

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer ATLANTIC GENERAL HOSPITAL EIN or SSN 52-1656507

Name and title of officer or person subject to tax JAMES KANUCH VP FINANCE

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 3 columns: Form type, checkbox, and amount. Row 1a: Form 990, checked, 163,820,617.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) FORVIS, LLP, (EIN) 22102 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize FORVIS, LLP to enter my PIN 22102. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54274552977

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature AMY BIBBY Date 05/23/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

ATLANTIC GENERAL HOSPITAL  
9733 HEALTHWAY DRIVE  
BERLIN, MD 21811

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027



ATLANTIC GENERAL HOSPITAL  
9733 HEALTHWAY DRIVE  
BERLIN, MD 21811

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027



FORM 990-T

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ATLANTIC GENERAL HOSPITAL</b>	Taxpayer identification number (TIN) <b>52-1656507</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>9733 HEALTHWAY DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BERLIN, MD 21811</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**JAMES KANUCH**

- The books are in the care of ▶ **9733 HEALTHWAY DRIVE - BERLIN, MD 21811**

Telephone No. ▶ **410-641-1100** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization ATLANTIC GENERAL HOSPITAL D Employer identification number 52-1656507
E Telephone number 410-641-1100
G Gross receipts \$ 164,885,745.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527
J Website: WWW.ATLANTICGENERAL.ORG
K Form of organization: Corporation Trust Association Other
L Year of formation: 1989 M State of legal domicile: MD

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... TO CREATE A COORDINATED CARE DELIVERY SYSTEM...; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: JAMES KANUCH, VP FINANCE
Date:
Print/Type preparer's name: AMY BIBBY
Preparer's signature: AMY BIBBY
Date: 05/23/24
Check if self-employed:
PTIN: P00445891
Firm's name: FORVIS, LLP
Firm's EIN: 44-0160260
Firm's address: 1410 SPRING HILL ROAD, SUITE 500 TYSONS, VA 22102-3056
Phone no.: (703) 970-0400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO CREATE A COORDINATED CARE DELIVERY SYSTEM THAT WILL PROVIDE ACCESS TO QUALITY CARE, PERSONALIZED SERVICE, AND EDUCATION TO IMPROVE INDIVIDUAL AND COMMUNITY HEALTH. WE ACCOMPLISH OUR MISSION THROUGH OUR SET OF VALUES, WHICH ARE HONORED IN ALL OUR INTERACTIONS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 138,476,373. including grants of \$ ) (Revenue \$ 160,624,360. ) ATLANTIC GENERAL HOSPITAL IS A NON PROFIT HEALTHCARE PROVIDER FOCUSING ON INPATIENT AND OUTPATIENT SERVICES FOR OUR LOCAL COMMUNITY. WE ALSO OPERATE MULTIPLE PHYSICIAN OFFICES THROUGHOUT THE REGION THAT PROVIDES FAMILY, INTERNAL AND SPECIALTY MEDICINE TO OUR LOCAL RESIDENTS. WE HAD THE FOLLOWING KEY STATISTICS DURING THE 2021 TAX YEAR: ADMISSIONS: 2,745, PATIENT DAYS: 11,651, ED VISITS: 33,070, SURGERIES: 6,581, OTHER OUTPATIENT VISITS: 53,642, TOTAL VISITS TO OUR PHYSICIAN PRACTICES WERE 123,987.

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

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

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

4e Total program service expenses 138,476,373.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	



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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 20		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**JAMES KANUCH - 410-641-1100**  
**9733 HEALTHWAY DRIVE, BERLIN, MD 21811**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RABINDRA N. PAUL PHYSICIAN	40.00				X		1,389,622.	0.	28,073.	
(2) ALAE ZARIF PHYSICIAN	40.00				X		1,078,600.	0.	28,073.	
(3) MICHAEL S.HOOKER PHYSICIAN	40.00				X		1,015,311.	0.	28,092.	
(4) MARK STRONG PHYSICIAN	40.00				X		570,264.	0.	27,844.	
(5) DANIELLE ORR PHYSICIAN	40.00				X		554,252.	0.	7,625.	
(6) DONALD OWREY PRESIDENT & CEO	40.00	X		X			348,411.	0.	9,901.	
(7) KIM JUSTICE VICE PRESIDENT PLANNING AND OPERATIO	40.00				X		297,193.	0.	22,427.	
(8) CHERYL NOTTINGHAM VICE PRESIDENT OF FINANCE	40.00				X		267,933.	0.	19,118.	
(9) JONATHAN BAUER VICE PRESIDENT OF INFORMATION SERVIC	40.00				X		231,578.	0.	25,927.	
(10) CHARLOTTE CATHELL BOARD CHAIR	2.00	X		X			0.	0.	0.	
(11) DOUG COOK VICE CHAIR	2.00	X		X			0.	0.	0.	
(12) CHRIS WOODLEY SECRETARY	2.00	X		X			0.	0.	0.	
(13) AARON FINNEY TREASURER	2.00	X		X			0.	0.	0.	
(14) JON ANDES BOARD MEMBER	2.00	X					0.	0.	0.	
(15) CORY CARPENTER CHIEF OF STAFF EX-OFFICIO VOTING MEM	2.00	X					0.	0.	0.	
(16) VONNIE BROWN BOARD MEMBER	2.00	X					0.	0.	0.	
(17) WILLIAM ESHAM BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TODD FERRANTE BOARD MEMBER	2.00	X						0.	0.	0.
(19) J. STEVEN GREEN FOUNDATION BOARD CHAIR	2.00	X						0.	0.	0.
(20) REBECCA JONES BOARD MEMBER	2.00	X						0.	0.	0.
(21) JAY KNERR BOARD MEMBER	2.00	X						0.	0.	0.
(22) TOM MEARS BOARD MEMBER	2.00	X						0.	0.	0.
(23) LEVOMG <YERS BOARD MEMBER	2.00	X						0.	0.	0.
(24) GREG SHOCKLEY BOARD MEMBER	2.00	X						0.	0.	0.
(25) J. DALE SMACK BOARD MEMBER	2.00	X						0.	0.	0.
(26) PHILLIP SPINUZZA DO VICE CHIEF OF STAFF EX-OFFICIO VOTIN	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								5,753,164.	0.	197,080.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								5,753,164.	0.	197,080.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 117

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLSCRIPTS 24630 NETWORK PLACE, CHICAGO, IL 60673	IT SERVICES	2,802,397.
QUALIVIS INC PO BOX 123847, DALLAS, TX 75312	MEDICAL SERVICE	1,827,543.
INTERMED GROUP, INC. 13301 US HIGHWAY 441, ALACHUA, FL 32615	MEDICAL SERVICE	995,801.
TIDAL HEALTH PO BOX 826880, PHILADELPHIA, PA 13182	MEDICAL SERVICE	975,517.
PHARMACY HEALTHCARE 24042 NETWORK PL, CHICAGO, IL 60673	MEDICAL SERVICE	911,489.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 33

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	243,857.				
	<b>d</b> Related organizations .....	<b>1d</b>	77,000.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,501,261.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,500.				
	<b>h Total.</b> Add lines 1a-1f .....		1,822,118.				
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT REVENUE	Business Code					
		621110	151852688.	151852688.			
	<b>b</b> PHARMACY	621110	6,457,742.	5,796,376.	661,366.		
	<b>c</b> OTHER OPERATING	621110	2,492,927.	2,484,551.	8,376.		
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		160803357.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		616,847.			616,847.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	419,266.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	29,042.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	390,224.				
	<b>d</b> Net rental income or (loss) .....		390,224.			390,224.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	650,132.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-650,132.				
	<b>d</b> Net gain or (loss) .....		-650,132.			-650,132.	
<b>8 a</b> Gross income from fundraising events (not including \$ 243,857. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		306,751.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	128,445.					
<b>c</b> Net income or (loss) from fundraising events .....		178,306.			178,306.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		426,661.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	257,509.					
<b>c</b> Net income or (loss) from sales of inventory .....		169,152.			169,152.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	Business Code					
		621110	291,248.	291,248.			
	<b>b</b> CAFETERIA	621110	199,497.	199,497.			
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		490,745.					
<b>12 Total revenue.</b> See instructions .....		163820617.	160624360.	669,742.	704,397.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,271,409.		1,271,409.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	72,991,324.	66,881,233.	6,110,091.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	958,454.		958,454.	
9 Other employee benefits .....	7,911,454.	3,555,500.	4,315,699.	40,255.
10 Payroll taxes .....	4,706,351.	4,201,745.	504,606.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	186,539.	65,962.	120,577.	
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,801,163.	10,739,709.	2,059,064.	2,390.
12 Advertising and promotion .....	833,618.	824,873.	1,129.	7,616.
13 Office expenses .....	5,132,721.	3,884,721.	1,218,417.	29,583.
14 Information technology .....	5,889,125.	6,046.	5,883,079.	
15 Royalties .....				
16 Occupancy .....	1,050,429.	1,012,710.	37,290.	429.
17 Travel .....	108,509.	80,261.	27,934.	314.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	37,638.	20,320.	17,318.	
20 Interest .....	1,561,724.	422,895.	1,138,829.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	7,998,458.	1,028,272.	6,970,186.	
23 Insurance .....	2,015,118.	413,738.	1,601,380.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL SUPPLIES</b>	35,470,648.	35,470,648.		
b <b>BAD DEBT EXPENSE</b>	5,605,301.	5,605,301.		
c <b>REPAIRS &amp; MAINTENANCE</b>	3,202,944.	3,049,684.	138,902.	14,358.
d <b>MISC</b>	520,084.	190,694.	325,930.	3,460.
e All other expenses	1,746,085.	1,022,061.	723,857.	167.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	171,999,096.	138,476,373.	33,424,151.	98,572.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	27,708,805.	<b>2</b>	16,799,216.
	<b>3</b> Pledges and grants receivable, net .....	2,756,071.	<b>3</b>	852,724.
	<b>4</b> Accounts receivable, net .....	13,456,659.	<b>4</b>	12,715,215.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	3,174,764.	<b>8</b>	3,332,560.
	<b>9</b> Prepaid expenses and deferred charges .....	3,972,289.	<b>9</b>	3,961,212.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 160,949,691.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 106,628,220.	55,933,972.	<b>10c</b> 54,321,471.
	<b>11</b> Investments - publicly traded securities .....	14,746,985.	<b>11</b>	19,387,532.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	684,405.	<b>12</b>	2,306,036.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	1,559,511.	<b>14</b>	1,332,675.
	<b>15</b> Other assets. See Part IV, line 11 .....	6,685,646.	<b>15</b>	9,793,855.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	130,679,107.	<b>16</b>	124,802,496.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,368,003.	<b>17</b>	17,272,151.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	35,020,000.	<b>20</b>	34,092,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,093,474.	<b>23</b>	896,033.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	16,422,421.	<b>25</b>	14,773,450.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	68,903,898.	<b>26</b>	67,033,634.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	58,675,028.	<b>27</b>	56,572,028.
	<b>28</b> Net assets with donor restrictions .....	3,100,181.	<b>28</b>	1,196,834.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	61,775,209.	<b>32</b>	57,768,862.
	<b>33</b> Total liabilities and net assets/fund balances .....	130,679,107.	<b>33</b>	124,802,496.



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	163,820,617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	171,999,096.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,178,479.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,775,209.
5	Net unrealized gains (losses) on investments	5	2,550,501.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,621,631.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	57,768,862.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> ATLANTIC GENERAL HOSPITAL	<b>Employer identification number</b> 52-1656507
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022



**Part VI**

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

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**ATLANTIC GENERAL HOSPITAL**

Employer identification number

**52-1656507**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>113,494.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>109,145.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>71,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>21,388.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 8,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ <u>7,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>5,246.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	SIGNAGE FOR EVENT _____ _____ _____	\$ 2,500.	04/05/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number  <b>52-1656507</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ATLANTIC GENERAL HOSPITAL Employer identification number 52-1656507

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,167,783.	7,502,260.	5,560,962.	5,813,047.	5,638,785.
b Contributions					
c Net investment earnings, gains, and losses	765,448.	-1,169,741.	2,166,682.	-10,220.	372,458.
d Grants or scholarships					
e Other expenditures for facilities and programs	195,069.	123,888.	187,533.	209,845.	164,495.
f Administrative expenses	35,055.	40,848.	37,851.	32,020.	33,701.
g End of year balance	6,703,107.	6,167,783.	7,502,260.	5,560,962.	5,813,047.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 67.0000 %
  - b Permanent endowment 33.0000 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,841,074.		5,841,074.
b Buildings		54,348,787.	37,361,654.	16,987,133.
c Leasehold improvements		2,250,366.	1,546,997.	703,369.
d Equipment		93,530,641.	64,296,916.	29,233,725.
e Other		4,978,823.	3,422,653.	1,556,170.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,321,471.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DONOR RESTRICTED CASH	344,110.
(2) BOARD DESIGNATED RESTRICTED CASH	112,379.
(3) DEFERRED FINANCING COSTS	486,353.
(4) INSURANCE RECOVERABLE	5,771,988.
(5) ROU ASSET	3,079,025.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,793,855.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	2,623,732.
(3) CAPITAL LEASE	1,798,705.
(4) INSURANCE UNPAID LOSS	5,771,988.
(5) INSURANCE IBNR FOR CAPTIVE	1,500,000.
(6) LEASE LIABILITY	3,079,025.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,773,450.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	162,416,490.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	2,550,501.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,650,673.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,201,174.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	158,215,316.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	5,605,301.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	5,605,301.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	163,820,617.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	166,422,837.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	29,042.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	29,042.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	166,393,795.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	5,605,301.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	5,605,301.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	171,999,096.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE COMMUNITY FOUNDATION OF THE EASTERN SHORE HOLDS, AND ACCOUNTS FOR IN ITS FINANCIAL STATEMENTS, A PERMANENT ENDOWMENT FUND (THE "FUND") ESTABLISHED IN THE HOSPITAL'S NAME. THE HOSPITAL IS THE SOLE BENEFICIARY OF THE FUND AND IS ENTITLED TO INVESTMENT INCOME EARNED BY THE FUND. THE 2022 TAX YEAR ENDING BALANCE FOR THE FUND WAS \$2,178,628.

**PART X, LINE 2:**

THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY. FEDERAL TAX LAW REQUIRES THAT THE CORPORATION BE OPERATED IN A MANNER CONSISTENT WITH ITS INITIAL EXEMPTION APPLICATION IN ORDER TO MAINTAIN ITS EXEMPT STATUS. MANAGEMENT

**Part XIII** Supplemental Information (continued)

HAS ANALYZED THE OPERATIONS OF THE CORPORATION AND CONCLUDED THAT IT REMAINS IN COMPLIANCE WITH THE REQUIREMENTS FOR EXEMPTION.

THE STATE IN WHICH THE CORPORATION OPERATES ALSO PROVIDES GENERAL EXEMPTION FROM STATE INCOME TAXATION FOR ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAXATION. HOWEVER, THE CORPORATION IS SUBJECT TO BOTH FEDERAL AND STATE INCOME TAXATION AT CORPORATE TAX RATES ON ITS UNRELATED BUSINESS INCOME. EXEMPTION FROM OTHER STATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY TAXES, IS SEPARATELY DETERMINED.

CURRENT ACCOUNTING STANDARDS DEFINE THE THRESHOLD FOR RECOGNIZING UNCERTAIN INCOME TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON TECHNICAL MERITS, AND ALSO PROVIDE GUIDANCE ON THE MEASUREMENT, CLASSIFICATION, AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THERE IS NO IMPACT ON THE CORPORATION'S ACCOMPANYING FINANCIAL STATEMENTS RELATED TO UNCERTAIN INCOME TAX PROVISIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN INTEREST RATE SWAP	1,621,631.
RENTAL EXPENSE	29,042.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,650,673.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE	5,605,301.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE	29,042.
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**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 5,605,301.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number <b>52-1656507</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS	PREMIUMS FOR GENERAL LIABILITY INSURANCE	1,764,000.
<b>3 a</b> Subtotal .....	0	0			1,764,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,764,000.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► \_\_\_\_\_

**3** Enter total number of other organizations or entities ..... ► \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2022

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.



SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		30TH ANNIVERSARY (event type)	29TH ANNUAL FALL GOLF CL (event type)	1 (total number)		
Revenue	1	Gross receipts	282,430.	151,600.	116,578.	550,608.
	2	Less: Contributions		127,279.	116,578.	243,857.
	3	Gross income (line 1 minus line 2)	282,430.	24,321.		306,751.
Direct Expenses	4	Cash prizes		2,500.		2,500.
	5	Noncash prizes		13,145.	10,306.	23,451.
	6	Rent/facility costs	23,256.	9,033.		32,289.
	7	Food and beverages	47,870.	1,369.		49,239.
	8	Entertainment	7,200.			7,200.
	9	Other direct expenses	8,049.	1,460.	4,257.	13,766.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				128,445.
11	Net income summary. Subtract line 10 from line 3, column (d)				178,306.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a	The organization's facility	.....	13a	%
b	An outside facility	.....	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**16 Gaming manager information:**

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17 Mandatory distributions:**

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number <b>52-1656507</b>
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1009984.	1498182.	0.	.00%
<b>b</b> Medicaid (from Worksheet 3, column a)			10887034.	16667168.	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			11897018.	18165350.	0.	.00%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			437,504.		437,504.	.26%
<b>f</b> Health professions education (from Worksheet 5)			501,655.		501,655.	.30%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits			939,159.		939,159.	.56%
<b>k Total.</b> Add lines 7d and 7j			12836177.	18165350.	939,159.	.56%

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A. Bad Debt Expense with columns Yes and No. Row 1: Did the organization report bad debt expense... Row 2: Enter the amount of the organization's bad debt expense... Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy... Row 4: Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

Table for Section B. Medicare with columns Yes and No. Row 5: Enter total revenue received from Medicare (including DSH and IME) Row 6: Enter Medicare allowable costs of care relating to payments on line 5 Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) Row 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [ ] Cost accounting system [X] Cost to charge ratio [ ] Other

Section C. Collection Practices

Table for Section C. Collection Practices with columns Yes and No. Row 9a: Did the organization have a written debt collection policy during the tax year? Row 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

**1 ATLANTIC GENERAL HOSPITAL**  
**9733 HEALTHWAY DRIVE**  
**BERLIN, MD 21811**

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	X	X					X			

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: ATLANTIC GENERAL HOSPITAL

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.ATLANTICGENERAL.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>WWW.ATLANTICGENERAL.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: ATLANTIC GENERAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.ATLANTICGENERAL.ORG</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.ATLANTICGENERAL.ORG</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.ATLANTICGENERAL.ORG</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: ATLANTIC GENERAL HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group: ATLANTIC GENERAL HOSPITAL

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

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)

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

ATLANTIC GENERAL HOSPITAL:

PART V, SECTION B, LINE 3J: THIS 2022-2024 CHNA COMBINES POPULATION HEALTH STATISTICS, IN ADDITION TO FEEDBACK GATHERED FROM THE COMMUNITY IN THE FORM OF SURVEYS AND FOCUS GROUPS. AGH USES HEALTHY COMMUNITIES INSTITUTE TO PROVIDE HEALTH INDICATOR AND RANKING DATA TO SUPPLEMENT COMMUNITY DATA PROVIDED BY PARTNERS OF THE COLLABORATION. WHEN COMBINED, FINDINGS FROM THE DATA AND COMMUNITY FEEDBACK ARE PARTICULARLY USEFUL IN IDENTIFYING PRIORITY HEALTH NEEDS AND DEVELOPING ACTION PLANS TO MEET THOSE NEEDS.

