Property and equipment, net	<u>\$ 897,790</u>	<u>\$ 855,397</u>

Depreciation expense on property and equipment was \$48,824 and \$48,580 in 2025 and 2024, respectively, and is included in depreciation and amortization expense in the accompanying consolidated statements of operations. Interest incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. During 2025 and 2024, the Corporation capitalized \$4,033 and \$2,650, respectively, which is net of investment income on assets whose use is limited.

Construction in progress as of December 31, 2025 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were \$57,263 at December 31, 2025. The cost of these projects is expected to be funded through operations, borrowed funds, as well as transfers from the Corporation's related philanthropy division.

7. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries include the following at December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Investment in healthcare entities	\$ 28,808	\$ 26,910
Investments held by philanthropy	977	935
Total	<u>\$ 29,785</u>	<u>\$ 27,845</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

Investment in Healthcare Entities

The Corporation has ownership interests in several healthcare entities which are accounted for under the equity method. The Corporation recognized income of \$548 and \$1,196 in 2025 and 2024, respectively, related to these investments which is included in other revenues in the accompanying consolidated statements of operations. The investment in healthcare entities is primarily comprised of the following:

The Corporation has a 48.8% ownership interest in White-Oak AHF-1 Manager, LLC (White-Oak) which was organized for the purpose of developing and constructing a medical office building on the White Oak campus of WOMC.

The Corporation holds a 50% ownership interest in Rockville Mid-Atlantic Radiation Oncology, LLC (RMARO) which provides professionally managed radiation management services at SGMC and its surrounding community. The Corporation also has a 50% ownership interest in Mid-Atlantic Radiation Oncology, LLC which provides professionally managed radiation management services at WOMC and the surrounding community.

Adventist HealthCare Surgery Center at National Harbor, LLC (Surgery Center) is an ambulatory surgical facility providing services to patients in the Oxon Hill, MD area. The Corporation has a 44.7% ownership interest in the Surgery Center.

The Corporation had invested in CoreLife Adventist, LLC (CoreLife) for a 50% interest. The Corporation also had invested in CoreLife Management Services, Inc. (CoreLife Management) for a 15% interest. In May 2023, the Corporation sold its entire membership interest in CoreLife and CoreLife Management to CoreLife Holdings, Inc. The total purchase price of \$4,250 was comprised of two promissory notes of \$2,125, due monthly starting in January 2024 through December 2028. In addition, the Corporation provided a \$900 working capital loan to CoreLife Holdings, Inc., which was due monthly starting January 2024 through December 2025. In conjunction with the sale, the Corporation recorded the notes and derecognized its investment in CoreLife and CoreLife Management. In 2024, the Corporation determined that the promissory notes and the working capital loan were impaired and were written off and are included in other loss in the accompanying consolidated statements of operations.

Summarized financial information related to these entities is presented below for the years ended December 31:

	<u>2025</u>	<u>2024</u>
Net revenue	\$ 26,788	\$ 23,907
Revenues less than expenses	(2,359)	(1,494)
Total assets	110,131	113,616
Total liabilities	89,340	88,831

The Corporation leases certain building space from these entities. Amounts recorded in the consolidated financial statements related to these leases are as follows for the years ended December 31:

	<u>2025</u>	<u>2024</u>
Operating lease right-of-use assets	\$ 30,562	\$ 36,735
Operating lease obligations	32,653	38,618
Lease payments	5,246	5,110

Investments Held by Philanthropy

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

8. Land Held for Healthcare Development

From 2002 through 2011, the Corporation acquired various parcels of land in Clarksburg, Maryland totaling approximately 200 acres. Several parcels of the land are fully owned by the Corporation, and the remainder is owned by Cabin Branch Commons, LLC (Cabin Branch), of which the Corporation owns a 45% interest. The Corporation sold approximately 129 acres of the land between 2013 and 2022 and total proceeds received through December 31, 2025 is \$51,242. No gain or loss was recognized on the sale as of December 31, 2025 and 2024. The total remaining land held for healthcare development in Clarksburg as of December 31, 2025 and 2024, was \$2,768 and \$2,714, respectively.

In January 2022, the Corporation entered into a purchase and sale agreement with an unrelated third party to purchase 44.06 acres of land located in Fort Washington, Maryland. The Corporation closed on the purchase of the land in July 2022 at a purchase price of \$3,200. The total value of this land held for healthcare development as of December 31, 2025 and 2024 was \$5,195 and \$4,808, respectively.