THIS ASSESSMENT INCORPORATES DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH (SURVEYS) AND SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA); THESE QUANTITATIVE COMPONENTS ALLOW FOR COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS. QUALITATIVE DATA INPUT INCLUDES INFORMATION GATHERED THROUGH ONGOING KEY COMMUNITY GROUPS.

SECONDARY DATA COLLECTION AGH PARTNERS WITH SURROUNDING HOSPITALS, HEALTH DEPARTMENTS AND STATE AGENCIES TO BRING TO TOGETHER A MULTITUDE OF INFORMATION. THIS COMMUNITY HEALTH NEEDS ASSESSMENT, A FOLLOW-UP TO A SIMILAR STUDY CONDUCTED IN 2012, 2015, AND 2018, IS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS AND NEEDS OF RESIDENTS IN THE PRIMARY SERVICE AREA OF ATLANTIC GENERAL HOSPITAL. SUBSEQUENTLY, THIS INFORMATION MAY BE USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS. THE INFORMATION AS WELL AS OTHER SURVEYS, RESEARCH AND COMMUNITY DATA ARE USED TO IDENTIFY ISSUES OF GREATEST CONCERN AND GUIDE RESOURCE ALLOCATION TO THOSE AREAS, THEREBY

**Part V Facility Information** (continued)

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

MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THE NEEDS ASSESSMENT IS A PRIMARY TOOL USED BY THE HOSPITAL TO DETERMINE ITS COMMUNITY BENEFIT PRIORITIES, WHICH OUTLINES HOW THE HOSPITAL WILL GIVE BACK TO THE COMMUNITY IN THE FORM OF HEALTH CARE AND OTHER COMMUNITY SERVICES TO ADDRESS UNMET COMMUNITY HEALTH NEEDS. THIS ASSESSMENT INCORPORATES COMPONENTS OF PRIMARY DATA COLLECTION AND SECONDARY DATA ANALYSIS THAT FOCUSES ON THE HEALTH AND SOCIAL NEEDS OF OUR SERVICE AREA. A SAMPLING OF RESOURCES UTILIZED TO COMPLETE THE ASSESSMENT IS LISTED BELOW. A COMPREHENSIVE LIST IS FOUND UNDER CHNA FY22-24 REFERENCES.

-COMMUNITY MEETINGS WITH PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY

-AGH COMMUNITY NEEDS SURVEY

-MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)

WWW.DHMH.MARYLAND.GOV/SHIP

-TRI-COUNTY HEALTH IMPROVEMENT PLAN (T-CHIP)

-HEALTHY PEOPLE 2020 - 2030

-WORCESTER COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) LHIC LOCAL HEALTH IMPROVEMENT COALITION

HEALTH IMPROVEMENT COALITION

-MEDICAL STAFF DEVELOPMENT PLAN

-HEALTH FAIRS

-COMMUNITY EDUCATION EVENTS

-2020/2021 COUNTY HEALTH OUTCOMES & ROADMAPS

-WWW.DHSS.DELAWARE.GOV/DHSS/DPH/FLES/SHASHIP.PDF

-DELAWARE HEALTH AND SOCIAL SERVICES THROUGH THE DELAWARE HEALTH TRACKER

WWW.DELAWAREHEALTHTRACKER.COM

-BEEBE MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT

**Part V Facility Information** (continued)

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

-US CENSUS BUREAU

THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY WAS DISTRIBUTED BY COMMUNITY OUTREACH PERSONNEL AND THE ATLANTIC GENERAL HOSPITAL WEBSITE. STAKEHOLDER INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED BY COMMUNITY OUTREACH PERSONNEL. COMMUNITY SURVEYS REPRESENT INFORMATION THAT IS SELF-REPORTED. RESULTS FROM THE PAPER SURVEYS AND ELECTRONIC VERSIONS ARE FOUND IN CHNA FY22-24.

ATLANTIC GENERAL HOSPITAL:

PART V, SECTION B, LINE 5: THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL EXPERTISE IN PUBLIC HEALTH AND REPRESENTATIVES FROM UNDERSERVED, UNINSURED OR MINORITY GROUPS. IN PARTICULAR, INFORMATION WAS GATHERED FROM PARTICIPANTS IN OUR FREE CLINICS AND SCREENINGS, CHURCH GROUPS (VARIOUS CONGREGATIONS TO WHOM WE PROVIDE SERVICES AND THROUGH THOSE REPRESENTED IN OUR FAITH BASED PARTNERSHIP), LOCAL BUSINESSES AND THROUGH OUR COMMUNITY HEALTH FAIRS. THIS PRIMARY DATA WAS COLLECTED THROUGH THE USE OF PAPER QUESTIONNAIRES PROVIDED DIRECTLY TO THE PARTICIPANTS, AS WELL AS QUESTIONNAIRES THAT COULD BE ACCESSED ON THE HOSPITAL FACILITY'S WEBSITE.

WE ALSO CONSULTED WITH NUMEROUS AGENCIES IN THE COMMUNITY WHO ARE KNOWLEDGEABLE ABOUT HEALTH NEEDS OF THE COMMUNITY, INCLUDING:

WORCESTER COUNTY HEALTH DEPARTMENT

**Part V Facility Information** (continued)

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

WORCESTER COUNTY PREVENTION OFFICE

WORCESTER COUNTY MENTAL/BEHAVIOR HEALTH SERVICES

MAC, INC. (MAINTAINING ACTIVE CITIZENS-YOUR AREA AGENCY OF AGING)

CAREGIVERS RESOURCE CENTER

LOCAL PARKS AND RECREATION DEPARTMENTS

TRI-COUNTY DIABETES ALLIANCE

TRI-COUNTY COMMUNITY HEALTH BOARD

COASTAL HOSPICE

WORCESTER COUNTY BOARD OF EDUCATION

WORCESTER YOUTH AND FAMILY SERVICES

ATLANTIC GENERAL HOSPITAL:

PART V, SECTION B, LINE 11: THE HOSPITAL IS ADDRESSING SIGNIFICANT NEEDS BASED ON THE SIZE AND SEVERITY OF THE PROBLEM DETERMINED BY WHAT PERCENTAGE OF THE POPULATION IS AFFECTED BY THE RISKS, THE HEALTH SYSTEM'S ABILITY TO IMPACT THE NEED AND THE AVAILABILITY OF RESOURCES. THE AREAS NOT ADDRESSED IN THE CHNA ARE STILL BEING ADDRESSED BY THE HEALTH SYSTEM; DENTAL HEALTH - AGHS/AHG HAS NO RESOURCES TO MEET THIS NEED BY THE WORCESTER COUNTY HEALTH DEPARTMENT HAS A DENTAL PROGRAM AS WELL AS NEIGHBORING COUNTIES HAVE PROGRAMS. COMMUNICABLE DISEASE - WE DO PROVIDE FREE FLU AND COVID VACCINE CLINICS TO THE COMMUNITY AND KEEP ABREAST OF ANY COMMUNICABLE DISEASE INFORMATION. WE HAVE CREATED AND MADE AVAILABLE A MONKEYPOX PLAYBOOK. CANCER IS ADDRESSED THROUGH THE REGIONAL CANCER CENTER. HEART DISEASE IS BEING ADDRESSED THROUGH OUR REACH GRANT COLLABORATIVE FOR UNDERSERVED PATIENTS AND COMMUNITIES, AS WELL AS DRIVING INCREASED ACCESS TO PRIMARY CARE PROVIDERS IN THE AREA.

**Part V Facility Information** (continued)

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

ATLANTIC GENERAL HOSPITAL:

PART V, SECTION B, LINE 18E: THE HOSPITAL FACILITY OR AN AUTHORIZED THIRD PARTY DID NOT UNDERTAKE ANY OF THE COLLECTION ACTIONS NOTED IN PART V, SECTION B, LINE 16 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE ANY PATIENT'S ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. IN ORDER TO HELP DETERMINE PATIENTS' ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL UNDERTAKES A NUMBER OF ACTIONS, INCLUDING NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY ON ADMISSION, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN COMMUNICATIONS WITH THE PATIENTS' BILLS, AND DOCUMENTING ITS DETERMINATION OF WHETHER PATIENTS WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

ATLANTIC GENERAL HOSPITAL:

PART V, SECTION B, LINE 20E: THE HOSPITAL FACILITY DOES NOT CHARGE ANY INDIVIDUALS THAT IT KNOWS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE AN AMOUNT EQUAL TO THE GROSS CHARGE FOR ANY SERVICE. THE HOSPITAL USES THE CHARGE MASTER RATES FOR A SERVICE AS A STARTING POINT AGAINST WHICH THE DISCOUNTS MANDATED IN THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY ARE APPLIED TO DETERMINE THE AMOUNT ACTUALLY BILLED TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY. THE HOSPITAL FACILITY WILL NOT COLLECT PAYMENT FROM ANY PATIENT ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY IN EXCESS OF THE REDUCED AMOUNT THAT IS ACTUALLY BILLED TO SUCH FINANCIAL



**Part V Facility Information** (continued)

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

ASSISTANCE PATIENT. IN ADDITION, IF THE HOSPITAL CHARGED AN INDIVIDUAL THAT HAD NOT YET BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT THE TIME OF CHARGE AN AMOUNT EQUAL TO GROSS CHARGES, THEN UPON DETERMINING THE INDIVIDUAL WAS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL PROMPTLY CORRECTS THE BILL.

ATLANTIC GENERAL HOSPITAL:

PART V, SECTION B, LINE 23: THE HOSPITAL FACILITY DOES NOT CHARGE ANY INDIVIDUALS THAT IT KNOWS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE AN AMOUNT EQUAL TO THE GROSS CHARGE FOR ANY SERVICE. THE HOSPITAL USES THE CHARGE MASTER RATES FOR A SERVICE AS A STARTING POINT AGAINST WHICH THE DISCOUNTS MANDATED IN THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY ARE APPLIED TO DETERMINE THE AMOUNT ACTUALLY BILLED TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY. THE HOSPITAL FACILITY WILL NOT COLLECT PAYMENT FROM ANY PATIENT ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY IN EXCESS OF THE REDUCED AMOUNT THAT IS ACTUALLY BILLED TO SUCH FINANCIAL ASSISTANCE PATIENT. IN ADDITION, IF THE HOSPITAL CHARGED AN INDIVIDUAL THAT HAD NOT YET BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT THE TIME OF CHARGE AN AMOUNT EQUAL TO GROSS CHARGES, THEN UPON DETERMINING THE INDIVIDUAL WAS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL PROMPTLY CORRECTS THE BILL.

PART V, SECTION, LINE 22

**Part V Facility Information** *(continued)*

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

MARYLAND WAIVER MEDICARE EXEMPT

Multiple horizontal lines for providing supplemental information.

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 29

Name and address	Type of facility (describe)
1 ACE BUSINESS CENTER (PA) 10026 OLD OCEAN CITY BLVD, BLD 3 BERLIN, MD 21811	PHYSICAN PRACTICE
2 ACE BUSINESS CENTER (PBO) 10026 OLD OCEAN CITY BLVD BLD 1 POCOMOKE, MD 21851	PHYSICAN PRACTICE
3 AG GASTROENTEROLOGY 314 FRANKLIN AVE STE 304 BERLIN, MD 21811	PHYSICAN PRACTICE
4 AG INTERNAL MEDICINE - CASTANEDA 10324 OLD OCEAN CITY BLVD BERLIN, MD 21811	PHYSICAN PRACTICE
5 AG PRIMARY CARE & ENDOCRINOLOGY 11107 RACETRACK ROAD OCEAN CITY, MD 21842	PHYSICAN PRACTICE
6 AG PRIMARY CARE OCEAN VIEW 96 ATLANTIC AVE STE 2 OCEAN VIEW, DE 19970	PHYSICAN PRACTICE
7 AG PRIMARY CARE OCEAN VIEW 96 ATLANTIC AVE STE 1 OCEAN CITY, MD 21842	PHYSICAN PRACTICE
8 ATLANTIC ENDOSCOPY CENTER (AES) 10231 OLD OCEAN CITY BLVD, UNIT #205 BERLIN, MD 21811	PHYSICAN PRACTICE
9 ATLANTIC GENERAL PRIMARY CARE SELBYVI 15 N. WILLIAM STREET SELBYVILLE, DE 19975	PHYSICAN PRACTICE
10 ATLANTIC GENERAL WOMEN'S HEALTH 38394 DUPONT HIGHWAY SUITE H OCEAN VIEW, DE 19970	PHYSICAN PRACTICE

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 29

Name and address	Type of facility (describe)
11 ATLANTIC HEALTH CENTER 9714 HEALTHWAY DRIVE BERLIN, MD 21811	PHYSICAN PRACTICE
12 ATLANTIC IMMEDICARE 1001 PHILADELPHIA AVE BERLIN, MD 21811	PHYSICAN PRACTICE
13 ATLANTIC SURGICAL ASSOCIATES/ BARIATR 10231 OLD OCEAN CITY BLVD, UNIT #207 BERLIN, MD 21811	PHYSICAN PRACTICE
14 BERLIN PRIMARY CARE 10344 OLD OCEAN CITY SUITE A BERLIN, MD 21811	PHYSICAN PRACTICE
15 NEUROLOGY 314 FRANKLIN AVE STE 104 BERLIN, MD 21811	PHYSICAN PRACTICE
16 ORTHOPEDICS 314 FRANKLIN AVE SUITE 201 BERLIN, MD 21811	PHYSICAN PRACTICE
17 OUTPATINET LAB 10231 OLD OCEAN CITY BLVD, UNIT #103 BERLIN, MD 21811	OUTPATIENT LAB
18 POCOMOKE MEDICAL OFFICE 500 MARKET STREET SUITE 101 BERLIN, MD 21811	PHYSICAN PRACTICE
19 REGIONAL CANCER CARE CENTER 9707 HEALTHWAY DRIVE BERLIN, MD 21811	REGIONAL CANCER CENTER
20 RHEUMATOLOGY 10231 OLD OCEAN CITY BLVD, UNIT #210 BERLIN, MD 21811	PHYSICAN PRACTICE

Schedule H (Form 990) 2022

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 29

Name and address	Type of facility (describe)
21 UROLOGY 10231 OLD OCEAN CITY BLVD, UNIT #206 BERLIN, MD 21811	PHYSICAN PRACTICE
22 UROLOGY - 208 10231 OLD OCEAN CITY BLVD, UNIT #208 BERLIN, MD 21811	PHYSICAN PRACTICE
23 WEST FENWICK 2 VILLAGE SQUARE STE 219/37464 LION D SELBYVILLE, DE 19975	PHYSICAN PRACTICE
24 WOC PCMH 12308 OCEAN GATEWAY APT 3&4 UPSTAIRS OCEAN CITY, MD 21842	PHYSICAN PRACTICE
25 WOC PEDIATRICS 12308 OCEAN GATEWAY APT 3 OCEAN CITY, MD 21842	PHYSICAN PRACTICE
26 WOC PRIMARY CARE 12308 OCEAN GATEWAY APT 1 OCEAN CITY, MD 21842	PHYSICAN PRACTICE
27 WOC WOMEN'S HEALTH CENTER 12308 OCEAN GATEWAY APT 8 OCEAN CITY, MD 21842	PHYSICAN PRACTICE
28 WOC WOMEN'S IMAGING 12308 OCEAN GATEWAY APT 5 OCEAN CITY, MD 21842	IMAGING FACILITY
29 WOUND CARE CENTER 10231 OLD OCEAN CITY BLVD, UNIT #104 BERLIN, MD 21811	PHYSICAN PRACTICE

**Part VI Supplemental Information**

Provide the following information.

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

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**PART I, LINE 3C:**

IN ADDITION TO QUALIFYING FOR FINANCIAL ASSISTANCE BECAUSE THE PATIENT'S FAMILY INCOME FALLS BELOW THE FEDERAL POVERTY GUIDELINES THRESHOLDS (FREE CARE FOR FAMILY INCOME LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES, AND DISCOUNTED CARE FOR FAMILY INCOME LESS THAN 300% OF THE FEDERAL POVERTY GUIDELINES), A PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE IF THAT PATIENT INCURS A FINANCIAL HARDSHIP AND HAS FAMILY INCOME UNDER 500% OF THE FEDERAL POVERTY GUIDELINES. A FINANCIAL HARDSHIP MEANS MEDICAL DEBT INCURRED BY A FAMILY OVER A TWELVE MONTH PERIOD THAT EXCEEDS 25% OF THE FAMILY'S INCOME. ONLY INCOME AND FAMILY SIZE WILL BE CONSIDERED IN APPROVING APPLICATIONS FOR FINANCIAL ASSISTANCE, UNLESS THE AMOUNT OWED IS GREATER THAN \$20,000, THE PATIENT'S TAX RETURN SHOWS A SIGNIFICANT AMOUNT OF INTEREST INCOME, OR THE PATIENT INDICATES THAT THE PATIENT HAS BEEN LIVING OFF OF THEIR SAVINGS ACCOUNT. IF ONE OF THE SCENARIOS LISTED ABOVE IS APPLICABLE, THEN THE ORGANIZATION MAY CONSIDER THE PATIENT'S LIQUID ASSETS, INCLUDING THE PATIENT'S CHECKING AND SAVINGS ACCOUNTS, STOCKS, BONDS, CD'S, MONEY MARKET OR ANY OTHER ACCOUNTS FOR THE PAST THREE MONTHS. HOWEVER, THE FOLLOWING ASSETS ARE ALWAYS EXCLUDED: THE FIRST \$10,000 OF

**Part VI** Supplemental Information (Continuation)

MONETARY ASSETS, UP TO \$150,000 IN A PRIMARY RESIDENCE, AND CERTAIN RETIREMENT BENEFITS, SUCH AS 401K PLANS WHERE THE IRS HAS GRANTED PREFERENTIAL TAX TREATMENT. IF THE PATIENT IS ALREADY ENROLLED IN A MEANS-TESTED PROGRAM, THE PATIENT IS DEEMED ELIGIBLE FOR FREE CARE ON A PRESUMPTIVE BASIS, WITHOUT REQUIRING ANY OF THE FINANCIAL DOCUMENTS REQUIRED ON A FULL APPLICATION.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 5,605,298.

SCHEDULE H, PART I, LINE 5

IT IS THE ORGANIZATION'S POLICY TO PROVIDE FINANCIAL ASSISTANCE TO ANY INDIVIDUAL THAT QUALIFIES UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, REGARDLESS OF THE AMOUNT OF CHARITY CARE BUDGETED FOR BY THE ORGANIZATION DURING THE YEAR.

SCHEDULE H, PART I, LINE 6

THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ANNUALLY. THE COMMUNITY BENEFIT REPORT IS AVAILABLE TO THE PUBLIC.

SCHEDULE H, PART I, LINE 7A, 7B AND 7F

MARYLAND HOSPITAL ASSOCIATION UNIFIED MARYLAND HOSPITAL RESPONSES SCHEDULE H PART I LINE 7A, 7B AND 7F 7A. CHARITY CARE AT COST AND 7F. HEALTH PROFESSIONS EDUCATION ARE EXPLAINED IN THE FOLLOWING: MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. 7B. UNREIMBURSED MEDICAID IS EXPLAINED IN THE FOLLOWING: MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART III, LINE 2:

WE USE THE AGING REPORT FOR ACCOUNTS OVER 120 DAYS PLUS ACTUAL BAD DEBT WRITE OFFS.

PART III, LINE 3:



**Part VI** Supplemental Information (Continuation)

WE LOOKED AT THE PATIENTS WHO WE PROVIDED FINANCIAL ASSISTANCE PAPERWORK SINCE WE FELT THEY WOULD QUALIFY, BUT THE COMPLETED PAPERWORK WAS NOT RETURNED. WE LOOKED AT THOSE ACCOUNTS TO SEE IF THOSE INDIVIDUALS WERE IN BAD DEBT AND INCLUDED ANY IN BAD DEBT AMOUNTS IN THE CALCULATION.

PART III, LINE 4:

TEXT FROM THE ORGANIZATION'S AFS FOOTNOTE:

NET PATIENT SERVICE REVENUE AND PATIENT ACCOUNTS RECEIVABLE

PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED. PATIENT ACCOUNTS RECEIVABLE INCLUDE HOSPITAL AND PHYSICIAN CHARGES FOR ACCOUNTS DUE FROM MEDICARE, MARYLAND MEDICAL ASSISTANCE (MEDICAID), CAREFIRST, COMMERCIAL AND MANAGED CARE INSURERS, AND SELF-PAYING PATIENTS. DEDUCTED FROM PATIENT ACCOUNTS RECEIVABLE ARE ESTIMATES OF IMPLICIT PRICE CONCESSIONS FOR THE EXCESS OF CHARGES OVER THE PAYMENTS ON PATIENT ACCOUNTS TO BE RECEIVED FROM THIRD PARTY PAYORS AND UNCOLLECTIBLE AMOUNTS RELATED TO SELF-PAYING PATIENTS. THESE ESTIMATES ARE CALCULATED BY MANAGEMENT BASED ON HISTORICAL COLLECTION EXPERIENCE AND AGE OF GROUPS OF ACCOUNTS RECEIVABLE.

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

**Part VI** Supplemental Information (Continuation)

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 EXPLICIT PRICE CONCESSION, FINANCIAL ASSISTANCE, AND IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENT TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE.

CONSISTENT WITH THE CORPORATION'S MISSION, CARE IS PROVIDED TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THEREFORE, THE CORPORATION HAS DETERMINED IT HAS PROVIDED IMPLICIT PRICE CONCESSIONS TO UNINSURED PATIENTS AND OTHER PATIENT BALANCES (FOR EXAMPLE, COPAYS AND DEDUCTIBLES).

## PART III, LINE 8:

WE USED THE MEDICARE COST REPORT TO DETERMINE MEDICARE ALLOWABLE COSTS COMPARED TO MEDICARE TOTAL REVENUE.

## PART III, LINE 9B:

IF THE PATIENTS REQUEST FINANCIAL ASSISTANCE WITH 240 DAYS OF THE FIRST POST-DISCHARGE BILLING DATE, ALL ECA ACTIONS WILL BE SUSPENDED. IF THE FA IS APPROVED, OR IF THE PATIENT PAYS THE BILL IN FULL, THE FINANCIAL COUNSELOR WILL NOTIFY THE AGENCY TO REMOVE ANY JUDGEMENTS OR ADVERSE ECA INFORMATION SENT TO A CONSUMER REPORTING AGENCY WITHIN 14 DAYS.

## PART VI, LINE 2:

THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH MANY DIFFERENT ACTIVITIES, STUDIES AND COLLABORATIONS WITH LOCAL

**Part VI** Supplemental Information (Continuation)

GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS. THE HOSPITAL IS CURRENTLY WORKING UNDER THE STRATEGIC INITIATIVES WHICH WERE DEVELOPED FOR PLANNING THROUGH 2020. EACH YEAR, WITHIN THIS FRAMEWORK THE HOSPITAL MAKES PLANS FOR THE UPCOMING YEAR USING THE SWOT/GAP ANALYSIS MODEL. USING THIS MODEL THE LEADERSHIP TEAM MEETS WITH THE MEDICAL STAFF TO LOOK AT STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS TO PLAN FOR THE COMING FISCAL YEAR. THIS INFORMATION THEN GOES TO THE BOARD TO, ALONG WITH SENIOR LEADERSHIP, FINALIZE THE STRATEGIC INITIATIVES FOR THE COMING YEAR. USING THIS INFORMATION THE COMMUNITY BENEFITS COMMITTEE AND THE HEALTHY HAPPENINGS (VISIONS) ADVISORY COMMITTEE DETERMINE THE GOALS FOR THE COMING YEAR. THE DOCUMENTS USED BY THE HOSPITAL TO DETERMINE COMMUNITY NEEDS ARE: THE HEALTH ASSESSMENT PUBLICATION FROM THE HEALTH DEPARTMENT, LOCAL AGENCIES AND HOSPITALS, WORCESTER COUNTY LOCAL HEALTH PLAN, FY2022 LOCAL HEALTH IMPROVEMENT COALITIONS, MARYLAND SHIP, FY2022 TRI-COUNTY HEALTH PLANNING BOARD, STATE OF MARYLAND CANCER REGISTRY LATEST CENSUS UPDATE FEEDBACK FROM AREA PHYSICIANS AND COMMUNITY MEMBERS QUESTIONNAIRES AND EVALUATIONS FROM OUR COMMUNITY EVENTS NCR PICKER PATIENT EVALUATIONS AND FEEDBACK HOSPITAL PERCEPTION SURVEY 2021 IN ADDITION, INFORMATION REGARDING COMMUNITY HEALTH NEEDS IS OBTAINED AS A RESULT OF THE ORGANIZATION'S LEADERSHIP MEMBERS SITTING ON THE BOARDS OF MANY COMMUNITY ORGANIZATIONS, INCLUDING: LHIC, TCHIP, SART, SAFE, PLAY IT SAFE COMMITTEE, OCEAN CITY DRUG AND ALCOHOL ABUSE PREVENTION COMMITTEE, MHA ADVISORY BOARD, FAITH BASED COALITION, UNITED WAY, BLOOD BANK OF DELMARVA, LHIC , CHAMBERS OF COMMERCE OF TOWNS THROUGHOUT THE REGION, MANY HEALTH DEPARTMENT COUNCILS, MHA COMMITTEES, STATE HEALTH DEPARTMENT BOARDS, WE ALSO HAVE A HEALTHY HAPPENINGS (VISIONS) ADVISORY COMMITTEE COMPRISED OF COMMUNITY PROVIDERS OF HEALTH RELATED SERVICES INCLUDING TRADITIONAL AS WELL AS INTEGRATIVE HEALTH SERVICES. THROUGH THIS COMMITTEE WE CAN KEEP OUR FINGER ON THE

**Part VI** Supplemental Information (Continuation)

PULSE OF THE AREA IN WHICH WE SERVE. THIS COMMITTEE GIVES US GREAT FEEDBACK ON SERVICES AND PROGRAMS THAT ARE NEEDED THOSE THAT ARE WORKING AND THOSE THAT AREN'T. IT IS THROUGH THIS COMMITTEE THAT PUTS ON A MAJOR HEALTH CONFERENCE EACH YEAR, WHICH PROVIDES HEALTH EDUCATION AS WELL AS SCREENINGS. WE MET WITH GREAT SUCCESS COMMUNITY HEALTH FAIRS. AND ACCORDING TO THE EVALUATIONS, WERE ABLE TO PROVIDE SERVICES TO PEOPLE WHO OTHERWISE WOULD NOT HAVE GOTTEN THEM. THE ORGANIZATION'S AUXILIARY VOLUNTEERS ARE ANOTHER GREAT RESOURCE FOR DETERMINING COMMUNITY HEALTH NEEDS. THE ORGANIZATION HAS OVER 400 AUXILIANS. THEY ARE ACTIVE ON MANY COMMITTEES WITHIN THE HOSPITAL AND ALSO REPRESENT THE HOSPITAL ON DIFFERENT COMMUNITY BOARDS. IN ADDITION, THE ORGANIZATION WORKS VERY CLOSELY WITH ITS LOCAL HEALTH DEPARTMENT TO PLAN SERVICES TO MEET COMMUNITY NEEDS AND DECREASE THE DUPLICATION OF SERVICES IN THE COMMUNITY. MEMBERS OF THE HOSPITAL STAFF SIT ON MANY COMMITTEES, COMMUNITY BOARDS, COMMUNITY COALITIONS, AND BOARDS OF THE LOCAL HEALTH DEPARTMENT.

PART VI, LINE 3:

WE INFORM INDIVIDUALS IN THE COMMUNITY ABOUT THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IN A NUMBER OF WAYS. FIRST, THERE IS SIGNAGE THROUGHOUT THE HOSPITAL, AS WELL AS BROCHURES IN ALL WAITING AREAS, EXPLAINING THAT THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE. IN ADDITION, ARTICLES ARE PUBLISHED IN NEWSLETTERS THAT ARE DISTRIBUTED TO THE HOMES OF ALL RESIDENTS IN THE COMMUNITY NOTING THE EXISTENCE OF THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM. HOSPITAL STAFF IS EDUCATED TO ANSWER QUESTIONS RELATED TO APPLYING FOR FINANCIAL ASSISTANCE, AND HOSPITAL SUPPORT SERVICES HELPS PATIENTS APPLY FOR MEDICAL ASSISTANCE (SUCH AS MEDICAID). FURTHERMORE, HOSPITAL FINANCIAL COUNSELORS HELP GUIDE PATIENTS TO FINANCIAL AID SERVICES THEY MAY QUALIFY FOR. ALL INPATIENTS ARE

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

PROVIDED WITH A FINANCIAL ASSISTANCE APPLICATION IN THEIR DISCHARGE PACKAGE. IN ADDITION, DURING THE REGISTRATION PROCESS, IF THE PATIENT DOES NOT HAVE INSURANCE THE REGISTRAR OR FINANCIAL COUNSELOR WILL ASK IF THEY ARE INTERESTED IN APPLYING FOR FINANCIAL ASSISTANCE AND HELP WITH FILLING OUT THE APPLICATION. ANY PATIENT WHO SEEKS FINANCIAL OR MEDICAL ASSISTANCE WILL READILY FIND INFORMATION AND HOSPITAL STAFF TO HELP WITH THE PROCESS.

## PART VI, LINE 4:

ATLANTIC GENERAL IS LOCATED IN WORCESTER COUNTY, WHICH IS THE EASTERNMOST COUNTY LOCATED IN THE U.S. STATE OF MARYLAND. WORCESTER COUNTY COMPRISES ATLANTIC GENERAL'S PRIMARY SERVICE AREA. WORCESTER COUNTY CONTAINS THE ENTIRE LENGTH OF THE STATE'S ATLANTIC COAST LINE. IT IS HOME TO THE POPULAR VACATION RESORT AREA OF OCEAN CITY. THE COUNTY IS APPROXIMATELY 60 MILES LONG. ACCORDING TO THE U.S. CENSUS BUREAU, THE COUNTY HAS A TOTAL AREA OF 695 SQUARE MILES OF WHICH, 473 SQUARE MILES OF IT IS LAND AND 221 SQUARE MILES OF IT IS WATER. ATLANTIC GENERAL IS LOCATED IN A NON-URBAN AREA OF WORCESTER COUNTY, 10 MILES FROM THE ATLANTIC OCEAN. THE 2023 CENSUS SHOWED A POPULATION OF THE COUNTY OF 54,171. THE LARGEST CONCENTRATION OF THE POPULATION IS IN THE NORTHERN PART OF THE COUNTY, WHICH IS WHERE THE OCEAN CITY RESORT AREA IS LOCATED, AS WELL AS THE BERLIN/OCEAN PINES AREA. THE AREA IS A MECCA FOR RETIREES WHO LIVE HERE FULL TIME OR DIVIDE THEIR TIME BETWEEN MARYLAND AND FLORIDA. ETHNICITY IS AS FOLLOWS: WHITE 45,124, BLACK/AF AMER 6,771, AM IND/AK NATIVE 216, ASIAN 921, 2+ RACES 1,138

MEDIAN HOUSEHOLD INCOME OF RESIDENTS OF WORCESTER COUNTY \$76,689. THE PERCENTAGE OF RESIDENTS BELOW THE POVERTY LEVEL IS 8.4%. THE AVERAGE AGE OF THE RESIDENTS IS BROKEN DOWN AS FOLLOWS:

**Part VI** Supplemental Information (Continuation)

2023 MALE POPULATION 26,598

2023 FEMALE POPULATION 27,573

2023 PERSONS UNDER 5 YEARS 2,112

2023 PERSONS UNDER 18 YEARS 9,155

2023 PERSONS 65 YEARS AND OLDER 15,709

FY20 50.83% OF THE PATIENTS CARED FOR AT THE HOSPITAL ARE MEDICARE PATIENTS. THE REMAINING PAYOR MIX IS THE FOLLOWING: MEDICAID 12.28%, COMMERCIAL 10.50%, BLUE CROSS 13.71%, MCO 3.78%, SELF PAY 3.48%, DONOR 0.25%, WORKERS COMPT 0.89%, AND OTHER GOVERNMENT PROGRAMS 4.26%. IN THE WORCESTER COUNTY VITAL STATS 2014, THE AGE-ADJUSTED MORTALITY RATE IS 599/100,000. ACCORDING TO THE WORCESTER COUNTY HEALTH DEPARTMENT 2017 COMMUNITY HEALTH IMPROVEMENT PLAN, PRIORITY AREAS IN THE COUNTY INCLUDE; #1 PROMOTE HEALTHY LIFESTYLES AND PREVENT CHRONIC DISEASE #2 PROMOTE SAFE SCHOOL ENVIRONMENTS AND HEALTHY BEHAVIORS #3 ACCESS TO HEALTH CARE #4 STRENGTHEN BEHAVIORAL HEALTH SERVICES. DURING THE SUMMER MONTHS, THE ORGANIZATION PROVIDES A SIGNIFICANT AMOUNT OF HEALTH CARE SERVICES (PREDOMINANTLY EMERGENCY CARE) TO TOURISTS VISITING THE OCEAN RESORT OF OCEAN CITY, MD. THIS IS RELATED TO THE FACT THAT THE POPULATION OF OCEAN CITY INCREASES BY ABOUT 200,000 EACH YEAR DURING THE TOURIST SEASON.

PART VI, LINE 5:

THE ORGANIZATION'S GOVERNING BODY IS COMPOSED PRIMARILY OF INDEPENDENT MEMBERS FROM THE ORGANIZATION'S COMMUNITY. IN ADDITION, THE ORGANIZATION'S MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. ALL FINANCIAL SURPLUSES EARNED BY THE ORGANIZATION ARE USED TO ENHANCE THE ORGANIZATION'S PATIENT SERVICES, INCLUDING THROUGH THE UNDERTAKING OF VARIOUS COMMUNITY BENEFIT ACTIVITIES. THE ORGANIZATION UNDERTAKES NUMEROUS

**Part VI** Supplemental Information (Continuation)

ACTIVITIES TO PROMOTE THE HEALTH OF ITS COMMUNITY. IN PARTICULAR, THE ORGANIZATION HAS IDENTIFIED A COMMUNITY NEED FOR ACCESS TO ADDITIONAL PHYSICIANS LOCATED IN THE COMMUNITY. IN ORDER TO MEET THIS IDENTIFIED COMMUNITY NEED, THE ORGANIZATION HAS DIRECTLY EMPLOYED NUMEROUS PHYSICIANS AT A SUBSTANTIAL COST TO THE ORGANIZATION.

IN ADDITION, THE ORGANIZATION UNDERTAKES COMMUNITY BUILDING ACTIVITIES TO PROMOTE THE PROGRAMS THE ORGANIZATION OFFERS AND ASSURE THEY ARE REACHING THE TARGETED AUDIENCE. EXAMPLES OF THESE SPECIFIC ACTIVITIES WOULD BE THE SMALL NEIGHBORHOOD-TYPE HEALTH FAIRS IN WHICH WE ARE INVOLVED, AT WHICH EVENTS YOUNG PEOPLE ARE TARGETED AND NEEDS THAT ARE FILLED THROUGH OUR SPEAKERS BUREAU.

OTHER INVOLVEMENT IN COMMUNITY BUILDING ACTIVITIES INCLUDE: OUR PARTICIPATION IN THE LOCAL SCHOOL MENTORING PROGRAMS IN WHICH OUR STAFF IS VERY ACTIVE. WE HAVE STUDENTS FROM OUR LOCAL HIGH SCHOOL WHO DO A SHADOWING PROGRAM THROUGHOUT ALL DEPARTMENTS OF OUR HOSPITAL. THIS HELPS THEM IN MAKING A CAREER CHOICE THROUGH EXPOSURE TO DIFFERENT JOBS IN THE HEALTH CARE ARENA.

WE HAVE STAFF WHO REPRESENT THE HOSPITAL ON MANY CIVIC BOARDS SUCH AS ALL THE LOCAL AREA CHAMBERS, VARIOUS CIVIC GROUPS, AND THE LOCAL COUNTY SCHOOL BOARD. WE ALSO PARTICIPATE IN THE ACS RELAY FOR LIFE, KOMEN RACE, AND OUT OF THE DARKNESS.

WE PROVIDE EMS TRAINING FOR THE LOCAL FIRE COMPANIES, MOST OF WHOM ARE VOLUNTEER STAFFED. WE OFFER AN EXCHANGE PROGRAM OF EQUIPMENT WHICH HELPS THEM WITH TRANSPORTS TO THE EMERGENCY DEPARTMENT.

**Part VI** Supplemental Information (Continuation)

AGH WORKS WITH THE LOCAL FAITH BASED COMMUNITIES BY PROVIDING EDUCATION AND SERVICES TO THEIR CONGREGATIONS. WE HAVE A FAITH BASED MEDICAL HOME GROUP WHICH MEETS WITH CLERGY AND LAY HEALTH AMBASSADORS FROM THEIR HOUSES OF WORSHIP TO FUNNEL THE MESSAGE OF HEALTH AND WELLNESS TO THEIR PEOPLE.

ALSO, PART OF OUR COMMUNITY BUILDING PROGRAM INCLUDES OUR PARTICIPATION IN DISASTER PREPAREDNESS. BECAUSE WE ARE GEOGRAPHICALLY LOCATED IN AN AREA OF EXTREME POTENTIAL DISASTER, ONLY 6 MILES FROM THE ATLANTIC OCEAN, WE WOULD BE THE SOURCE OF CARE AND PROTECTION FOR MANY IN THE AREA SHOULD A MAJOR HURRICANE HIT OUR AREA OF COASTLINE. PART OF THE HOSPITAL'S PROVISION FOR THE COMMUNITY IN SUCH A DISASTER WOULD BE TO PROVIDE CLEAN DRINKING WATER FOR THEM; THROUGH THE WATER PURIFICATION SYSTEM WHICH WE PREVIOUSLY PURCHASED AND INSTALLED WE HAVE THE ABILITY TO PROVIDE CLEAN WATER FOR NOT JUST OUR PATIENTS AND STAFF BUT FOR THE COMMUNITY AT LARGE.