9. Short-Term Financing

The Corporation has a \$20,000 unsecured line of credit with a commercial bank, with interest at SOFR plus 1.25% (5.125% at December 31, 2025). There were no borrowings outstanding under this line of credit as of December 31, 2025 or 2024.

10. Long-Term Obligations

Long-term obligations as of December 31, 2025 and 2024 are comprised of the following:

	<u>2025</u>	<u>2024</u>
Fixed Rate Revenue Bonds	\$ 639,395	\$ 655,459
Plus bond premium	29,377	30,890
Less:		
Current maturities	(16,645)	(16,064)
Deferred financing costs	<u>(4,805)</u>	<u>(5,076)</u>
Noncurrent portion of long-term obligations, net	<u>\$ 647,322</u>	<u>\$ 665,209</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

Fixed Rate Revenue Bonds

Fixed Rate Revenue Bonds consist of the Maryland Health and Higher Educational Facilities Authority Refunding Revenue Bonds. Fixed Rate Revenue Bonds consist of the following at December 31:

	<u>Par Amounts</u>	<u>Maturity Date</u>	<u>Interest Rates</u>	<u>2025</u>	<u>2024</u>
Adventist HealthCare, Inc.					
Series 2013	\$ 15,623	January 2025	3.21%	\$ -	\$ 1,594
Series 2016A	269,750	January 2046	5.25% - 5.50%	257,825	259,680
Series 2016B	126,395	January 2046	3.72%	112,020	114,080
Series 2017	40,000	December 2042	2.77%	30,965	32,365
Series 2020	18,725	January 2038	4.00%	14,475	15,315
Series 2021A	48,120	January 2036	5.00%	33,135	36,445
Series 2021B	138,660	January 2051	4.00% - 5.00%	138,660	138,660
Series 2021C	69,835	January 2043	1.23% - 3.76%	52,315	57,320
Total				<u>\$ 639,395</u>	<u>\$ 655,459</u>

The above bond issues are subject to trust indentures which impose various covenants on SGMC, WOMC, Rehab, OPS, PE, Other Health Services, Support Center and Philanthropy (collectively, the Obligated Group) which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities and the achievement of certain pre-established financial indicators. Management believes it has complied with these required financial covenants for the years ended December 31, 2025 and 2024. Debt service reserve funds are required on the Series 2016A Bonds.

Other Long-Term Liabilities

The Corporation guaranteed a line of credit, issued by PNC Bank, for one of its investments in unconsolidated subsidiaries, CoreLife Management. The line of credit had a maximum amount of \$6,500 and interest at 9.0%. During 2023, the Corporation received notice that CoreLife Management was in default under the terms of the loan agreement. As a result, the Corporation recorded a liability for the outstanding amount of \$6,288, which reflected the outstanding principal, interest and fees due. In March 2024, the Corporation fully repaid the note in the amount of \$6,233, which reflected the outstanding principal and interest as of the payoff date.

Scheduled principal repayments of long-term obligations, excluding finance and operating lease obligations at December 31, 2025 are as follows:

Years ending December 31:	
2026	\$ 16,645
2027	17,305
2028	18,025
2029	18,795
2030	19,630
Thereafter	<u>548,995</u>
Total	<u>\$ 639,395</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

11. 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 3 to 20 years or more and typically include one or more options to renew, with renewal terms that generally extend the lease term for an additional 5 to 10 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. The Corporation does not separate lease and non-lease components for all real property asset classes. 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, while 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 assumptions 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 the 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.

Future minimum payments under finance lease obligations as of December 31, 2025 were as follows:

Years ending December 31:		
2026	\$	6,726
2027		6,726
2028		4,898
2029		2,683
2030		2,477
Thereafter		-
Total		<u>23,510</u>
Less amount representing interest		<u>(1,814)</u>
Total finance lease obligations		21,696
Less current portion		<u>(5,781)</u>
Long-term obligations	\$	<u>15,915</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

Future minimum payments under operating lease obligations as of December 31, 2025 were as follows:

Years ending December 31:		
2026	\$	16,143
2027		14,534
2028		11,798
2029		10,189
2030		8,707
Thereafter		<u>39,970</u>
Total		101,341
Less amount representing interest		<u>(14,634)</u>
Total operating lease obligations		86,707
Less current portion		<u>(13,261)</u>
Long-term obligations	\$	<u><u>73,446</u></u>

Total lease costs are comprised of the following for the years ended December 31:

	<u>2025</u>	<u>2024</u>
Finance lease cost:		
Amortization of right-of-use asset	\$ 3,838	\$ 4,037
Interest on lease obligations	415	484
Operating lease cost	<u>16,353</u>	<u>16,440</u>
Total lease cost	<u>\$ 20,606</u>	<u>\$ 20,961</u>

Other supplemental information as of and for the years ended December 31, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Weighted-average remaining lease term:		
Finance lease obligations	3.87 years	3.68 years
Operating lease obligations	8.38 years	8.71 years
Weighted-average discount rate:		
Finance lease obligations	3.94%	2.98%
Operating lease obligations	3.65%	3.52%

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

12. Retirement, Health Plan and Life Insurance

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% of eligible employees' compensation, plus a matching employer contribution equal to 50% of employee contributions (to the 403(b) plan) up to 6% 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 \$16,793 and \$15,732 in 2025 and 2024, respectively.

Supplemental Executive Retirement Plan

The Corporation also has a Supplemental Executive Retirement Plan (SERP) that became effective in 2015 and covers a group of key executives. There was no SERP expense in 2025 and 2024. In addition, a SERP adjustment was recorded to increase the liability for \$18 and \$20 in 2025 and 2024, respectively, which was recognized in net assets without donor restrictions in the consolidated statements of changes in net assets. At December 31, 2025 and 2024, the Corporation's liability for the SERP was \$113 and \$95, respectively, which is included in other liabilities in the consolidated balance sheets.

Executive Retention 457(F) Plan

Effective January 1, 2015, the Corporation established the Executive Retention 457(F) Plan (the 457(F) Plan). The 457(F) Plan is a tax-deferred plan offered to key executives, whereby annual employer contributions are made to the Plan. The 457(F) Plan participants become vested in the contributions and receive plan payments in the second calendar year after the contribution is made, if the participant is still employed. The final contribution will be made to the 457(F) Plan for the year in which the plan participant becomes 62. The 457(F) Plan expense was \$2,353 and \$1,858 in 2025 and 2024, respectively. The Corporation's liability for the 457(F) Plan at December 31, 2025 and 2024 was \$4,481 and \$4,586, respectively, which is included in other liabilities in the consolidated balance sheets.

Salary Deferral (457(b)) Plan

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

Health Plan

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

Life Insurance

Full-time and part-time employees are insured, through a third-party carrier, for an amount equal to one times their base salary at time of enrollment up to \$450 for full-time employees and \$10 for part-time employees. In addition, if death is caused by accident, the employee is insured for an additional benefit equal to the amount of their life insurance.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

13. Commitments and Contingencies

Litigation and Claims

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

Insurance

The Corporation's primary coverage for professional liability is provided through a self-funded insurance retention fund (the Fund) established on January 1, 1993, which is funded based on actuarial estimates and provides coverage of \$5,000 per occurrence with no annual aggregate limitation. The Fund also provides general liability coverage up to \$1,000 per occurrence and \$3,000 in the aggregate. The Corporation also carries umbrella excess liability insurance on a claims made basis with a commercial carrier, with stacked limits of \$10,000 per occurrence and in aggregate, for a total of \$20,000 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, 2025, management determined that the fully-funded professional liability reserve reported at December 31, 2025 and 2024 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 \$27,587 and \$11,821 at December 31, 2025 and 2024, respectively. The discount rate used in determining these liabilities was 4% and 2.5% at December 31, 2025 and 2024, respectively.

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

Defined Benefit Plan - Multiemployer Plan

Prior to January 1, 1992, the Corporation participated in a multiemployer, noncontributory, defined benefit retirement plan, the Seventh-day Adventist Hospital Retirement Plan Trust (Old Plan) sponsored and administered by the North American Division of the General Conference of Seventh-day Adventists that is exempt from ERISA. The employer identification number of the Old Plan is 52-2000393. The risks of participating in multiemployer plans are different from single employer plans in that: (a) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (b) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and (c) if an entity chooses to stop participating in the multiemployer plan, it may be required to pay the plan an amount based on the underfunded status of the plan, referred to as withdrawal liability.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2025 and 2024
(In Thousands)

During 1992, the Old Plan was frozen and the Corporation, along with the other participants in the Old Plan, may be required to make future contributions to the Old Plan to fund any difference between the present value of the Old Plan benefits and the fair value of the Old Plan assets. During 2024 and 2025, the administrators of the Old Plan notified the Corporation of annual required contributions. The Corporation contributed \$2,956 (8.5% of the total required contributions to the Old Plan) to the Old Plan in July 2025 and 2024, which is included in other loss in the accompanying consolidated statements of operations. Management believes the impact of any such future funding requirements will not have a material adverse effect on the Corporation's consolidated financial statements.