WE ALSO WORK CLOSELY WITH OUR LOCAL PUBLIC AND PRIVATE SCHOOLS TO OFFER EDUCATION PROGRAMMING. EACH YEAR WE HOST STUDENTS FOR OUR HOSPITAL TOURS. THIS SERVES TO INTRODUCE THEM TO THE SERVICES OF THE HOSPITAL IN HOPES THAT THEIR TRIP FOR SERVICES WILL NOT BE AS FRIGHTENING. MANY OF OUR ASSOCIATES SERVE ON VARIOUS BOARDS OF THE SCHOOL SYSTEM OFFERING OUR EXPERTISE. THROUGH OUR SPEAKER'S BUREAU WE SEND SPEAKERS INTO MANY CLASSROOMS FOR INSTRUCTION. THE INTEGRATED HEALTH LITERACY PROGRAM (IHLP) SERVES APPROXIMATELY 3,500 STUDENTS ACROSS WORCESTER COUNTY. CURRENTLY, THE PROGRAM IS IMPLEMENTED IN GRADES ONE THROUGH EIGHT COUNTY-WIDE. STUDENTS ARE TAUGHT FOUR HEALTH LESSONS THAT ARE INTEGRATED INTO THEIR CORE AREA (MATHEMATICS, SCIENCE, READING LANGUAGE ARTS, AND SOCIAL STUDIES) CURRICULUM. ALL LESSONS IN THE PROGRAM ARE TAUGHT BY CORE AREA

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

CLASSROOM TEACHERS. THE IHLP TEAM EXPANDED THE PROGRAM TO INCLUDE A HIGH SCHOOL SENIOR HEALTH SURVEY. THE SURVEY WILL PROVIDE A BENCHMARK SINCE THOSE STUDENT SURVEYED HAD NOT PARTICIPATED IN THE IHLP. THE SURVEY WILL ENABLE THE IHLP TEAM TO EVALUATE THE IHLP LESSON HEALTH CONCEPTS RETAINED BY STUDENTS AS THEY GRADUATE. THE GOAL OF THE PROGRAM IS TO GRADUATE A HEALTH LITERATE ADULT.

SOME ADDITIONAL SERVICES WHICH THE HOSPITAL PROVIDES FOR FREE TO THE COMMUNITY, WHICH PROMOTE HEALTH INCLUDE:

1. LIVING WELL PROGRAM - THIS CHRONIC DISEASE SELF MANAGEMENT PROGRAM FROM STANFORD UNIVERSITY TEACHES PEOPLE HOW TO LIVE A BETTER LIFE IN THE MIDST OF THE LIMITATIONS CAUSED BY THEIR CHRONIC CONDITIONS.

2. HYPERTENSION CLINICS - BLOOD PRESSURE SCREENINGS IN LOCAL PHARMACIES MONTHLY AS WELL AS AT MANY OTHER MEETINGS AND CONVENTIONS IN THE AREA. THESE HELP RESIDENTS MONITOR THEIR BLOOD PRESSURE AND RELIEVE SOME OVERCROWDING IN PHYSICIAN OFFICES. THIS ALLOWS US THE OPPORTUNITY TO PROVIDE ONE-ON-ONE TEACHING TO INDIVIDUALS.

3. HEALTHFAIRS -THE HOSPITAL IS INVOLVED IN SEVERAL LARGE AND SMALL HEALTHFAIR EVENTS IN VARIOUS LOCATIONS THROUGHOUT THE YEAR. ONE SUCH EVENT IS A PARTNERSHIP WITH AARP/TOWN OF OCEAN CITY TO OFFER A FAIR WITH MANY SCREENINGS AND HEALTH INFORMATION. WE ALSO SPONSOR AN EDUCATIONAL AND SCREENING CONFERENCES THROUGHOUT THE YEAR LED BY THE HEALTHY HAPPENINGS COMMITTEE. THIS IS HELD IN VARIOUS LOCATIONS WITHIN OUR SERVICE AREA WHICH ALLOWS US TO PROVIDE FREE SERVICES TO THOSE WHO MIGHT NOT OTHERWISE BE ABLE TO ACCESS HEALTH CARE. WE ALSO PARTNER WITH MANY CHURCHES AND

**Part VI** Supplemental Information (Continuation)

COMMUNITY GROUPS TO OFFER SMALL HEALTH FAIRS.

4. WE PROVIDE EDUCATION IN WRITTEN FORM THROUGH LOCAL PUBLICATIONS (NEWSPAPERS AND MAGAZINES) AND OUR OWN ON CALL QUARTERLY PUBLICATION. MANY OF OUR PHYSICIANS PROVIDE ARTICLES FOR THESE.

5. WE ALSO HAVE A SPEAKER'S BUREAU WHICH PROVIDES EDUCATIONAL PRESENTATIONS FOR AREA CIVIC GROUPS, BUSINESSES, CHURCHES, SCHOOLS AND CONVENTIONS WHICH ARE HELD IN OUR RESORT AREA.

6. WE PROVIDE EDUCATION FOR THE LOCAL SCHOOLS THROUGH OUR HOSPITAL TOUR PROGRAM AND IHLP. THESE PROGRAMS ALLOW US TO SPREAD THE HEALTH MESSAGE AGAINST CHILDHOOD OBESITY TO THE YOUNGER GENERATION. INCLUDING A YOUTH SPEAKERS BUREAU FOR SCHOOL AGE AND ADOLESCENT HEALTH TOPICS.

7. BEING IN A BEACH RESORT COMMUNITY THERE ARE MANY SPORTING EVENTS WHICH OCCUR LOCALLY. WE PARTICIPATE IN MANY OF THESE BY PROVIDING FIRST AID ON SITE FOR THOSE IN ATTENDANCE AND THOSE PARTICIPATING IN THE ACTIVITY.

PART VI, LINE 6:

IN ADDITION TO OPERATING AN ACUTE CARE HOSPITAL THAT PROVIDES A 24 HOUR ER, ATLANTIC GENERAL HOSPITAL EMPLOYS A NETWORK OF PRIMARY CARE AND SPECIALIST PHYSICIANS THAT PROVIDE NEEDED HEALTH CARE SERVICES THROUGHOUT ATLANTIC GENERAL'S COMMUNITY, INCLUDING SERVING SOME OF THE HOSPITAL'S MORE RURAL AREAS. BECAUSE OF THE RURAL NATURE OF THE COMMUNITIES THE HOSPITAL SERVES, TRANSPORTATION FOR HEALTHCARE CAN BE CHALLENGING. BY LOCATING THESE EMPLOYED PHYSICIANS' OFFICES THROUGHOUT THE HOSPITAL'S SERVICE REGION, THE HOSPITAL IS ABLE TO HELP IMPROVE ACCESS TO PHYSICIANS'

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

SERVICES FOR MEMBERS OF THE COMMUNITY.

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

MD

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**ATLANTIC GENERAL HOSPITAL**

Employer identification number

**52-1656507**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RABINDRA N. PAUL PHYSICIAN	(i)	599,999.	616,450.	173,173.	7,625.	20,448.	1,417,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALAE ZARIF PHYSICIAN	(i)	639,423.	297,011.	142,166.	7,625.	20,448.	1,106,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL S.HOOKER PHYSICIAN	(i)	650,000.	365,173.	138.	7,625.	20,467.	1,043,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARK STRONG PHYSICIAN	(i)	452,373.	34,004.	83,887.	7,625.	20,219.	598,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIELLE ORR PHYSICIAN	(i)	276,402.	250,961.	26,889.	7,625.	0.	561,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DONALD OWREY PRESIDENT & CEO	(i)	284,616.	0.	63,795.	0.	9,901.	358,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KIM JUSTICE VICE PRESIDENT PLANNING AND OPERATIO	(i)	183,992.	97,960.	15,241.	7,409.	15,018.	319,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHERYL NOTTINGHAM VICE PRESIDENT OF FINANCE	(i)	244,357.	22,602.	974.	6,674.	12,444.	287,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JONATHAN BAUER VICE PRESIDENT OF INFORMATION SERVIC	(i)	208,992.	19,330.	3,256.	5,708.	20,219.	257,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ATLANTIC GENERAL HOSPITAL** Employer identification number **52-1656507**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA SERIES A		NONE	09/01/17	7,501,000.			X		X		X
<b>B</b> MHHEFA SERIES B		NONE	09/01/17	20013000.			X		X		X
<b>C</b> MAYOR AND COUNCIL OF BERLIN, MD		NONE	09/01/17	10000000.			X		X		X
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired .....	3,422,000.									
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	7,501,000.		20,013,000.		10,000,000.					
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....			402,264.		127,253.					
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....			5,340,103.		8,500,563.					
<b>11</b> Other spent proceeds .....										
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....										
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X		X		X				
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X		X		X				
<b>16</b> Has the final allocation of proceeds been made? .....	X		X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X					

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X			

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X		X		X			
<b>b</b> Exception to rebate? .....		X		X		X		
<b>c</b> No rebate due? .....		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X		X		



**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		
b Name of provider .....								
c Term of hedge .....								
d Was the hedge superintegrated? .....								
e Was the hedge terminated? .....								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X		X		X		

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PERSONALIZED SERVICE, AND EDUCATION TO IMPROVE INDIVIDUAL AND COMMUNITY  
HEALTH. WE ACCOMPLISH OUR MISSION THROUGH OUR SET OF VALUES, WHICH ARE  
HONORED IN ALL OUR INTERACTIONS.

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

THE DIRECTOR OF FINANCE COMPILES THE NECESSARY INFORMATION FROM THE  
ORGANIZATION'S ACCOUNTING RECORDS, INFORMATION RECEIVED FROM THE  
FOUNDATION, AND INFORMATION RECEIVED FROM THE PATIENT BILLING OFFICE. THE  
COMPILED INFORMATION IS THEN SENT TO THE ORGANIZATION'S OUTSIDE TAX  
ACCOUNTANTS TO HELP PREPARE THE FORM 990. A DRAFT OF THE FORM 990 IS THEN  
REVIEWED BY THE DIRECTOR OF FINANCE, THE CFO, AND THE CEO OF THE  
ORGANIZATION AND ANY COMMENTS ARE REFLECTED IN A FURTHER REVISED DRAFT.  
PRIOR TO FILING THE FORM 990, THE LATEST VERSION OF THE FORM 990 IS MADE  
AVAILABLE TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEW AND COMMENTS.

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

IT IS THE POLICY OF ATLANTIC GENERAL HOSPITAL/HEALTH SYSTEM THAT MEMBERS OF  
THE BOARD OF DIRECTORS, THE HOSPITAL PRESIDENT, AND THE SENIOR LEADERSHIP  
STAFF WILL BE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT AND  
TO ADHERE TO THE CONFLICT OF INTEREST POLICY. THIS WILL BE SIGNED ANNUALLY  
IN OCTOBER. ALL CANDIDATES FOR BOARD MEMBERSHIP MUST BE ADVISED OF THIS  
POLICY PRIOR TO THEIR ELECTION TO THE BOARD.

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

THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE, A WRITTEN EMPLOYMENT

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

Schedule O (Form 990) 2022

Name of the organization <b>ATLANTIC GENERAL HOSPITAL</b>	Employer identification number <b>52-1656507</b>
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**CONTRACT, A COMPENSTION SURVEY OR STUDY AND AN APPROVAL BY THE BOARD OR  
COMPENSATION COMMITTEE.**

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

**THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY  
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.**

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

**CHANGE IN FAIR VALUE OF SWAP CONTRACTS 1,621,631.**

**FORM 990, PART XII, LINE 2C:**

**THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer ATLANTIC GENERAL HOSPITAL EIN or SSN 52-1656507

Name and title of officer or person subject to tax JAMES KANUCH VP FINANCE

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Total revenue/Tax/Amount. Includes checkboxes for each form type and corresponding input fields for amounts.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize FORVIS, LLP to enter my PIN 22102. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54274552977 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature AMY BIBBY Date 05/23/24

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ATLANTIC GENERAL HOSPITAL</b>	Taxpayer identification number (TIN) <b>52-1656507</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>9733 HEALTHWAY DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BERLIN, MD 21811</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**JAMES KANUCH**

- The books are in the care of ▶ **9733 HEALTHWAY DRIVE - BERLIN, MD 21811**

Telephone No. ▶ **410-641-1100** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>ATLANTIC GENERAL HOSPITAL</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>9733 HEALTHWAY DRIVE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>BERLIN, MD 21811</b></p> <p><b>C</b> Book value of all assets at end of year ..... <b>124,802,496.</b></p>	<p><b>D</b> Employer identification number  <b>52-1656507</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
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**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university

**H** Check if filing only to  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation .....

**J** Enter the number of attached Schedules A (Form 990-T) ..... **2**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**L** The books are in care of **JAMES KANUCH** Telephone number **410-641-1100**

<b>Part I Total Unrelated Business Taxable Income</b>		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	0.
2 Reserved .....	<b>2</b>	
3 Add lines 1 and 2 .....	<b>3</b>	
4 Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	
6 Deduction for net operating loss. See instructions .....	<b>6</b>	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	0.

<b>Part II Tax Computation</b>		
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	
3 <b>Proxy tax.</b> See instructions .....	<b>3</b>	
4 Other tax amounts. See instructions .....	<b>4</b>	
5 Alternative minimum tax (trusts only) .....	<b>5</b>	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....		<b>5</b>	0.
6a Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> .....		<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....			
4 Enter available pre-2018 NOL carryovers here \$ <u>1,365,142.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
561000	\$ 215,495.		
456110	\$ 71,516.		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title		
			VP FINANCE		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AMY BIBBY	AMY BIBBY	05/23/24		P00445891
	Firm's name	Firm's address		Firm's EIN	Phone no.
FORVIS, LLP	1410 SPRING HILL ROAD, SUITE 500 TYSONS, VA 22102-3056		44-0160260	(703) 970-0400	

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	308,028.	308,028.	0.	0.
06/30/06	232,633.	61,431.	171,202.	171,202.
06/30/07	343,156.	0.	343,156.	343,156.
06/30/08	366,549.	0.	366,549.	366,549.
06/30/09	390,246.	0.	390,246.	390,246.
06/30/10	71,125.	0.	71,125.	71,125.
06/30/18	22,864.	0.	22,864.	22,864.
NOL CARRYOVER AVAILABLE THIS YEAR			1,365,142.	1,365,142.



**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

1  
OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>ATLANTIC GENERAL HOSPITAL</b>	<b>B</b> Employer identification number <b>52-1656507</b>
<b>C</b> Unrelated business activity code (see instructions) <b>561000</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business **PHYSICIAN BILLING SERVICES**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>8,376.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>	<b>8,376.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>8,376.</b>		<b>8,376.</b>
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>8,376.</b>		<b>8,376.</b>

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>			
<b>2</b> Salaries and wages .....	<b>2</b>			<b>18,948.</b>
<b>3</b> Repairs and maintenance .....	<b>3</b>			<b>4.</b>
<b>4</b> Bad debts .....	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions .....	<b>5</b>			
<b>6</b> Taxes and licenses .....	<b>6</b>			<b>1,295.</b>
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>		<b>9.</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>9.</b>
<b>9</b> Depletion .....	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>			
<b>11</b> Employee benefit programs .....	<b>11</b>			<b>2,269.</b>
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>			
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>			
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b> .....	<b>14</b>			<b>10,178.</b>
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			<b>32,703.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			<b>-24,327.</b>
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>			<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			<b>-24,327.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 4 rows (Advertising gain (loss), Readership costs, Circulation income, Excess readership costs)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business)

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information input

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
OFFICE EXPENSE	1,309.
PURCHASED SERVICES	8,651.
OCCUPANCY	196.
TRAVEL	22.
TOTAL TO SCHEDULE A, PART II, LINE 14	10,178.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	100,161.	0.	100,161.	100,161.
06/30/20	63,593.	0.	63,593.	63,593.
06/30/21	23,403.	0.	23,403.	23,403.
06/30/22	28,338.	0.	28,338.	28,338.
NOL CARRYOVER AVAILABLE THIS YEAR			215,495.	215,495.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2  
OMB No. 1545-0047

**2022**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>ATLANTIC GENERAL HOSPITAL</b>	<b>B</b> Employer identification number <b>52-1656507</b>
<b>C</b> Unrelated business activity code (see instructions) <b>456110</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business **PHARMACY**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>661,366.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>	<b>661,366.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>	<b>537,647.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>123,719.</b>		<b>123,719.</b>
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>123,719.</b>		<b>123,719.</b>

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....				
<b>2</b> Salaries and wages .....				
<b>3</b> Repairs and maintenance .....				<b>499.</b>
<b>4</b> Bad debts .....				
<b>5</b> Interest (attach statement). See instructions .....				
<b>6</b> Taxes and licenses .....				<b>378.</b>
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion .....				
<b>10</b> Contributions to deferred compensation plans .....				
<b>11</b> Employee benefit programs .....				
<b>12</b> Excess exempt expenses (Part VIII) .....				
<b>13</b> Excess readership costs (Part IX) .....				
<b>14</b> Other deductions (attach statement) .....		<b>SEE STATEMENT 4</b>		<b>169,631.</b>
<b>15 Total deductions.</b> Add lines 1 through 14 .....				<b>170,508.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....				<b>-46,789.</b>
<b>17</b> Deduction for net operating loss. See instructions .....				<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....				<b>-46,789.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	N/A
1	Inventory at beginning of year .....	1	0.
2	Purchases .....	2	537,647.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	537,647.
7	Inventory at end of year .....	7	0.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	537,647.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)</b>					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

<b>Part V Unrelated Debt-Financed Income</b> (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Gross income from or allocable to debt-financed property .....				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11	<b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7





FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	AMOUNT
PURCHASED SERVICES	981.
OFFICE EXPENSES	5,481.
SUPPLIES	681.
CONTRACT SERVICE	157,728.
ADVERTISING	18.
CONSULTATION FEES	4,661.
BOOKS AND SUBSCRIPTIONS	18.
DUES	17.
TRAVEL	46.
TOTAL TO SCHEDULE A, PART II, LINE 14	169,631.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20	21,011.	0.	21,011.	21,011.
06/30/22	50,505.	0.	50,505.	50,505.
NOL CARRYOVER AVAILABLE THIS YEAR			71,516.	71,516.