The most recently available plan assets and actuarially determined benefit obligation for the Old Plan, which includes all participating employers as of January 1, 2025 is as follows:

Total plan assets	\$	337,770
Actuarial present value of accumulated plan benefits (unaudited)		712,400
Funded status (unaudited)		47%

14. 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, 2025 and 2024, concentrations of gross receivables from third-party payors and others are as follows:

	<u>2025</u>	<u>2024</u>
Medicare	14 %	15 %
Medicaid	11	9
Other third-party payors	59	57
Self-pay and others	16	19
	<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.

15. 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>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 17,285	\$ 35,051
Short-term investments	297,276	276,816
Patient accounts receivable	148,709	131,482
Other receivables	21,268	16,835
Assets whose use is limited: Professional liability fund	21,882	14,546
Total	<u>\$ 506,420</u>	<u>\$ 474,730</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

The Corporation has designated certain assets as available for settling professional liability claims, however, these assets could be used for general expenditures if necessary, and therefore, have been included in the information above.

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. In addition, the Corporation invests excess cash in short-term investments.

16. Functional Expenses

A summary of the Corporation's operating expenses by function for the year ended December 31, 2025 is as follows:

	Hospital Acute and Ambulatory Services	Home Care Services	Other Health Care Services	Other, Including General and Administrative	Fundraising	Total
Salaries and wages	\$ 343,736	\$ 17,572	\$ 132,345	\$ 63,753	\$ 1,743	\$ 559,149
Employee benefits	65,511	3,231	21,153	11,050	372	101,317
Contract labor	56,678	632	1,565	1,223	-	60,098
Medical supplies	125,264	286	9,600	(3)	3	135,150
General and administrative	71,914	1,022	20,798	48,160	617	142,511
Building and maintenance	44,008	637	13,222	4,242	4	62,113
Insurance	19,424	516	5,770	(273)	-	25,437
Interest	19,702	-	1,312	2,238	-	23,252
Depreciation and amortization	38,741	92	4,811	9,073	4	52,721
Total	<u>\$ 784,978</u>	<u>\$ 23,988</u>	<u>\$ 210,576</u>	<u>\$ 139,463</u>	<u>\$ 2,743</u>	<u>\$ 1,161,748</u>

In 2025, the Corporation also incurred other health care services expenses of \$956 related to the Takoma Park campus that were included in the loss from discontinued operations in the consolidated statements of operations. These expenses were comprised of miscellaneous other operating expenses related to the maintenance of the Takoma Park Campus.

A summary of the Corporation's operating expenses by function for the year ended December 31, 2024 is as follows:

	Hospital Acute and Ambulatory Services	Home Care Services	Other Health Care Services	Other, Including General and Administrative	Fundraising	Total
Salaries and wages	\$ 321,091	\$ 14,674	\$ 118,960	\$ 60,490	\$ 1,575	\$ 516,790
Employee benefits	61,150	2,835	19,592	7,062	370	91,009
Contract labor	49,032	638	3,698	1,308	10	54,686
Medical supplies	113,627	306	8,392	54	3	122,382
General and administrative	62,342	3,591	21,239	45,797	797	133,766
Building and maintenance	40,170	653	13,121	1,260	2	55,206
Insurance	6,531	167	2,121	928	-	9,747
Interest	19,835	1	1,467	2,421	-	23,724
Depreciation and amortization	38,483	100	5,110	8,918	6	52,617
Total	<u>\$ 712,261</u>	<u>\$ 22,965</u>	<u>\$ 193,700</u>	<u>\$ 128,238</u>	<u>\$ 2,763</u>	<u>\$ 1,059,927</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

(In Thousands)

In 2024, the Corporation also incurred other health care services expenses of \$1,219 related to the Takoma Park campus that were included in the loss from discontinued operations in the consolidated statements of operations. These expenses were comprised of miscellaneous other operating expenses related to the maintenance of the Takoma Park Campus.