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**ATLANTIC GENERAL HOSPITAL**

**PHYSICIAN BILLING  
SERVICES**

**52-1656507**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	9.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	9.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and S/L status.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2022 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2022 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Form **5471**

# Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2022)

Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2022**, and ending **DEC 31, 2022**

Attachment  
Sequence No. **121**

Name of person filing this return <b>ATLANTIC GENERAL HOSPITAL</b> Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) <b>9733 HEALTHWAY DRIVE</b> City or town, state, and ZIP code <b>BERLIN, MD 21811</b>		<b>A</b> Identifying number <b>52-1656507</b>
Filer's tax year beginning <b>JUL 1, 2022</b> , and ending <b>JUN 30, 2023</b>		<b>B</b> Category of filer (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/>
		<b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period <b>33.33 %</b>

**D** Check box if this is a final Form 5471 for the foreign corporation

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) \_\_\_\_\_

**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a</b> Name and address of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD. P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS</b>				<b>b(1)</b> Employer identification number, if any <b>98-0464065</b>
				<b>b(2)</b> Reference ID number (see instructions) <b>99999999</b>
				<b>c</b> Country under whose laws incorporated <b>CAYMAN ISLANDS</b>
<b>d</b> Date of incorporation <b>12/14/04</b>	<b>e</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>f</b> Principal business activity code number <b>524290</b>	<b>g</b> Principal business activity <b>OTHER INSURANCE FUND</b>	<b>h</b> Functional currency code <b>USD</b>

**2** Provide the following information for the foreign corporation's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation <b>ARTEX RISK SOLUTIONS (CAYMAN) LTD. P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS</b>	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different <b>SAME AS 2C</b>
---	--

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
<b>COMMON</b>	<b>100,000</b>	<b>100,000</b>

LHA For Paperwork Reduction Act Notice, see instructions. **SEE STATEMENT 6** **SEE STATEMENT 7** Form **5471** (Rev. 12-2022)

**Schedule B Shareholders of Foreign Corporation**

**Part I U.S. Shareholders of Foreign Corporation** (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
ATLANTIC GENERAL HOSPITAL 9733 HEALTHWAY DR. BERLIN MD 21811 52-1656507	COMMON	25,000	33,333	47.68%
CALVERT MEMORIAL HOSPITAL 100 HOSPITAL ROAD PRINCE FREDERICK MD 2067 52-0619000	COMMON	25,000	33,333	44.95%
GARRETT COUNTY MEMORIAL 251 NORTH FOURTH STREET OAKLAND MD 21550 52-6002795	COMMON	25,000	33,333	73.70%
DOCTORS HOSPITAL, INC. 8118 GOOD LUCK ROAD LANHAM MD 20706 52-1638026	COMMON	25,000	0	.00%

**Part II Direct Shareholders of Foreign Corporation** (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
ATLANTIC GENERAL HOSPITAL 9733 HEALTHWAY DR. BERLIN MD 21811 52-1656507	COMMON	25,000	33,333
CALVERT MEMORIAL HOSPITAL 100 HOSPITAL ROAD PRINCE FREDERICK MD 2067 52-0619000	COMMON	25,000	33,333
GARRETT COUNTY MEMORIAL 251 NORTH FOURTH STREET OAKLAND MD 21550 52-6002795	COMMON	25,000	33,333
DOCTORS HOSPITAL, INC. 8118 GOOD LUCK ROAD LANHAM MD 20706 52-1638026	COMMON	25,000	0

**Schedule C Income Statement**

**Important:** Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		Functional Currency	U.S. Dollars
<b>Income</b>	<b>1a</b> Gross receipts or sales .....	<b>1a</b>	1,646,866.
	<b>b</b> Returns and allowances .....	<b>1b</b>	
	<b>c</b> Subtract line 1b from line 1a .....	<b>1c</b>	1,646,866.
	<b>2</b> Cost of goods sold .....	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c) .....	<b>3</b>	1,646,866.
	<b>4</b> Dividends .....	<b>4</b>	
	<b>5</b> Interest .....	<b>5</b>	712,925.
	<b>6a</b> Gross rents .....	<b>6a</b>	
	<b>b</b> Gross royalties and license fees .....	<b>6b</b>	
	<b>7</b> Net gain or (loss) on sale of capital assets .....	<b>7</b>	67,414.
<b>8a</b> Foreign currency transaction gain or loss - unrealized .....	<b>8a</b>		
	<b>b</b> Foreign currency transaction gain or loss - realized .....	<b>8b</b>	
<b>9</b> Other income (attach statement) .....	<b>9</b>	SEE STATEMENT 8	-172,278.
<b>10</b> Total income (add lines 3 through 9) .....	<b>10</b>		2,254,927.
<b>Deductions</b>	<b>11</b> Compensation not deducted elsewhere .....	<b>11</b>	
	<b>12a</b> Rents .....	<b>12a</b>	
	<b>b</b> Royalties and license fees .....	<b>12b</b>	
	<b>13</b> Interest .....	<b>13</b>	
	<b>14</b> Depreciation not deducted elsewhere .....	<b>14</b>	
	<b>15</b> Depletion .....	<b>15</b>	
	<b>16</b> Taxes (exclude income tax expense (benefit)) .....	<b>16</b>	
	<b>17</b> Other deductions (attach statement - exclude income tax expense (benefit)) .....	<b>17</b>	SEE STATEMENT 9
<b>18</b> Total deductions (add lines 11 through 17) .....	<b>18</b>		2,254,927.
<b>Net Income</b>	<b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) .....	<b>19</b>	
	<b>20</b> Unusual or infrequently occurring items .....	<b>20</b>	
	<b>21a</b> Income tax expense (benefit) - current .....	<b>21a</b>	
	<b>b</b> Income tax expense (benefit) - deferred .....	<b>21b</b>	
	<b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b) .....	<b>22</b>	
<b>Other Comprehensive Income</b>	<b>23a</b> Foreign currency translation adjustments .....	<b>23a</b>	
	<b>b</b> Other .....	<b>23b</b>	
	<b>c</b> Income tax expense (benefit) related to other comprehensive income .....	<b>23c</b>	
	<b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) .....	<b>24</b>	

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash .....	1	2,662,730.	926,877.
2a Trade notes and accounts receivable .....	2a		
b Less allowance for bad debts .....	2b	( )	( )
3 Derivatives .....	3		
4 Inventories .....	4		
5 Other current assets (attach statement) .....	5	19,366,583.	10,809,660.
6 Loans to shareholders and other related persons .....	6		
7 Investment in subsidiaries (attach statement) .....	7		
8 Other investments (attach statement) .....	8	42,606,146.	37,750,802.
9a Buildings and other depreciable assets .....	9a		
b Less accumulated depreciation .....	9b	( )	( )
10a Depletable assets .....	10a		
b Less accumulated depletion .....	10b	( )	( )
11 Land (net of any amortization) .....	11		
12 Intangible assets:			
a Goodwill .....	12a		
b Organization costs .....	12b		
c Patents, trademarks, and other intangible assets .....	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c .....	12d	( )	( )
13 Other assets (attach statement) .....	13		
14 Total assets .....	14	64,635,459.	49,487,339.
<b>Liabilities and Shareholders' Equity</b>			
15 Accounts payable .....	15	156,700.	374,672.
16 Other current liabilities (attach statement) .....	16	831,280.	430,864.
17 Derivatives .....	17		
18 Loans from shareholders and other related persons .....	18		
19 Other liabilities (attach statement) .....	19	63,544,767.	48,579,091.
20 Capital stock:			
a Preferred stock .....	20a		
b Common stock .....	20b	100,000.	100,000.
21 Paid-in or capital surplus (attach reconciliation) .....	21	2,712.	2,712.
22 Retained earnings .....	22		
23 Less cost of treasury stock .....	23	( )	( )
24 Total liabilities and shareholders' equity .....	24	64,635,459.	49,487,339.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," complete lines 4b and 4c.		
b Enter the total amount of the base erosion payments .....	\$ _____	
c Enter the total amount of the base erosion tax benefit .....	\$ _____	
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," complete line 5b.		
b Enter the total amount of the disallowed deductions (see instructions) .....	\$ _____	



FORM 5471 AMOUNT AND TYPE OF INDEBTEDNESS OF FOREIGN CORPORATION TO THE RELATED PERSONS DESCRIBED IN REGULATIONS SECTION 1.6046-1(B)(11) STATEMENT 6

AMOUNT	DESCRIPTION
1.	THE AMOUNT AND TYPE OF ANY INDEBTEDNESS THE FOREIGN CORPORATION HAS WITH THE RELATED PERSONS DESCRIBED IN REGULATIONS 1.6046-1(B)(II).
2.	THE NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES TO BY EACH SUBSCRIBER TO THE FOREIGN CORPORATION'S STOCK.

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO THE STOCK OF THE FOREIGN CORPORATION STATEMENT 7

NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
------------------	--------------------	------------------

N/A

FORM 5471 OTHER INCOME STATEMENT 8

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNREALIZED GAIN/LOSS ON INVESTMENT			-172,278.
TOTAL TO 5471, SCHEDULE C, LINE 9			-172,278.

FORM 5471 OTHER DEDUCTIONS STATEMENT 9

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNDERWRITING EXPENSES			1,706,029.
ADMINISTRATIVE EXPENSES			548,898.
TOTAL TO 5471, SCHEDULE C, LINE 17			2,254,927.

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 10

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PREMIUMS RECEIVABLE	367,573.	0.
INTEREST RECEIVABLE	105,364.	126,525.
CLAIMS ESCROW FUNDS	150,739.	103,241.
OUTSTANDING LOSSES RECOVERABLE	18,458,962.	10,379,390.
DEFERRED REINSURANCE PREMIUMS CEDED	267,162.	185,550.
DEFERRED UNDERWRITING EXPENSES	14,023.	9,739.
PREPAID EXPENSES	2,760.	5,215.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5	<u>19,366,583.</u>	<u>10,809,660.</u>

FORM 5471

OTHER INVESTMENTS

STATEMENT 11

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
EQUITY SECURITIES	3,071,827.	3,087,400.
FIXED INCOME SECURITIES	21,004,460.	19,137,218.
EXCHANGE TRADED FUNDS	3,932,583.	2,740,704.
NON-EXCHANGE TRADED FUNDS	14,597,276.	12,785,480.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 8	<u>42,606,146.</u>	<u>37,750,802.</u>

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 12

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
UNEARNED PREMIUMS	831,280.	430,864.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	<u>831,280.</u>	<u>430,864.</u>

FORM 5471

OTHER LIABILITIES

STATEMENT 13

<u>DESCRIPTION</u>	<u>BEG. OF ANNUAL ACCOUNTING PERIOD</u>	<u>END OF ANNUAL ACCOUNTING PERIOD</u>
PROVISION FOR OUTSTANDING LOSSES	63,544,767.	48,579,091.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19	63,544,767.	48,579,091.

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No' and rows 6a through 19b. Includes questions about foreign-derived intangible income, gross receipts, cost-sharing arrangements, stock purchases, and distributions.

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
EP	EXCESS SUBPART F INCOME OVER EARNINGS AND PROFITS	

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder	Identifying number	
<b>1a</b> Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	<b>1a</b>	
<b>b</b> Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	<b>1b</b>	
<b>c</b> Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	<b>1c</b>	
<b>d</b> Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	<b>1d</b>	
<b>e</b> Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	<b>1e</b>	
<b>f</b> Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	<b>1f</b>	
<b>g</b> Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	<b>1g</b>	
<b>h</b> Other subpart F income (enter result from Worksheet A)	<b>1h</b>	110,351.
<b>2</b> Earnings invested in U.S. property (enter the result from Worksheet B)	<b>2</b>	
<b>3</b> Reserved for future use	<b>3</b>	
<b>4</b> Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	<b>4</b>	
<b>5a</b> Section 245A eligible dividends (see instructions)	<b>5a</b>	
<b>b</b> Extraordinary disposition amounts (see instructions)	<b>5b</b>	
<b>c</b> Extraordinary reduction amounts (see instructions)	<b>5c</b>	
<b>d</b> Section 245A(e) dividends (see instructions)	<b>5d</b>	
<b>e</b> Dividends not reported on line 5a, 5b, 5c, or 5d	<b>5e</b>	
<b>6</b> Exchange gain or (loss) on a distribution of previously taxed earnings and profits	<b>6</b>	

	Yes	No
<b>7a</b> Was any income of the foreign corporation blocked?		X
<b>b</b> Did any such income become unblocked during the tax year (see section 964(b))?		X
If the answer to either question is "Yes," attach an explanation.		
<b>8a</b> Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
<b>b</b> If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>c</b> Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>9</b> Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

**SCHEDULE G-1  
(Form 5471)**

(December 2021)

Department of the Treasury  
Internal Revenue Service

**Cost Sharing Arrangement**

OMB No. 1545-0123

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471 <b>ATLANTIC GENERAL HOSPITAL</b>		Identifying number <b>52-1656507</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPAN</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>99999999</b>

**Important.** Complete a separate Schedule G-1 for each cost sharing arrangement (CSA) in which the foreign corporation was a participant during the tax year. Report all amounts in U.S. dollars. See instructions.

- 1** Provide a brief description of the CSA with respect to which this Schedule G-1 is being completed.  
**SEE STATEMENT 15**

		Yes	No
<b>2</b>	During the course of the tax year, did the foreign corporation become a participant in the CSA? .....		X
<b>3</b>	Was the CSA in effect before January 5, 2009? .....		X
<b>4</b>	What was the foreign corporation's share of reasonably anticipated benefits for the CSA during the tax year? ..... ▶ %		
<b>5a</b>	Did a U.S. taxpayer make any platform contributions (as defined in Regulations section 1.482-7(c)) to the CSA during the tax year? .....		X
<b>b</b>	If the answer to question 5a is "Yes," enter the present value of the platform contributions in U.S. dollars ..... \$		
<b>c</b>	If the answer to question 5a is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s). <input type="checkbox"/> Comparable uncontrolled transaction method <input type="checkbox"/> Income method <input type="checkbox"/> Acquisition price method <input type="checkbox"/> Market capitalization method <input type="checkbox"/> Residual profit split method <input type="checkbox"/> Unspecified method		
<b>6a</b>	Enter the total amount of stock-based compensation deductions claimed by the filer for the tax year ..... ▶ \$		
<b>b</b>	Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and, at the date of the grant is directly identified with, or reasonably allocable to, the intangible development activity under the CSA ..... ▶ \$		
<b>c</b>	Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity? .....		X
<b>7a</b>	For the tax year, enter the total amount of intangible development costs for the CSA ..... ▶ \$		
<b>b</b>	For the tax year, enter the amount of intangible development costs allocable to the foreign corporation based on the foreign corporation's reasonably anticipated benefits share ..... ▶ \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule G-1 (Form 5471) (12-2021)

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5471 SCH G-1

STATEMENT 15

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THE CONTROLLED FOREIGN CORPORATION FOR WHICH THIS INFORMATIONAL RETURN IS BEING FILED DOES NOT PARTICIPATE IN ANY COST SHARING ARRANGEMENTS AS DEFINED IN SECTION 1.482-7(B). SCHEDULE G-1, WHICH REPORTS COST SHARING ARRANGEMENTS AND IS REQUIRED TO BE ATTACHED TO THIS RETURN, IS BEING FILED BUT DOES NOT HAVE ANY DETAILS PROVIDED BECAUSE THE CONTROLLED FOREIGN CORPORATION DID NOT PARTICIPATE IN ANY COST SHARING ARRANGEMENTS DURING THE TAX YEAR.



**SCHEDULE E  
(Form 5471)**

(Rev. December 2021)  
Department of the Treasury  
Internal Revenue Service

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

OMB No. 1545-0123

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471 <b>ATLANTIC GENERAL HOSPITAL</b>		Identifying number <b>52-1656507</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>		EIN (if any) <b>98-0464065</b>
		Reference ID number (see instructions) <b>99999999</b>
a Separate Category (Enter code - see instructions.)		▶ <b>GEN</b>
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		▶

**Part I Taxes for Which a Foreign Tax Credit Is Allowed**

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspected Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	
1			<input type="checkbox"/>				
2			<input type="checkbox"/>				
3			<input type="checkbox"/>				
4			<input type="checkbox"/>				
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1		<input type="checkbox"/>					
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						▶
6	Total (combine lines 1 through 4 of column (m))						▶

**Section 2 - Taxes Deemed Paid by Foreign Corporation**

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)	
1						
2						
3						
4						
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)		
1						
2						
3						
4						
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6					▶

Name of foreign corporation **FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.** EIN (if any) **98-0464065** Reference ID number (see instructions) **99999999**

- a** Separate Category (Enter code - see instructions.) ▶ **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes  No If "Yes," state date of election ▶

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed** (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
<b>1</b>									
<b>2</b>									
<b>3</b>	In functional currency (combine lines 1 and 2) <span style="float: right;">▶</span>								
<b>4</b>	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) <span style="float: right;">▶</span>								

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars.

		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
<b>1a</b>	Balance at beginning of year (as reported in prior year Schedule E-1) <span style="float: right;">▶</span>				
<b>b</b>	Beginning balance adjustments (attach statement) <span style="float: right;">▶</span>				
<b>c</b>	Adjusted beginning balance (combine lines 1a and 1b) <span style="float: right;">▶</span>				
<b>2</b>	Adjustment for foreign tax redetermination <span style="float: right;">▶</span>				
<b>3a</b>	Taxes unsuspending under anti-splitter rules <span style="float: right;">▶</span>				
<b>b</b>	Taxes suspended under anti-splitter rules <span style="float: right;">▶</span>				
<b>4</b>	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l) <span style="float: right;">▶</span>				
<b>5</b>	Taxes carried over in nonrecognition transactions <span style="float: right;">▶</span>				
<b>6</b>	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l) <span style="float: right;">▶</span>				
<b>7</b>	Other adjustments (attach statement) <span style="float: right;">▶</span>				
<b>8</b>	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7) <span style="float: right;">▶</span>				
<b>9</b>	Taxes deemed paid with respect to inclusions (see instructions) <span style="float: right;">▶</span>				
<b>10</b>	Taxes deemed paid with respect to actual distributions <span style="float: right;">▶</span>				
<b>11</b>	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P <span style="float: right;">▶</span>				
<b>12</b>	Other (attach statement) <span style="float: right;">▶</span>				
<b>13</b>	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c)) <span style="float: right;">▶</span>				
<b>14</b>	Reserved for future use <span style="float: right;">▶</span>				
<b>15</b>	Reduction for other taxes not deemed paid <span style="float: right;">▶</span>				
<b>16</b>	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12 <span style="float: right;">▶</span>				

Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>99999999</b>
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- a Separate Category (Enter code - see instructions.) ..... **GEN**
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) .....
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) .....

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation** *(continued)*

**(e) Taxes related to previously taxed E&P** (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
<b>1a</b>										
<b>b</b>										
<b>c</b>										
<b>2</b>										
<b>3a</b>										
<b>b</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										
<b>11</b>										
<b>12</b>										
<b>13</b>										
<b>14</b>										
<b>15</b>										
<b>16</b>										

**SCHEDULE H  
(Form 5471)**

(Rev. December 2021)  
Department of the Treasury  
Internal Revenue Service

**Current Earnings and Profits**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>ATLANTIC GENERAL HOSPITAL</b>		Identifying number <b>52-1656507</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE CO</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instr.) <b>99999999</b>

**IMPORTANT:** Enter the amounts on lines 1 through 5c in **functional** currency.

<b>1</b>	Current year net income or (loss) per foreign books of account		<b>1</b>	<b>0.</b>
<b>2</b>	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions	
<b>a</b>	Capital gains or losses	<b>2a</b> 7,058,382.		
<b>b</b>	Depreciation and amortization	<b>2b</b>		
<b>c</b>	Depletion	<b>2c</b>		
<b>d</b>	Investment or incentive allowance	<b>2d</b>		
<b>e</b>	Charges to statutory reserves	<b>2e</b>		
<b>f</b>	Inventory adjustments	<b>2f</b>		
<b>g</b>	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i))	<b>2g</b>		
<b>h</b>	Foreign currency gains or losses	<b>2h</b>		
<b>i</b>	Other (attach statement) <b>SEE STATEMENT 16</b>	<b>2i</b>	6,826,941.	
<b>3</b>	Total net additions	<b>3</b> 7,058,382.		
<b>4</b>	Total net subtractions	<b>4</b>	6,826,941.	
<b>5a</b>	Current earnings and profits (line 1 plus line 3 minus line 4)		<b>5a</b>	<b>231,441.</b>
<b>b</b>	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)		<b>5b</b>	
<b>c</b>	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines		<b>5c</b>	<b>231,441.</b>
<b>(i)</b>	General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(i)</b>	231,441.	
<b>(ii)</b>	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(ii)</b>		
<b>(iii)</b>	Section 901(j) category:			
<b>(A)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(A)</b>		
<b>(B)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(B)</b>		
<b>(C)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(C)</b>		
<b>(D)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(D)</b>		
<b>d</b>	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))		<b>5d</b>	<b>231,441.</b>
<b>e</b>	Enter exchange rate used for line 5d ▶ _____			

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 16

<u>DESCRIPTION</u>	<u>NET ADDITIONS</u>	<u>NET SUBTRACTIONS</u>
RELATED PARTY PREMIUMS		1,646,866.
RELATED PARTY LOSS RESERVES AND C		5,180,075.
TOTAL TO 5471, SCHEDULE H, LINE 2I		6,826,941.

**SCHEDULE I-1  
(Form 5471)**

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

OMB No. 1545-0123

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471 <b>ATLANTIC GENERAL HOSPITAL</b>		Identifying number <b>52-1656507</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMP</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>99999999</b>
Separate Category (Enter code - see instructions) .....		▶ <b>GEN</b>

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income (see instructions if cost of goods sold exceed gross receipts) .....	<b>1</b>	<b>2254927.</b>		
<b>2</b> Exclusions (see instructions if cost of goods sold exceed gross receipts)				
<b>a</b> Effectively connected income .....	<b>2a</b>			
<b>b</b> Subpart F income .....	<b>2b</b>	<b>2254927.</b>		
<b>c</b> High-tax exception income per section 954(b)(4) .....	<b>2c</b>			
<b>d</b> Related party dividends .....	<b>2d</b>			
<b>e</b> Foreign oil and gas extraction income .....	<b>2e</b>			
<b>3</b> Total exclusions (combine lines 2a through 2e) .....	<b>3</b>	<b>2254927.</b>		
<b>4</b> Gross income less total exclusions (line 1 minus line 3) (see instructions) ...	<b>4</b>	<b>0.</b>		
<b>5</b> Deductions properly allocable to amount on line 4 .....	<b>5</b>			
<b>6</b> Tested income (loss) (line 4 minus line 5) .....	<b>6</b>	<b>0.</b>	<b>1.000000</b>	
<b>7</b> Tested foreign income taxes .....	<b>7</b>		<b>1.000000</b>	
<b>8</b> Qualified business asset investment (QBAI) .....	<b>8</b>		<b>1.000000</b>	
<b>9a</b> Interest expense included on line 5 .....	<b>9a</b>			
<b>b</b> Qualified interest expense .....	<b>9b</b>			
<b>c</b> Tested loss QBAI amount .....	<b>9c</b>			
<b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- .....	<b>9d</b>		<b>1.000000</b>	
<b>10a</b> Interest income included in line 4 .....	<b>10a</b>			
<b>b</b> Qualified interest income .....	<b>10b</b>			
<b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0- .....	<b>10c</b>		<b>1.000000</b>	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471

Identifying number

**ATLANTIC GENERAL HOSPITAL**

52-1656507

Name of foreign corporation

EIN (if any)

Reference ID number

**FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.**

98-0464065

99999999

**a** Separate Category (Enter code - see instructions.) ..... ▶ **GEN**

**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶

**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
<b>1a</b>	Balance at beginning of year (as reported on prior year Schedule J) .....	- 309,649.	-12877111.				
<b>b</b>	Beginning balance adjustments (attach statement) .....						
<b>c</b>	Adjusted beginning balance (combine lines 1a and 1b) .....	- 309,649.	-12877111.				
<b>2a</b>	Reduction for taxes unsuspending under anti-splitter rules						
<b>b</b>	Disallowed deduction for taxes suspended under anti-splitter rules .....						
<b>3</b>	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) .....	231,441.					
<b>4</b>	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....						
<b>5a</b>	E&P carried over in nonrecognition transaction .....						
<b>b</b>	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction .....						
<b>6</b>	Other adjustments (attach statement) .....						
<b>7</b>	Total current and accumulated E&P (combine lines 1c through 6) .....	- 78,208.	-12877111.				
<b>8</b>	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....	- 231,441.					
<b>9</b>	Actual distributions .....						
<b>10</b>	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....						
<b>11</b>	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
<b>12</b>	Other adjustments (attach statement) .....						
<b>13</b>	Hovering deficit offset of undistributed post-transaction E&P (see instructions) .....						
<b>14</b>	Balance at beginning of next year (combine lines 7 through 13)	- 309,649.	-12877111.				

**Part I Accumulated E&P of Controlled Foreign Corporation** *(continued)*

	<b>(e) Previously Taxed E&amp;P</b> (see instructions)				
	<b>(iii)</b> General section 959(c)(1) PTEP	<b>(iv)</b> Reclassified section 951A PTEP	<b>(v)</b> Reclassified section 245A(d) PTEP	<b>(vi)</b> Section 965(a) PTEP	<b>(vii)</b> Section 965(b) PTEP
1a					
b					
c					
2a					
b					
3					
4					
5a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

	<b>(e) Previously Taxed E&amp;P</b> (see instructions)			<b>(f)</b>
	<b>(viii)</b> Section 951A PTEP	<b>(ix)</b> Section 245A(d) PTEP	<b>(x)</b> Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a			479,763.	-12,706,997.
b				
c			479,763.	-12,706,997.
2a				
b				
3				231,441.
4				
5a				
b				
6				
7			479,763.	-12,475,556.
8			231,441.	0.
9			-503,359.	-503,359.
10				
11				
12				
13				
14			207,845.	-12,978,915.



**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

**Important:** Enter amounts in functional currency.

<b>1</b>	Balance at beginning of year .....	▶	<b>1</b>	
<b>2</b>	Additions (amounts subject to future recapture) .....	▶	<b>2</b>	
<b>3</b>	Subtractions (amounts recaptured in current year) .....	▶	<b>3</b>	
<b>4</b>	Balance at end of year (combine lines 1 through 3) .....	▶	<b>4</b>	

Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>ATLANTIC GENERAL HOSPITAL</b>			Identifying number <b>52-1656507</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COM</b>	EIN (if any) <b>98-0464065</b>	Reference ID number <b>99999999</b>	

**Important:** Complete a separate Schedule O for each foreign corporation for which information must be reported.

<b>Part I To Be Completed by U.S. Officers and Directors</b>				
(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

<b>Part II To Be Completed by U.S. Shareholders</b>	
<i>Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.</i>	

<b>Section A - General Shareholder Information</b>				
(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
<b>STMT 17 ATLANTIC GENERAL 9733 HEALTHWAY DRIVE BERLIN, M 52-1656507</b>				

<b>Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation</b>				
(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director
<b>STMT 18 CHERYL NOTTINGHAM</b>	<b>10114 PEBBLE COURT OCEAN CITY MD 21842</b>		<b>X</b>	<b>X</b>
<b>DEAN TEAGUE</b>	<b>8420 COPPERLEAFT COURT OWNINGS MD 20736</b>		<b>X</b>	<b>X</b>
<b>MARK BOUCOT</b>	<b>18 FREDERICK CIRCLE SWANTON MD 21561</b>			<b>X</b>

<b>Section C - Acquisition of Stock</b>						
(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively
<b>SAME AS 5471</b>	<b>COMMON</b>	<b>03/01/2022</b>		<b>8,333</b>		

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired
	FREESTATE HEALTHCARE INS PO BOX 10233 GRAND CAYMAN CAYMAN ISLANDS

**Section D - Disposition of Stock**

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

**Section E - Organization or Reorganization of Foreign Corporation**

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

**Section F - Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

5471 SCHEDULE O

GENERAL SHAREHOLDER INFORMATION

STATEMENT 17

(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE:			(C) DATE SHAREHOLD- ER LAST FILED IN- FORMATION RTN UNDER SEC. 6046
	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	
ATLANTIC GENERAL 9733 HEALTHWAY DRIVE BERLIN, M 52-1656507				

FORM 5471 SCHEDULE O

U.S. OFFICER OR DIRECTOR OF FOREIGN CORPORATION STATEMENT 18

(A) NAME OF U.S. OFFICER OR DIRECTOR	(B) ADDRESS	(C) SOCIAL SECURITY NUMBER	(D) CHECK APPROPRIATE BOX(ES)	
			OFFI- CER	DIREC- TOR
TIM ADELMAN	8118 GOOD LUCK ROAD LANHAM MD 20706			X

**SCHEDULE P  
(Form 5471)**

(Rev. December 2020)

Department of the Treasury  
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder  
of Certain Foreign Corporations**

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471 <b>ATLANTIC GENERAL HOSPITAL</b>		Identifying number <b>52-1656507</b>
Name of U.S. shareholder <b>ATLANTIC GENERAL HOSPITAL</b>		Identifying number <b>52-1656507</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>99999999</b>
<b>a</b> Separate Category (Enter code - see instructions.) ..... ▶ <b>GEN</b> <b>b</b> If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶		

**Part I Previously Taxed E&P in Functional Currency** (see instructions)

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) .....			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

**Part I** **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
<b>1a</b>							230,118.	230,118.
<b>b</b>								
<b>c</b>							230,118.	230,118.
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>							230,118.	230,118.
<b>7</b>							110,351.	110,351.
<b>8</b>							-150,114.	-150,114.
<b>9</b>								
<b>10</b>								
<b>11</b>								
<b>12</b>							190,355.	190,355.

**Part II Previously Taxed E&P in U.S. Dollars**

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) .....			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

Schedule P (Form 5471) (Rev. 12-2020)

**Part II** **Previously Taxed E&P in U.S. Dollars** *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
<b>1a</b>							230,118.	230,118.
<b>b</b>								
<b>c</b>							230,118.	230,118.
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>							230,118.	230,118.
<b>7</b>							110,351.	110,351.
<b>8</b>							-150,114.	-150,114.
<b>9</b>								
<b>10</b>								
<b>11</b>								
<b>12</b>							190,355.	190,355.



**SCHEDULE Q  
(Form 5471)**

(Rev. December 2022)  
Department of the Treasury  
Internal Revenue Service

**CFC Income by CFC Income Groups**

Attach to Form 5471.

Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 <b>ATLANTIC GENERAL HOSPITAL</b>		Identifying number <b>52-1656507</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>99999999</b>

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

- A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) ..... **GEN**
- B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) .....
- C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions) .....

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

- D** Indicate whether this Schedule Q is being completed for:  U.S. source income or  Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

- E** If this Schedule Q is being completed for FOGEI or FORI income, check this box

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>a</b> Dividends, Interest, Rents, Royalties, & Annuities (Total) .....		2,254,927.	2,023,486.				
<b>(1)</b> Unit name: <b>FREESTATE HE</b>	CJ	2,254,927.	2,023,486.				
<b>(2)</b> Unit name: _____							
<b>b</b> Net Gain From Certain Property Transactions (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>c</b> Net Gain From Commodities Transactions (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>d</b> Net Foreign Currency Gain (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>e</b> Income Equivalent to Interest (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>f</b> Other .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>g</b> Foreign Base Company Sales							
Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							

**Important:** See Computer-Generated Schedule Q in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
<b>1</b>									
<b>a</b>				231,441.		57,061,399.			
(1)				231,441.		57,061,399.			
(2)									
<b>b</b>									
(1)									
(2)									
<b>c</b>									
(1)									
(2)									
<b>d</b>									
(1)									
(2)									
<b>e</b>									
(1)									
(2)									
<b>f</b>									
(1)									
(2)									
<b>g</b>									
(1)									
(2)									

**Important:** See **Computer-Generated Schedule Q** in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>h</b> Foreign Base Company Services							
Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>i</b> Full Inclusion Foreign Base Company							
Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>j</b> Insurance Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>k</b> International Boycott Income .....							
<b>l</b> Bribes, Kickbacks, and Other Payments .....							
<b>m</b> Section 901(j) income .....							
<b>2</b> Recaptured Subpart F Income .....							
<b>3</b> Tested Income Group (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>4</b> Residual Income Group (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>5</b> Total .....		2,254,927.	2,023,486.				

**Important:** See Computer-Generated Schedule Q in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
<b>1</b>									
<b>h</b>									
(1)									
(2)									
<b>i</b>									
(1)									
(2)									
<b>j</b>									
(1)									
(2)									
<b>k</b>									
<b>l</b>									
<b>m</b>									
<b>2</b>									
<b>3</b>									
(1)									
(2)									
<b>4</b>									
(1)									
(2)									
<b>5</b>				231,441.					

**Important:** See **Computer-Generated Schedule Q** in instructions.

**SCHEDULE R  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**Distributions From a Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471: **ATLANTIC GENERAL HOSPITAL** Identifying number: **52-1656507**

Name of foreign corporation: **FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.** EIN (if any): **98-0464065** Reference ID number (see instructions): **99999999**

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NON TAXABLE CASH DIVIDEND UNDER IRC SEC 95	12/31/2022	150,114.	150,114.
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ATLANTIC GENERAL HOSPITAL</b>	Identifying number (see instructions) <b>52-1656507</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	<b>5a</b> Identifying number, if any <b>98-0464065</b>
--	---

<b>6</b> Address (including country) <b>P.O. BOX 10233 GRAND CAYMAN, CAYMAN ISLANDS KY1-1002 CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number
--	-------------------------------

**7** Country code of country of incorporation or organization  
**CJ**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			700,493.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)  
 SEE STATEMENT 19

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
 (a) Before \_\_\_\_\_ % (b) After \_\_\_\_\_ %
- 17 Type of nonrecognition transaction (see instructions) ▶ \_\_\_\_\_
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
 If "Yes," complete lines 20b and 20c.
  - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
  - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No



FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS 1.6038B-1(C)  
AND TEMPORARY REGULATIONS 1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION 1.6038B-1T(C)(1): TRANSFEROR:

ATLANTIC GENERAL HOSPITAL CORPORATION  
EIN: 52-1656507  
9733 HEALTHWAY DRIVE  
BERLIN, MD 21811

REGULATION 1.6038B-1T(C)(2): TRANSFEREE:

(I.): FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.  
EIN: 98-0464065  
P.O. BOX 10233  
GRAND CAYMAN KY1-1002, CAYMAN ISLANDS

INCORPORATED IN THE CAYMAN ISLANDS

(II.): INSURANCE PREMIUMS RECEIVED FROM RELATED PARTIES CONSIDERED TO BE  
DEEMED CONTRIBUTIONS TO CAPITAL OF  
THE ABOVE CORPORATION OCCURRED ON VARIOUS DATES THROUGHOUT THE YEAR. THE TOTAL  
AMOUNT OF THE DEEMED CONTRIBUTIONS WAS \$700,493.

REGULATION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED:

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR DEEMED CASH CONTRIBUTIONS TO CAPITAL OF \$700,493. THE TAXPAYER OWNED 33.33% OF THE STOCK OF THE TRANSFEREE CORPORATION BOTH BEFORE AFTER THESE TRANSFERS.

REGULATION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED:

CASH IN THE AMOUNT OF \$700,493. (US DOLLARS)

REGULATIONS 1.6038B-1T(C)(5): TRANSFEROR OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES:

NOT APPLICABLE

REGULATIONS 1.6038B-1T(C)(6): APPLICATION OF IRC SECTION 367(A)(5)

NOT APPLICABLE

Electronic Filing PDF Attachment




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# **Atlantic General Hospital Corporation**

## **Independent Auditor's Report and Financial Statements**

June 30, 2023 and 2022

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# Table of Contents

<b>Independent Auditor's Report</b> .....	1
<b>Financial Statements:</b>	
Balance Sheets.....	3
Statements of Operations.....	5
Statements of Change in Net Assets.....	6
Statements of Cash Flows.....	7
Notes to the Financial Statements.....	8

## Independent Auditor's Report

Board of Trustees  
Atlantic General Hospital Corporation  
Berlin, Maryland

### **Opinion**

We have audited the financial statements of Atlantic General Hospital Corporation (the "Corporation"), which comprise the balance sheets as of June 30, 2023 and 2022, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the Corporation as of June 30, 2023 and 2022, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 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.

### **Change in Accounting Principles**

As discussed in Note 2 to the financial statements, the Corporation changed its method of accounting for leases in accordance with Accounting Standards Codification Topic 842, *Leases*, effective July 1, 2022. The Corporation adopted this standard using a modified retrospective transition approach and has elected not to restate prior periods. Our opinion is not modified with respect to this matter.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the 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 were available to be issued.

# FORVIS

## ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 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 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 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 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.

**FORVIS,LLP**

**Tysons, Virginia  
October 26, 2023**

**Atlantic General Hospital Corporation**  
**Balance Sheets**  
**June 30, 2023 and 2022**

	<b>2023</b>	<b>2022</b>
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$ 16,799,219	\$ 27,708,808
Investments	14,870,749	10,583,728
Patient accounts receivable, net	12,238,696	13,055,093
Supply inventories	3,332,558	3,174,763
Current portion of pledges receivable	151,920	2,087,892
Prepaid expenses and other current assets	4,437,730	4,373,852
	<b>51,830,872</b>	60,984,136
Land, buildings and equipment, net	54,321,471	55,933,973
Right-of-use assets - operating leases	3,079,025	-
Other assets:		
Assets whose use is limited:		
Cash and cash equivalents restricted by donor	344,110	344,110
Cash and cash equivalents internally designated for an endowment	112,379	99,655
Investments internally designated for deferred compensation	3,949,691	3,332,921
Investments internally designated for an endowment	4,524,479	4,170,953
Noncurrent pledges receivable, net	700,804	668,179
Goodwill and intangible assets, net	1,332,674	1,559,511
Swap contracts	2,298,340	676,709
Other noncurrent assets	5,771,988	5,703,388
	<b>19,034,465</b>	16,555,426
Total assets	<b>\$ 128,265,833</b>	<b>\$ 133,473,535</b>



**Atlantic General Hospital Corporation**  
**Balance Sheets**  
**June 30, 2023 and 2022**

(Continued)

	<u>2023</u>	<u>2022</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 9,791,052	\$ 6,646,702
Salaries, wages, and related items	7,362,751	9,607,689
Interest payable	118,349	113,614
Advances from third party payors	2,623,732	7,855,330
Current portion of long-term obligations	1,751,624	1,526,147
Current portion of operating lease obligations	970,375	-
Total current liabilities	<u>22,617,883</u>	<u>25,749,482</u>
Noncurrent liabilities:		
Long-term obligations, less current portion and net of unamortized debt issuance costs	34,548,759	35,412,535
Other liabilities	11,221,679	10,536,309
Long-term operating lease obligations	2,108,650	-
Total liabilities	<u>70,496,971</u>	<u>71,698,326</u>
Net assets:		
Without donor restrictions		
General	51,943,066	54,123,714
Board-designated	4,628,962	4,551,314
With donor restrictions	1,196,834	3,100,181
Total net assets	<u>57,768,862</u>	<u>61,775,209</u>
Total liabilities and net assets	<u>\$ 128,265,833</u>	<u>\$ 133,473,535</u>

See accompanying notes.