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet

December 31, 2025

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Outpatient Services	Adventist HealthCare Physician Enterprise	Other Health Services	Support Center	Philanthropy	Eliminating Entries	Total Combined Obligated Group
Assets										
Current Assets										
Cash and cash equivalents	\$ 334,184	\$ (134,815)	\$ 33,309	\$ (25,893)	\$ (76,720)	\$ (17,157)	\$ (89,100)	\$ 6,662	\$ -	\$ 30,470
Short-term investments	-	-	-	-	-	-	297,276	-	-	297,276
Assets whose use is limited	7,011	9,084	-	-	-	-	10,548	-	-	26,643
Patient accounts receivable	69,059	48,742	7,665	4,951	1,942	-	425	-	-	132,784
Other receivables	2,217	1,982	38	828	187	147	9,311	3,173	(388)	17,495
Inventories	5,205	5,804	115	156	-	-	-	-	-	11,280
Prepaid expenses and other current assets	1,763	2,955	171	304	185	295	15,028	-	-	20,701
Total current assets	419,439	(66,248)	41,298	(19,654)	(74,406)	(16,715)	243,488	9,835	(388)	536,649
Property and Equipment, Net	369,521	404,903	18,044	7,014	2,363	281	63,837	27	-	865,990
Finance Lease Right-of-Use Assets	10,984	4,358	1,717	2,104	29	-	1,194	-	-	20,386
Operating Lease Right-of-Use Assets	11,636	20,497	6,131	6,848	6,022	-	60	-	-	51,194
Assets Whose Use is Limited										
Under trust indentures, held by trustees and banks	25,422	21,692	500	-	-	-	4,646	-	-	52,260
Professional liability fund	-	-	-	-	-	-	18,372	-	-	18,372
Deferred compensation fund	-	-	-	-	-	-	2,422	-	-	2,422
Cash and Cash Equivalents Restricted for Capital Acquisitions										
	-	-	-	-	-	-	-	6	-	6
Investments and Investments in Unconsolidated Subsidiaries										
	3,648	13,268	-	-	-	-	28,736	977	-	46,629
Land Held for Healthcare Development										
	-	-	-	-	-	-	7,963	-	-	7,963
Intangible Assets, Net										
	380	-	588	6,536	-	-	-	-	-	7,504
Deposits and Other Noncurrent Assets										
	40	34	70	72	18	-	8,325	1,781	-	10,340
Assets Held for Sale										
	-	-	-	-	-	14,987	-	-	-	14,987
Total assets	<u>\$ 841,070</u>	<u>\$ 398,504</u>	<u>\$ 68,348</u>	<u>\$ 2,920</u>	<u>\$ (65,974)</u>	<u>\$ (1,447)</u>	<u>\$ 379,043</u>	<u>\$ 12,626</u>	<u>\$ (388)</u>	<u>\$ 1,634,702</u>

Adventist HealthCare, Inc. and Controlled En

Consolidating Schedule, Balance Sheet

December 31, 2025

(In Thousands)

	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Other Leasehold Services	Adventist HealthCare Physician Alliance	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Assets							
Current Assets							
Cash and cash equivalents	\$ (10,555)	\$ (704)	\$ 13,740	\$ (13,109)	\$ (2,557)	\$ -	\$ 17,285
Short-term investments	-	-	-	-	-	-	297,276
Assets whose use is limited	-	-	-	-	-	-	26,643
Patient accounts receivable	12,809	162	2,954	-	-	-	148,709
Other receivables	1,775	1,981	13	4	-	-	21,268
Inventories	647	-	-	-	-	-	11,927
Prepaid expenses and other current assets	231	1	60	48	-	-	21,041
Total current assets	4,907	1,440	16,767	(13,057)	(2,557)	-	544,149
Property and Equipment, Net	29,681	444	412	1,263	-	-	897,790
Finance Lease Right-of-Use Assets	631	-	13	-	-	-	21,030
Operating Lease Right-of-Use Assets	21,735	1,589	2,301	3,757	-	-	80,576
Assets Whose Use is Limited							
Under trust indentures, held by trustees and banks	-	-	-	-	-	-	52,260
Professional liability fund	-	-	-	-	-	-	18,372
Deferred compensation fund	-	-	-	-	-	-	2,422
Cash and Cash Equivalents Restricted for Capital Acquisitions	-	222	-	-	-	-	228
Investments and Investments in Unconsolidated Subsidiaries	-	-	-	-	-	(16,844)	29,785
Land Held for Healthcare Development	-	-	-	-	-	-	7,963
Intangible Assets, Net	-	-	76	-	-	-	7,580
Deposits and Other Noncurrent Assets	37	-	27	63	-	-	10,467
Assets Held for Sale	-	-	-	-	-	-	14,987
Total assets	<u>\$ 56,991</u>	<u>\$ 3,695</u>	<u>\$ 19,596</u>	<u>\$ (7,974)</u>	<u>\$ (2,557)</u>	<u>\$ (16,844)</u>	<u>\$ 1,687,609</u>