**Atlantic General Hospital Corporation**  
**Statements of Operations**  
**Years Ended June 30, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
Operating revenue:		
Net patient service revenue	\$ 146,247,385	\$ 142,520,337
Other operating revenue	<u>10,489,234</u>	<u>10,801,275</u>
Total operating revenue	<b>156,736,619</b>	153,321,612
Operating expenses:		
Salaries	74,262,733	67,256,937
Employee benefits and other related expenses	13,535,715	13,177,026
Professional fees and contracted services	13,636,210	12,958,566
Supplies and other expense	42,547,700	38,088,702
Utilities	1,905,582	1,763,358
Maintenance and repairs	8,711,372	8,783,010
Insurance	2,015,118	2,170,878
Interest	1,561,724	1,538,253
Depreciation	8,019,847	8,164,115
Amortization	<u>226,836</u>	<u>226,247</u>
Total operating expenses	<b>166,422,837</b>	154,127,092
Loss from operations	<b>(9,686,218)</b>	(805,480)
Other income (loss):		
Investment income (loss)	(33,285)	1,006,166
Net unrealized gains (losses)	2,550,501	(4,245,936)
Change in fair value of swap contracts	1,621,631	4,339,658
Other	<u>1,523,303</u>	<u>1,172,003</u>
Total other income	<b>5,662,150</b>	2,271,891
Excess (deficit) of revenue and gains over expenses	<b>\$ (4,024,068)</b>	<b>\$ 1,466,411</b>

**Atlantic General Hospital Corporation**  
**Statements of Changes in Net Assets**  
**Years Ended June 30, 2023 and 2022**

	<b>2023</b>		
	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
Net assets, beginning of year	\$ 58,675,028	\$ 3,100,181	\$ 61,775,209
Deficit of revenue and gains over expenses	(4,024,068)	-	(4,024,068)
Restricted contributions	-	17,721	17,721
Net assets released from restrictions used for operations	-	-	-
Net assets released from restrictions used for capital acquisitions	1,921,068	(1,921,068)	-
Changes in net assets	<u>(2,103,000)</u>	<u>(1,903,347)</u>	<u>(4,006,347)</u>
Net assets, end of year	<u>\$ 56,572,028</u>	<u>\$ 1,196,834</u>	<u>\$ 57,768,862</u>

	<b>2022</b>		
	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
Net assets, beginning of year	\$ 55,644,042	\$ 4,360,740	\$ 60,004,782
Excess of revenue and gains over expenses	1,466,411	-	1,466,411
Restricted contributions	-	308,494	308,494
Net assets released from restrictions used for operations	-	(4,478)	(4,478)
Net assets released from restrictions used for capital acquisitions	1,564,575	(1,564,575)	-
Changes in net assets	<u>3,030,986</u>	<u>(1,260,559)</u>	<u>1,770,427</u>
Net assets, end of year	<u>\$ 58,675,028</u>	<u>\$ 3,100,181</u>	<u>\$ 61,775,209</u>

See accompanying notes.

**Atlantic General Hospital Corporation**  
**Statements of Cash Flows**  
**Years Ended June 30, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
Cash flows from operating activities and other gains:		
Change in net assets	\$ (4,006,347)	\$ 1,770,427
Adjustments to reconcile change in net assets to net cash and cash equivalents used by operating activities and other gains:		
Depreciation and amortization expense	8,246,683	8,390,362
Non-cash operating lease expense	1,078,514	-
Amortization of debt issuance costs	52,141	52,141
Recognition of change in fair value of swap contracts	(1,621,631)	(4,339,658)
Realized losses (gains) on sale of investments	650,132	(552,674)
Unrealized losses (gains) on trading portfolio	(2,550,501)	4,245,936
Donations and grants for capital acquisition	(1,921,068)	(1,564,575)
Changes in operating assets and liabilities:		
Decrease (increase) in:		
Patient accounts receivable, net	816,397	(1,426,696)
Supply inventory	(157,795)	(34,286)
Prepaid expenses and other current assets	(63,878)	(1,135,536)
Other assets	1,834,748	1,674,592
Increase (decrease) in:		
Accounts payable and accrued expenses	397,875	208,456
Salaries, wages and related items	(2,244,938)	(205,925)
Interest payable	4,735	(3,102)
Third party advances	(5,231,598)	(13,553,142)
Operating lease obligations	(1,078,514)	-
Other liabilities	685,370	(569,432)
Net cash and cash equivalents used by operating activities	<u>(5,109,675)</u>	<u>(7,043,112)</u>
Cash flows from investing activities:		
Net purchase of investments	(3,356,948)	(323,941)
Purchase of land, building, and equipment	<u>(2,655,820)</u>	<u>(2,305,117)</u>
Net cash and cash equivalents used by investing activities	<u>(6,012,768)</u>	<u>(2,629,058)</u>
Cash flows from financing activities:		
Payments on long-term obligations	(1,695,490)	(1,419,372)
Donations received restricted for capital acquisitions	<u>1,921,068</u>	<u>1,564,575</u>
Net cash and cash equivalents provided by financing activities	<u>225,578</u>	<u>145,203</u>
Net change in cash and cash equivalents	<u>(10,896,865)</u>	<u>(9,526,967)</u>
Cash, cash equivalents, and restricted cash at beginning of year	<u>28,152,573</u>	<u>37,679,540</u>
Cash, cash equivalents, and restricted cash at end of year	<u>\$ 17,255,708</u>	<u>\$ 28,152,573</u>
Supplemental cash flow disclosure:		
Interest paid	<u>\$ 1,514,318</u>	<u>\$ 1,483,010</u>
Noncash supplemental cash flow disclosure:		
Land, building, and equipment in accounts payable	<u>\$ 2,746,475</u>	<u>\$ 20,280</u>
Capital lease obligation for the acquisition of equipment	<u>\$ 1,005,050</u>	<u>\$ 806,341</u>

See accompanying notes.

## Notes to Financial Statements

### 1. Organization and Nature of Activities

Atlantic General Hospital Corporation (the "Corporation") is a non-stock, non-profit Maryland corporation organized on April 4, 1989, primarily for the purpose of constructing, owning and operating Atlantic General Hospital (the "Hospital") in Worcester County, Maryland. On May 21, 1993, the Hospital commenced operations as a full-service acute care inpatient and outpatient health care facility. Admitting physicians are primarily practitioners in the local area. Prior to May 21, 1993, the Corporation's primary activity was the planning and development of the Hospital.

### 2. Summary of Significant Accounting Policies

#### *Use of estimates*

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

#### *Basis of presentation*

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Revenues are reported as increases in net assets without donor restrictions unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulation or by law. Contributions, including unconditional promises to give, with no donor-imposed restrictions are recognized in the period received as increases in net assets without donor restrictions. Contributions with donor-imposed restrictions are reported as increases in net assets with donor restrictions. Expirations of restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets.

Income and realized net gains (losses) on investments are reported as follows:

- Increases (decreases) in net assets with donor restrictions if the terms of the gift or the Corporation's interpretation of relevant state law require that they be added to the principal of a permanent net asset with donor restriction;
- Increases (decreases) in net assets with donor restrictions if the terms of the gift impose restrictions on the use of the income;
- Increases (decreases) in net assets without donor restrictions in all other cases.

#### *Board-designated net assets without donor restrictions*

Net assets without donor restrictions include amounts designated by the Board of Trustees for a particular purpose. The Board of Trustees may remove or modify the designations at any time. The board-designated assets were a result of the Hospital being named beneficiary in a portion of an estate pursuant to a will in 2001. The Board of Trustees has determined that any investment income on the endowment will be internally

## Atlantic General Hospital Corporation Notes to Financial Statements

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designated by using a three-year rolling average market value method, of which 3% annually can be used to fund physician practice development.

### **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 available for use in general operations and not subject to donor restrictions. All revenue without donor restrictions and 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 subject to donor-imposed restrictions. Some donor-imposed restrictions 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 with donor restrictions 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.

### **Risk factors**

The Corporation's ability to maintain and/or increase future revenues could be adversely affected by: (1) the growth of managed care organizations promoting alternative methods for health care delivery and payment of services such as discounted fee-for-service networks and capitated fee arrangements (the rate setting process in the State of Maryland prohibits hospitals from entering into discounted fee arrangements, however, managed care contracts may provide for exclusive service arrangements); (2) proposed and/or future changes in the laws, rules, regulations, and policies relating to the definition, activities, and/or taxation of not-for-profit tax-exempt entities; (3) the outcome of the federal budget debate, and the enactment into law of all or any part of the current budget resolutions under consideration by Congress related to Medicare and Medicaid reimbursement methodology and/or further reductions in payments to hospitals and other health care providers; (4) the ultimate impact of the federal health care reform legislation (5) the future of Maryland's certificate of need program, where future deregulation could result in the entrance of new competitors, or future additional regulation may eliminate the Hospital's ability to expand or add new services; and (6) the future of the Maryland Health Services Cost Review Commission's ("HSCRC" or "Commission") authority to regulate rates, where future changes could result in reductions to revenues since payors would be allowed to negotiate discounts not currently allowed.

The Joint Commission, a non-governmental privately owned entity, provides accreditation status to hospitals and other health care organizations in the United States of America. Such accreditation is based upon a number of requirements including undergoing periodic surveys conducted by Joint Commission personnel. Certain managed care payors require hospitals to have appropriate Joint Commission accreditation in order to participate in those programs. In addition, the Center for Medicare and Medicaid Services of the U.S. Department of Health and Human Services ("CMS"), the agency with oversight of the Medicare and Medicaid programs, provides "deemed status" for facilities having Joint Commission accreditation. In other words, by being Joint Commission accredited, facilities are "deemed" to be in compliance with the Medicare and Medicaid conditions of participation. Termination as a Medicare provider or exclusion from any or all of these programs/payors would have a materially negative impact on the future financial position, operating results and cash flows of the Corporation. The Hospital has been accredited by the Joint Commission through February 12, 2025.

The HSCRC has jurisdiction over hospital reimbursement in Maryland by an agreement with CMS based on a waiver from the Medicare prospective payment system under Section 1814(b) of the Social Security Act. In January 2014, CMS approved a waiver to modernize Maryland's unique all-payor rate-setting system for hospital

## **Atlantic General Hospital Corporation**

### **Notes to Financial Statements**

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services. The waiver consisted of a five-year performance period. Maryland Hospitals are committed to achieving significant quality improvements including reductions in 30-day readmissions and hospital acquired conditions.

Maryland also limited annual Medicare per capita hospital cost growth to a rate lower than the national annual per capita growth rate per year for 2015 to 2018. Under this model, Medicare savings were estimated to be at least \$330 million. Under the waiver, Maryland shifted virtually all of its hospital revenue over the five-year performance period into global payment models.

In connection with the waiver, the HSCRC introduced new revenue arrangements, including the GBR model. This new model for Maryland hospitals moved payment to hospitals from each individual service to a total revenue for each hospital or a combination of hospitals to provide hospitals flexibility in the objectives of better care for individuals, higher levels of overall population health, and improved health care affordability. It removed the financial incentive from increasing volume and provided incentive to work with partners to provide care in the appropriate setting. Beginning January 2019, the new "Total Cost of Care Model" (the Model) was approved and builds upon the successes of the all-payor model. The Model encourages continued clinical redesign and provides tools to providers to treat complex and chronic conditions and is built on the same global budget arrangement mechanics for revenue setting as the predecessor model. This is approved for a 10-year term provided Maryland meets the Model performance requirements.

The Medicare and Medicaid reimbursement programs represent a substantial portion of the Hospital's revenues. The Corporation's operations are subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services and Medicare and Medicaid fraud and abuse.

Changes in Federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Hospital. The healthcare industry is subject to numerous laws and regulation from federal, state and local governments, and the government has increased enforcement of Medicare and Medicaid anti-fraud and abuse laws, as well as physician self-referral laws (STARK law and regulation). The Hospital's compliance with these laws and regulations is subject to ongoing internal monitoring as well as periodic governmental review and inquiries, and the Hospital has responded appropriately to any such compliance matters. The Hospital is aware of certain asserted and unasserted compliance matters, and from time to time, the Hospital may agree to resolve certain compliance matters with the government through the self-disclosure process. The amount of such settlement for compliance matters currently being evaluated for submission under the self-disclosure process cannot be estimated at this time. The Hospital will continue to monitor its compliance and all related government inquiries and respond appropriately, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. As a result, there is at least a reasonable possibility that the recorded estimates will change by a material amount in the near term.

As a result of pending federal healthcare reform legislation, substantial changes may occur in the healthcare system. Such legislation potentially includes numerous provisions affecting the delivery of healthcare services, the financing of healthcare costs, reimbursement to healthcare providers and the legal obligations of health insurers, providers and employers.

#### ***Cash and cash equivalents***

The Corporation invests excess cash in financial instruments, which are converted into cash as needed to meet the Corporation's obligations. Cash equivalents are highly liquid financial instruments with original maturities of less than three months or containing provisions for early redemption without penalty. The Corporation has cash holding in commercial banks that routinely exceed the Federal Deposit Insurance Corporation maximum insurance limit of \$250,000.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

The composition of cash and cash equivalents at June 30 is as follows:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents, classified as a current asset	\$ 16,799,219	\$ 27,708,808
Amounts restricted by donor	344,110	344,110
Amounts internally designated for an endowment	<u>112,379</u>	<u>99,655</u>
Total cash and cash equivalents (as reported in the accompanying statements of cash flows)	<u>\$ 17,255,708</u>	<u>\$ 28,152,573</u>

**Investments**

Investments in equity securities with readily determinable fair values are measured at fair value in the accompanying balance sheets based on quoted market prices. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in other income, unless the income or loss is restricted by donor or law. Long-term investments represent charitable gift annuities recorded at the present value of the expected gift and investment in a captive insurance company.

Investments are exposed to certain risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, changes in the value of investment securities could occur in the near term, and these changes could materially differ from the amounts reported in the accompanying financial statements.

The composition of investments at June 30 is as follows:

	<u>2023</u>	<u>2022</u>
Investments:		
Common stock	\$ 2,475,250	\$ 2,200,747
Mutual funds - deferred compensation assets	3,949,691	3,332,921
Mutual funds - equities	13,398,624	10,789,401
Mutual funds - fixed maturity	<u>3,521,354</u>	<u>1,764,533</u>
	23,344,919	18,087,602
Less investments internally designated for an endowment	4,524,479	4,170,953
Less investments internally designated for deferred compensation	<u>3,949,691</u>	<u>3,332,921</u>
Undesignated investments	<u>\$ 14,870,749</u>	<u>\$ 10,583,728</u>

Investment income (loss) for the years ended June 30 consists of:

	<u>2023</u>	<u>2022</u>
Interest and dividends	\$ 616,847	\$ 453,492
Realized gains (losses)	<u>(650,132)</u>	<u>552,674</u>
	<u>\$ (33,285)</u>	<u>\$ 1,006,166</u>



***Fair value measurements***

Current accounting standards define fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, and establish a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date, as follows:

- Level 1:** Quoted prices in active markets for identical assets or liabilities such as debt and equity securities, mutual funds, and money market accounts that are traded in an active market, and other cash equivalents. Level one investments include common stocks, equity mutual funds and money market funds that are traded in an active market.
  
- Level 2:** Observable inputs other than level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level two investments include corporate bonds, U.S. government obligations, and asset and mortgage-backed securities. A third-party pricing service may be used to determine the fair value of each of these investment securities. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics.
  
- Level 3:** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation. Level three investments can include limited liability partnerships and limited liability companies. The fair value for these investments is determined by applying the ownership percentage to the net asset value of the investment fund. Underlying investments of the funds can include hedge funds, real estate funds, mortgage-backed securities, asset backed securities, and global equity fund of funds.

The following discussion describes the valuation methodologies used for financial assets measured at fair value. The techniques utilized in estimating the fair values are affected by the assumptions used, including discount rates, and estimates of the amount and timing of future cash flows. Care should be exercised in deriving conclusions about the Corporation's business, its value, or financial position based on the fair value information of financial assets presented below.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of the timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the immediate settlement of the financial asset.

Fair values of common stock and mutual funds have been determined by the Corporation from observable market quotations, when available. Private placement securities and other equity securities where a public quotation is not available are valued by using broker quotes.

The fair values of the Corporation's interest rate swap contracts are based on the proprietary model of a third-party valuation specialist. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the swap and considers the credit risk of the Corporation and the counterparty. The method used to determine the fair value calculates the estimated future payments required by the swap and discounts these payments using an appropriate discount rate. The value represents the estimated exit price that the Corporation would pay to terminate the agreement.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

The following table presents the Corporation's fair value hierarchy for assets and liabilities measured at fair value on a recurring basis as of June 30, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total Fair Value</u>
<b>ASSETS</b>			
Mutual funds:			
Fixed maturity:			
Taxable Bond Fund	\$ 2,971,554	\$ -	\$ 2,971,554
Taxable High-Yield Funds	549,800	-	549,800
Equities:			
International Emerging Markets	835,601	-	835,601
International Developed	4,389,042	-	4,389,042
U.S. Large/Mid-Cap	6,250,441	-	6,250,441
U.S. REIT Funds	272,631	-	272,631
U.S. Small-Cap	1,428,694	-	1,428,694
Commodities	222,215	-	222,215
Deferred compensation assets	3,949,691	-	3,949,691
Common stocks:			
Consumer Discretionary	213,878	-	213,878
Energy	39,639	-	39,639
Consumer Staples	94,331	-	94,331
Financials	220,932	-	220,932
Healthcare	237,143	-	237,143
Industrials	159,784	-	159,784
Communication Services	134,429	-	134,429
Information Technology	489,023	-	489,023
Real Estate	30,561	-	30,561
Utilities	31,049	-	31,049
Materials	62,346	-	62,346
Total investments	<u>\$ 22,582,784</u>	<u>\$ -</u>	<u>\$ 22,582,784</u>
Interest rate swaps assets	<u>\$ -</u>	<u>\$ 2,298,340</u>	<u>\$ 2,298,340</u>
	<u>\$ 22,582,784</u>	<u>\$ 2,298,340</u>	<u>\$ 24,881,124</u>

Certain investments that were measured at cost have not been classified in the fair value hierarchy. As of June 30, 2023, the costs of these investments were \$762,135. There were no significant transfers between fair value hierarchy levels for the year ended June 30, 2023.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

The following table presents the Corporation's fair value hierarchy for assets and liabilities measured at fair value on a recurring basis as of June 30, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total Fair Value</u>
<b>ASSETS</b>			
Mutual funds:			
Fixed maturity:			
Taxable Bond Fund	\$ 1,226,658	\$ -	\$ 1,226,658
Taxable High-Yield Funds	537,875	-	537,875
Equities:			
International Emerging Markets	1,056,315	-	1,056,315
International Developed	3,097,245	-	3,097,245
U.S. Large/Mid-Cap	4,783,866	-	4,783,866
U.S. REIT Funds	517,514	-	517,514
U.S. Small-Cap	1,334,461	-	1,334,461
Deferred compensation assets	3,332,921	-	3,332,921
Common stocks:			
Consumer Discretionary	233,300	-	233,300
Energy	36,953	-	36,953
Consumer Staples	74,465	-	74,465
Financials	126,981	-	126,981
Healthcare	180,782	-	180,782
Industrials	129,234	-	129,234
Communication Services	106,971	-	106,971
Information Technology	436,913	-	436,913
Real Estate	41,351	-	41,351
Utilities	32,661	-	32,661
Materials	47,596	-	47,596
	<u>\$ 17,334,062</u>	<u>\$ -</u>	<u>\$ 17,334,062</u>
Total investments			
	<u>\$ -</u>	<u>\$ 676,709</u>	<u>\$ 676,709</u>
Interest rate swaps assets			
	<u>\$ 17,334,062</u>	<u>\$ 676,709</u>	<u>\$ 18,010,771</u>

Certain investments that were measured at cost have not been classified in the fair value hierarchy. As of June 30, 2022, the costs of these investments were \$753,540. There were no significant transfers between fair value hierarchy levels for the year ended June 30, 2022.

***Supply inventories***

Supply inventory is stated at the lower of cost or market, with cost determined principally by the first-in, first-out method.

***Land, buildings, and equipment***

Land, buildings, and equipment are carried at cost, including net interest on related borrowings capitalized during periods of construction. Donated items are recorded at fair value at the date of the donation. Financing leases are carried at the lower of the present value of their net minimum lease payments or the fair value of the leased properties at the inception of the lease less accumulated amortization. Expenditures that materially increase values, change capacities, or extend useful lives are capitalized. The carrying amounts of significant assets sold, retired, or otherwise disposed of and the related allowances for depreciation are eliminated from the accounts.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

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Depreciation, which includes amortization of equipment under financing leases, is recorded on the straight-line basis using the half-year convention over the estimated useful lives (or lease term if shorter) of 10 to 40 years for buildings and improvements and 5 to 10 years for equipment. Any acquisitions from July 1, 1999 and forward that are in excess of \$100,000 are depreciated on the straight-line basis without using the half-year convention.