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet

December 31, 2025

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Outpatient Services	Adventist HealthCare Physician Enterprise	Other Health Services	Support Center	Philanthropy	Eliminating Entries	Total Combined Obligated Group
Liabilities and Net Assets (Deficit)										
Current Liabilities										
Accounts payable and accrued expenses	\$ 49,783	\$ 23,356	\$ 2,859	\$ 3,063	\$ 1,189	\$ 79	\$ 27,828	\$ 25	\$ -	\$ 108,182
Accrued compensation and related items	18,109	12,426	4,320	2,670	2,597	145	16,055	82	(388)	56,016
Interest payable	-	-	-	-	-	-	9,416	-	-	9,416
Deferred revenues	5,580	104	12	-	95	100	360	-	-	6,251
Due to third-party payors	13,602	9,606	(489)	-	43	-	(112)	-	-	22,650
Estimated self-insured professional liability	-	-	-	-	-	-	3,510	-	-	3,510
Current maturities of:										
Long-term obligations	3,437	6,962	527	-	-	-	5,123	-	-	16,049
Finance lease obligations	3,022	993	389	792	15	-	462	-	-	5,673
Operating lease obligations	4,507	2,364	752	1,363	969	-	29	-	-	9,984
Total current liabilities	98,040	55,811	8,370	7,888	4,908	324	62,671	107	(388)	237,731
Construction Payable	9,318	4	16	-	-	2,701	92	-	-	12,131
Long-Term Obligations, Net										
Bonds payable	257,346	329,301	2,591	-	-	-	58,084	-	-	647,322
Notes payable	-	-	-	-	-	-	(1,294)	-	-	(1,294)
Finance Lease Obligations	8,295	3,446	1,358	1,454	17	-	803	-	-	15,373
Operating Lease Obligations	7,790	19,191	5,738	6,036	5,406	-	31	-	-	44,192
Other Liabilities	944	29	3	-	211	-	14,077	30	-	15,294
Estimated Self-Insured Professional Liability	-	-	-	-	-	-	24,077	-	-	24,077
Total liabilities	381,733	407,782	18,076	15,378	10,542	3,025	158,541	137	(388)	994,826
Net Assets (Deficit)										
Net assets (deficit) without donor restrictions	458,333	(9,278)	49,829	(12,458)	(76,516)	(4,472)	220,902	4,405	-	630,745
Net assets with donor restrictions	1,004	-	443	-	-	-	(400)	8,084	-	9,131
Total net assets (deficit)	459,337	(9,278)	50,272	(12,458)	(76,516)	(4,472)	220,502	12,489	-	639,876
Total liabilities and net assets (deficit)	\$ 841,070	\$ 398,504	\$ 68,348	\$ 2,920	\$ (65,974)	\$ (1,447)	\$ 379,043	\$ 12,626	\$ (388)	\$ 1,634,702

Adventist HealthCare, Inc. and Controlled En

Consolidating Schedule, Balance Sheet

December 31, 2025

(In Thousands)

	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Other Leasehold Services	Adventist HealthCare Physician Alliance	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Liabilities and Net Assets (Deficit)							
Current Liabilities							
Accounts payable and accrued expenses	\$ 19,405	\$ 372	\$ 222	\$ 42	\$ 1,076	\$ -	\$ 129,299
Accrued compensation and related items	2,259	753	1,429	-	133	-	60,590
Interest payable	-	-	-	-	-	-	9,416
Deferred revenues	-	1,185	23	-	908	-	8,367
Due to third-party payors	472	-	-	-	-	-	23,122
Estimated self-insured professional liability	-	-	-	-	-	-	3,510
Current maturities of:							
Long-term obligations	544	52	-	-	-	-	16,645
Finance lease obligations	103	-	5	-	-	-	5,781
Operating lease obligations	1,643	606	294	734	-	-	13,261
Total current liabilities	24,426	2,968	1,973	776	2,117	-	269,991
Construction Payable	4	-	-	-	-	-	12,135
Long-Term Obligations, Net							
Bonds payable	-	-	-	-	-	-	647,322
Notes payable	1,294	-	-	-	-	-	-
Finance Lease Obligations	534	-	8	-	-	-	15,915
Operating Lease Obligations	22,660	1,032	2,259	3,303	-	-	73,446
Other Liabilities	536	-	-	-	-	-	15,830
Estimated Self-Insured Professional Liability	-	-	-	-	-	-	24,077
Total liabilities	49,454	4,000	4,240	4,079	2,117	-	1,058,716
Net Assets (Deficit)							
Net assets (deficit) without donor restrictions	7,191	(443)	15,356	(12,053)	(4,674)	(16,737)	619,385
Net assets with donor restrictions	346	138	-	-	-	(107)	9,508
Total net assets (deficit)	7,537	(305)	15,356	(12,053)	(4,674)	(16,844)	628,893
Total liabilities and net assets (deficit)	\$ 56,991	\$ 3,695	\$ 19,596	\$ (7,974)	\$ (2,557)	\$ (16,844)	\$ 1,687,609

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Statement of Operations

Year Ended December 31, 2025

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Outpatient Services	Adventist HealthCare Physician Enterprise	Other Health Services	Support Center	Philanthropy	Eliminating Entries	Total Combined Obligated Group
Revenues										
Net patient service revenue	\$ 508,316	\$ 384,015	\$ 80,877	\$ 40,454	\$ 29,236	\$ -	\$ -	\$ -	\$ -	\$ 1,042,898
Other revenues	12,257	9,023	421	9,230	1,472	2,327	3,729	4,654	(15,331)	27,782
Total revenues	<u>520,573</u>	<u>393,038</u>	<u>81,298</u>	<u>49,684</u>	<u>30,708</u>	<u>2,327</u>	<u>3,729</u>	<u>4,654</u>	<u>(15,331)</u>	<u>1,070,680</u>
Expenses										
Salaries and wages	202,480	136,008	46,140	27,620	24,785	1,245	63,758	1,735	(108)	503,663
Employee benefits	39,074	24,277	8,904	3,763	3,685	226	11,056	365	(24)	91,326
Contract labor	25,272	27,928	1,255	(2,640)	(1,230)	61	1,224	-	(1,130)	50,740
Medical supplies	63,425	57,023	2,390	5,264	1,305	123	(3)	-	(5)	129,522
General and administrative	38,661	35,020	4,714	5,498	4,792	434	48,258	3,874	(11,235)	130,016
Building and maintenance	23,809	15,933	4,979	5,840	2,700	116	4,242	1	(2,829)	54,791
Insurance	12,485	7,850	1,114	1,115	1,152	1	(273)	-	-	23,444
Interest	4,379	15,297	111	82	1	1,119	2,238	-	-	23,227
Depreciation and amortization	16,395	19,951	2,013	1,970	421	18	9,076	1	-	49,845
IT depreciation	5,770	2,715	422	103	-	-	(9,193)	-	-	(183)
IT services	21,994	11,944	2,160	1,341	123	-	(38,729)	-	-	(1,167)
Shared services	25,079	15,075	2,076	703	949	13	(48,326)	(11)	-	(4,442)
Management fees	10,189	5,859	1,453	616	505	40	(20,479)	-	-	(1,817)
Total expenses	<u>489,012</u>	<u>374,880</u>	<u>77,731</u>	<u>51,275</u>	<u>39,188</u>	<u>3,396</u>	<u>22,849</u>	<u>5,965</u>	<u>(15,331)</u>	<u>1,048,965</u>
Income (loss) from operations	<u>31,561</u>	<u>18,158</u>	<u>3,567</u>	<u>(1,591)</u>	<u>(8,480)</u>	<u>(1,069)</u>	<u>(19,120)</u>	<u>(1,311)</u>	<u>-</u>	<u>21,715</u>
Other Income (Expense)										
Investment income	10,763	989	974	66	-	-	8,851	194	-	21,837
Other loss	-	-	-	-	-	-	(2,399)	-	-	(2,399)
Total other income (expense)	<u>10,763</u>	<u>989</u>	<u>974</u>	<u>66</u>	<u>-</u>	<u>-</u>	<u>6,452</u>	<u>194</u>	<u>-</u>	<u>19,438</u>
Revenues in excess of (less than) expenses from continuing operations	<u>42,324</u>	<u>19,147</u>	<u>4,541</u>	<u>(1,525)</u>	<u>(8,480)</u>	<u>(1,069)</u>	<u>(12,668)</u>	<u>(1,117)</u>	<u>-</u>	<u>41,153</u>
Change in Net Unrealized Gains on Investments in Debt Securities	<u>2,215</u>	<u>28</u>	<u>201</u>	<u>15</u>	<u>-</u>	<u>-</u>	<u>1,385</u>	<u>(4)</u>	<u>-</u>	<u>3,840</u>
Transfer of Net Assets	<u>-</u>	<u>-</u>	<u>(470)</u>	<u>-</u>	<u>-</u>	<u>(40,393)</u>	<u>37,899</u>	<u>3,203</u>	<u>-</u>	<u>239</u>
Net Assets Released From Restrictions for Purchases of Property and Equipment	<u>8,358</u>	<u>286</u>	<u>114</u>	<u>-</u>	<u>70</u>	<u>-</u>	<u>-</u>	<u>1,014</u>	<u>-</u>	<u>9,842</u>
Deferred Compensation Plan Liability Adjustment	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(18)</u>	<u>-</u>	<u>-</u>	<u>(18)</u>
Other Net Asset Activity	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>6,980</u>	<u>(6,269)</u>	<u>(2,528)</u>	<u>-</u>	<u>(1,817)</u>
Increase (decrease) in net assets (deficit) without donor restrictions from continuing operations	<u>52,897</u>	<u>19,461</u>	<u>4,386</u>	<u>(1,510)</u>	<u>(8,410)</u>	<u>(34,482)</u>	<u>20,329</u>	<u>568</u>	<u>-</u>	<u>53,239</u>
Loss From Discontinued Operations	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(956)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(956)</u>
Increase (decrease) in net assets (deficit) without donor restrictions	<u>\$ 52,897</u>	<u>\$ 19,461</u>	<u>\$ 4,386</u>	<u>\$ (1,510)</u>	<u>\$ (8,410)</u>	<u>\$ (35,438)</u>	<u>\$ 20,329</u>	<u>\$ 568</u>	<u>\$ -</u>	<u>\$ 52,283</u>

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Statement of Operations

Year Ended December 31, 2025

(In Thousands)

	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Other Leasehold Services	Adventist HealthCare Physician Alliance	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Revenues							
Net patient service revenue	\$ 59,045	\$ 1,161	\$ 25,038	\$ -	\$ 66	\$ -	\$ 1,128,208
Other revenues	997	17,353	23	454	4,860	95	51,564
Total revenues	60,042	18,514	25,061	454	4,926	95	1,179,772
Expenses							
Salaries and wages	26,435	9,714	17,572	-	1,818	(53)	559,149
Employee benefits	4,445	1,967	3,231	-	348	-	101,317
Contract labor	6,986	204	632	-	1,916	(380)	60,098
Medical supplies	4,991	329	286	-	22	-	135,150
General and administrative	6,110	5,038	1,079	(41)	906	(597)	142,511
Building and maintenance	4,999	694	641	1,057	-	(69)	62,113
Insurance	1,437	38	516	2	-	-	25,437
Interest	110	-	-	-	-	(85)	23,252
Depreciation and amortization	2,490	137	92	157	-	-	52,721
IT depreciation	114	-	69	-	-	-	-
IT services	456	-	711	-	-	-	-
Shared services	3,499	398	545	-	-	-	-
Management fees	566	354	897	-	-	-	-
Total expenses	62,638	18,873	26,271	1,175	5,010	(1,184)	1,161,748
Income (loss) from operations	(2,596)	(359)	(1,210)	(721)	(84)	1,279	18,024
Other Income (Expense)							
Investment income	-	9	446	-	-	-	22,292
Other loss	-	-	-	-	-	-	(2,399)
Total other income (expense)	-	9	446	-	-	-	19,893
Revenues in excess of (less than) expenses from continuing operations	(2,596)	(350)	(764)	(721)	(84)	1,279	37,917
Change in Net Unrealized Gains on Investments in Debt Securities							
	-	-	91	-	-	-	3,931
Transfer of Net Assets							
	(183)	(56)	-	-	-	-	-
Net Assets Released From Restrictions for Purchases of Property and Equipment							
	-	-	-	-	-	-	9,842
Deferred Compensation Plan Liability Adjustment							
	-	-	-	-	-	-	(18)
Other Net Asset Activity							
	-	-	-	-	-	-	(1,817)
Increase (decrease) in net assets (deficit) without donor restrictions from continuing operations	(2,779)	(406)	(673)	(721)	(84)	1,279	49,855
Loss From Discontinued Operations							
	-	-	-	-	-	-	(956)
Increase (decrease) in net assets (deficit) without donor restrictions	\$ (2,779)	\$ (406)	\$ (673)	\$ (721)	\$ (84)	\$ 1,279	\$ 48,899