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

***Patient accounts receivable, net***

Patient accounts receivable are reported at estimated net realizable amounts from patients, third party payors, and others for services rendered. Patient accounts receivable include Hospital and physician charges for accounts due from Medicare, Maryland Medical Assistance (“Medicaid”), CareFirst, commercial and managed care insurers, and self-paying patients. Deducted from patient accounts receivable are estimates of implicit price concessions for the excess of charges over the payments on patient accounts to be received from third party payors and uncollectible amounts related to self-paying patients. These estimates are calculated by management based on historical collection experience and age of groups of accounts receivable.

***Goodwill***

Goodwill represents the excess of the cost over the fair value of the identified net assets of acquired businesses. The Corporation evaluates goodwill for impairment at the entity level. Goodwill is tested for impairment only when a triggering event occurs, or circumstances change that indicate the fair value of the entity may be less than its carrying value. Goodwill is amortized over a period of 10 years (or less).

***Charity care***

The Hospital provides care to patients who meet certain criteria under its financial assistance 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 and use of the federal poverty limits as guidelines. Since the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as a component of net patient service revenue or net patient accounts receivable.

Under current accounting standards, the Hospital is required to report the cost of providing charity care. The cost of charity care provided by the Hospital totaled \$720,246 and \$929,495 for the years ended June 30, 2023 and 2022, respectively. Rates charged by the Hospital for regulated services are determined based on an assessment of direct and indirect cost calculated pursuant to the methodology established by the Commission. For any charity services rendered by the Hospital, the cost of charity care is calculated by applying the estimated total cost-to-charge ratio for the Hospital services to the total amount of charges for services provided to patients benefitting from the charity care policies of the Hospital.

A Maryland hospital either receives payments from or makes payments to the Commission with respect to an Uncompensated Care Fund (“UCC”) established for rate-regulated hospitals in Maryland. The UCC is intended to provide Maryland hospitals with funds to support the provision of uncompensated care at those hospitals. The Hospital made net payments to the UCC of \$1,498,182 for the year ended June 30, 2023 and received net payments from the UCC of \$1,341,660 for the year ended June 30, 2022.

***Excess (deficit) of revenue and gains over expenses***

The statements of operations include excess (deficit) of revenue and gains over expenses. Changes in net assets without donor restrictions, which are excluded from excess (deficit) of revenue and gains over expenses, consistent with industry practice, include contributions of (and assets released from donor restrictions related to) long-lived assets and other items that are required by accounting principles generally accepted in the United States of America to be reported separately.

***Maryland Health Services Cost Review Commission***

Certain of the Hospital's charges are subject to review and approval by the Commission. The Hospital has filed the required reports with the Commission and believes it is in compliance with the Commission's requirements. The rate of reimbursement for principally all inpatient services and certain other services to patients under the Medicare and Medicaid programs prior to January 1, 2014, was based on a 36-year-old agreement between CMS and the Commission. This agreement was based upon a waiver from the Medicare prospective payment system reimbursement principles granted to the State of Maryland under Section 1814(b) of the Social Security Act. In January 2014, CMS approved a new waiver to modernize Maryland's unique all-payor rate-setting system for hospital services. The current waiver consists of a five-year performance period. Maryland hospitals commit to achieving significant quality improvements including reductions in 30-day readmissions and hospital acquired conditions. Maryland also limits the annual Medicare per capita hospital cost growth to a rate lower than the national annual per capita growth rate per year for 2016 to 2019. Under the waiver, Maryland shifted virtually all of its hospital revenue over the five-year performance period into global payment models. Beginning January 2019, the new "Total Cost of Care Model" (the "Model") was approved and builds upon the successes of the all-payor model. The Model encourages continued clinical redesign and provides tools to providers to treat complex and chronic conditions and is built on the same global budget arrangement mechanics for revenue setting as the predecessor model. This Model is approved for a 10-year term provided Maryland meets the Model performance requirements.

Patient service revenue is recorded at rates established by the Commission. The Hospital entered into the Global Budget Revenue ("GBR") agreement with the Commission. The GBR agreement renews each year for a one-year period unless it is cancelled by the Commission or by the Hospital. The GBR agreement provides the Hospital with a fixed revenue amount ("CAP") under which it must operate each year. The CAP is adjusted annually for inflation, change in the Hospital's payor mix and uncompensated care, change in population and quality incentives. The Corporation's policy is to accrue revenue based on actual charges for services to patients in the year in which the services are performed and billed. Overcharges and undercharges are recouped in succeeding years through the Commission's rate setting methodology.

***Other operating revenue***

The majority of other operating revenue is derived from retail pharmacy sales and revenue from the Maryland Primary Care Program ("MDPCP"). During 2023 and 2022, the Corporation generated pharmacy revenue totaling \$6,457,742 and \$5,084,082, respectively and MDPCP revenue totaling \$2,353,816 and \$1,692,851, respectively. In 2022, the Corporation received \$3,202,073 in provider relief funding. No provider relief funding was received or recognized in 2023 (see Note 15). Other operating revenue also includes rental income, rebates, physician billing fees and miscellaneous income earned from refunds.

***Advertising and marketing costs***

The Corporation expenses advertising and marketing costs as they are incurred. Advertising and marketing expenses were approximately \$1,610,000 and \$1,210,000 for the fiscal years ended June 30, 2023 and 2022, respectively, and are reported as supplies and other expense in the accompanying statements of operations. No advertising or marketing costs have been capitalized in the accompanying balance sheets.

### ***Income taxes***

The Corporation is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code as a public charity. Federal tax law requires that the Corporation be operated in a manner consistent with its initial exemption application in order to maintain its exempt status. Management has analyzed the operations of the Corporation and concluded that it remains in compliance with the requirements for exemption.

The state in which the Corporation operates also provides general exemption from state income taxation for organizations that are exempt from federal income taxation. However, the Corporation is subject to both federal and state income taxation at corporate tax rates on its unrelated business income. Exemption from other state taxes, such as real and personal property taxes, is separately determined.

Current accounting standards define the threshold for recognizing uncertain income tax return positions in the financial statements as “more likely than not” that the position is sustainable, based on technical merits, and also provide guidance on the measurement, classification, and disclosure of tax return positions in the financial statements. Management believes there is no impact on the Corporation’s accompanying financial statements related to uncertain income tax provisions.

### ***Recent accounting pronouncements***

In February 2016, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2016-02, *Leases (Topic 842)*. Under the new standard, lessees will need to recognize a right-of-use asset and a lease liability for virtually all their leases (other than leases that meet the definition of a short-term lease). The liability will be equal to the present value of lease payments. For statement of operations purposes, the FASB continued the dual model, requiring leases to be classified as either operating or finance. Operating leases will result in straight-line expense (similar to current operating leases) while finance leases will result in a front-loaded expense pattern (similar to current capital leases). Classification will be based on criteria that are largely similar to those applied to current lease accounting. The Corporation adopted this standard effective July 1, 2022 using the modified retrospective transition approach for leases existing at, or entered into after, that date and has elected not to restate prior periods. The primary impacts of adoption are a gross-up of right of use assets and lease liability for operating leases and expanded disclosures which are included in Note 10.

At lease inception, the Corporation determines whether an arrangement is or contains a lease. Operating leases are included in right-of-use (“ROU”) assets – operating leases, current portion of operating lease obligations, and long-term operating lease obligations in the accompanying balance sheets. Finance leases are included in land, buildings and equipment, current portion of long-term obligations, and long-term obligations in the accompanying balance sheets. ROU assets represent the Corporation’s right to use leased assets over the term of the lease. Lease liabilities represent the Corporation’s contractual obligation to make lease payments over the lease term.

For operating leases, ROU assets and lease liabilities are recognized at the commencement date. The lease liability is measured at the present value of the lease payments over the lease term. The Corporation elected the practical expedient to use the risk-free discount rate. Operating ROU assets are calculated as the present value of the lease payments plus initial direct costs and any prepayments less any lease incentives received. Lease terms may include renewal or extension options to the extent they are reasonably certain to be exercised. The assessment of whether renewal or extension options are reasonably certain to be exercised is made at lease commencement. Factors considered in determining whether an option is reasonably certain of exercise include, but are not limited to, the value of any leasehold improvements, the value of renewal rates compared to market rates and the presence of factors that would cause a significant economic penalty to the Corporation if the option were not exercised. The Corporation has elected not to recognize a ROU asset and obligation for leases with an initial term of twelve months or less. The expense associated with short-term leases is included in supplies and other expense in the accompanying statements of operations. Variable lease costs include common area maintenance costs and represent non-lease components. As such, these costs are not included in the lease obligation calculation and are expensed as incurred. The most significant impact of adoption was the recognition of \$4,157,539 of ROU assets and operating lease liabilities at July 1, 2022.

For finance leases, after lease commencement, the lease liability is measured on an amortized cost basis and increased to reflect interest on the liability and decreased to reflect the lease payment made during the period. Interest on the lease liability is determined each period during the lease term as the amount that results in a constant period discount rate on the remaining balance of the liability. The ROU asset is subsequently measured at cost, less any accumulated amortization and any accumulated impairment losses. Amortization on the ROU asset is recognized over the period from the commencement date to the earlier of (1) the end of the useful life of the ROU asset, or (2) the end of the lease term. The discount rate used by the Corporation for finance leases is generally the incremental borrowing rate, as most such leases do not provide a readily determinable implicit interest rate. To the extent a lease arrangement includes both lease and non-lease components, the components are not accounted for separately.

***New accounting standard not yet adopted***

In June 2016, the FASB issued ASU 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. ASU 2016-13 requires financial assets measured at amortized cost to be presented at the net amount expected to be collected. The measurement of expected credit losses is based on relevant information about past events, including historical experience, current conditions, and reasonable and supportable forecasts that affect the collectability of the reported amounts. An entity must use judgment in determining the relevant information and estimation methods that are appropriate in its circumstances. ASU 2016-13 is effective for annual reporting periods beginning after December 15, 2022, and a modified retrospective approach is required, with a cumulative-effect adjustment to net assets as of the beginning of the first reporting period in which the guidance is effective. Management is currently evaluating the impact of adopting this new accounting guidance.

***Subsequent events***

In preparing these financial statements, the Corporation has evaluated events and transactions for potential recognition or disclosure through October 26, 2023, the date the financial statements were available to be issued.

**3. Net Patient Service Revenue**

Management has determined that the Corporation has an unconditional right to payment only subject to the passage of time for services provided to date based on just the need to either finalize billing for such services (i.e., charge lag) or to discharge the patient and bill for such services for patients who are still receiving inpatient care in the Corporation's facilities at the statement of financial position date. Accordingly, the Corporation accrues revenue and the related accounts receivable for services performed but not yet billed at the balance sheet date for in-house patients. Thus, management has determined that Corporation does not have any amounts that should be reflected separately as contract assets.

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 management 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 – the Corporation has entered into agreements by which the third-party payors pay a percentage of approved Maryland Health Services Cost Review Commission charges. A reduced percentage can be obtained if the payor advances a certain amount of working capital.
- Physician practice services – Corporation has entered into agreements by which the third-party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.

## Atlantic General Hospital Corporation Notes to Financial Statements

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- Regional cancer center revenue – Corporation has entered into agreements by which the third-party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.
- Unregulated hospital patient revenue - the Corporation has entered into agreements by which the third-party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.

Performance obligations are determined based on the nature of the services provided by the Corporation. Revenue for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected (or actual) charges. 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. Revenue for performance obligations satisfied at a point in time are generally recognized when goods or services are provided and the Corporation does not believe it is required to provide additional services to the patient. Generally, performance obligations satisfied at a point in time relate to patients receiving outpatient services in a single day.

The Corporation measures the performance obligation from the commencement of the outpatient service to the point when it is no longer required to provide services to that patient, which is generally the completion of the outpatient service.

All of the Corporation's performance obligations generally relate to contracts with a duration of less than one year, therefore the Corporation has elected to apply the optional exemptions provided under applicable standards 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.

As part of the adoption of FASB ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, the Corporation elected certain available practical expedients under the standard. First, the Corporation elected the practical expedient that allows nonrecognition of 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. However, the Corporation does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the respective contracts. Additionally, the Corporation has applied the practical expedient whereby all incremental customer contract acquisition costs are expensed as they are incurred, as the amortization period of the asset that the Corporation otherwise would have recognized is one year or less in duration.

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 explicit price concession, financial assistance, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.



**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

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 Corporation aggregates revenue from contracts with customers by type of service and payor source. Tables providing details of these factors are presented below.

Net patient service revenue disaggregated by service type for the years ended June 30 are as follows:

	<u>2023</u>	<u>2022</u>
Global budget revenue	\$ 106,510,605	\$ 107,361,671
Physician services revenue	26,733,299	24,415,940
Regional cancer center revenue	12,060,981	9,644,149
Unregulated hospital revenue	<u>942,500</u>	<u>1,098,577</u>
Total	<u>\$ 146,247,385</u>	<u>\$ 142,520,337</u>

Net patient service revenue disaggregated by payor for the years ended June 30 are as follows:

	<u>2023</u>	<u>2022</u>
Medicare	\$ 60,503,096	\$ 58,709,652
Medicaid	16,667,168	16,010,197
Commercial insurance and HMOs	10,932,708	12,426,602
CareFirst	16,947,230	18,322,389
Self-pay and others	<u>1,460,403</u>	<u>1,892,831</u>
	106,510,605	107,361,671
Physician services revenue	26,733,299	24,415,940
Regional cancer center revenue	12,060,981	9,644,149
Unregulated hospital revenue	<u>942,500</u>	<u>1,098,577</u>
Total	<u>\$ 146,247,385</u>	<u>\$ 142,520,337</u>

The following table presents the detail of net patient service revenue:

	<u>2023</u>	<u>2022</u>
Gross charges	\$ 212,159,776	\$ 202,937,272
Price concessions		
Explicit price concessions	(58,995,374)	(54,273,638)
Implicit price concessions	(5,605,301)	(4,522,325)
Charity care	<u>(1,311,716)</u>	<u>(1,620,972)</u>
Net patient service revenue	<u>\$ 146,247,385</u>	<u>\$ 142,520,337</u>

#### **4. Land, Buildings, and Equipment**

Land, buildings, and equipment are comprised of the following as of June 30:

	<u>2023</u>	<u>2022</u>
Land, buildings, and improvements	\$ 63,068,979	\$ 62,923,920
Fixed equipment	30,086,219	29,788,665
Movable equipment	58,087,554	56,642,490
Finance lease equipment	<u>5,356,868</u>	<u>4,246,217</u>
	<b>156,599,620</b>	153,601,292
Less accumulated depreciation	<u>106,628,220</u>	<u>98,608,372</u>
	<b>49,971,400</b>	54,992,920
Construction in process	<u>4,350,071</u>	<u>941,053</u>
	<u><b>\$ 54,321,471</b></u>	<u><b>\$ 55,933,973</b></u>

Accumulated amortization on leased equipment totaling \$3,527,164 and \$2,848,262 is included in the balance of accumulated depreciation as of June 30, 2023 and 2022, respectively. Amortization expense associated with finance lease equipment was \$678,902 and \$391,972 for the years ended June 30, 2023 and 2022, and is included in depreciation expense in the accompanying statements of operations.

#### ***Ocean Pines facility***

The Corporation is planning to open an outpatient center and other physician offices in Ocean Pines, Maryland at a location currently being constructed by a developer. On July 23, 2021, the Corporation entered into an agreement with the developer to lease the real property and building upon substantial completion of the building for a fourteen-year term. The base rent shall equal \$146,025 per month with an annual escalation of 1.75%. The project is expected to be completed in 2023. Management has determined that this lease agreement has met the requirements of an operating lease under the applicable accounting standards.

The Corporation has contracted with the developer to complete the tenant outfitting of the Ocean Pines facility. As of June 30, 2023, the contract total is \$6,863,489 of which the developer is required to pay \$3,000,000 for the building shell and an additional \$500,000 to complete the project. As of June 30, 2023, the Corporation has accrued \$2,597,566 related to work completed on the tenant outfitting portion of the project.

#### **5. Pledges Receivable**

Unconditional promises to give cash and others assets are recorded at fair value in the year that they are made net of allowance for uncollectible accounts and discounted to their present value. As of June 30, 2023, promises to give that are expected to be received in less than one year total \$151,920 and one to five years total \$999,817. The promises to give in future years are discounted in the amount of \$178,958 and \$66,002 at a rate of 5.758% and 2.035% at June 30, 2023 and 2022, respectively. Conditional promises to give are recorded at the time they become unconditional and are reported in prepaid expenses and other current assets and noncurrent pledges receivable of the accompanying balance sheets. The allowance for doubtful accounts for pledges receivable was \$120,055 and \$250,240 at June 30, 2023 and 2022, respectively.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

**6. Non-Current Liabilities**

Long-term debt as of June 30 is comprised of the following:

	<u>2023</u>	<u>2022</u>
2017 Series A Bond	\$ 4,079,000	\$ 5,007,000
2017 Series B Bond	20,013,000	20,013,000
2017 Series Mayor and Council of Berlin Hospital Revenue Bond (Atlantic General Hospital Facility)	10,000,000	10,000,000
2014 commercial mortgage loan	267,804	396,177
2015 commercial mortgage loan	470,585	500,479
2016 commercial loan	147,594	196,818
Finance leases payable, with interest ranging from 3.00% to 6.67%, secured by selected equipment.	<u>1,808,752</u>	<u>1,363,701</u>
Total long-term debt	36,786,735	37,477,175
Less net unamortized debt issuance costs	(486,352)	(538,493)
Less current portion	<u>(1,751,624)</u>	<u>(1,526,147)</u>
	<u>\$ 34,548,759</u>	<u>\$ 35,412,535</u>

Maturities of long-term debt, including finance leases, for years ending June 30 are as follows:

	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>Thereafter</u>
Future minimum lease payments	\$ 661,536	\$ 529,155	\$ 412,791	\$ 353,391	\$ 29,598	\$ -
Less interest	<u>79,904</u>	<u>54,036</u>	<u>32,390</u>	<u>11,278</u>	<u>108</u>	<u>-</u>
	581,632	475,119	380,401	342,113	29,490	-
Notes/loans payable	215,992	220,780	76,063	35,156	36,586	301,404
Bonds payable	<u>954,000</u>	<u>984,000</u>	<u>1,009,000</u>	<u>1,041,000</u>	<u>1,071,000</u>	<u>29,033,000</u>
	<u>1,169,992</u>	<u>1,204,780</u>	<u>1,085,063</u>	<u>1,076,156</u>	<u>1,107,586</u>	<u>29,334,404</u>
	<u>\$ 1,751,624</u>	<u>\$ 1,679,899</u>	<u>\$ 1,465,464</u>	<u>\$ 1,418,269</u>	<u>\$ 1,137,076</u>	<u>\$29,334,404</u>

**Swap agreements**

During 2018, the Corporation obtained a new swap agreement connected with the revenue bonds. The fair value of the swap agreements as of June 30, 2023 and 2022 (as determined after consultation with investment hedging consultants), based on the present value of cash flow differences over the lives of the swap agreements between the interest rate calculated on the swap agreements at inception and rates available on similar swap agreements is \$2,298,340 and \$676,709, respectively. Payments made to the counterparty to the swap agreements totaled \$1,404,975 and \$1,390,376 for the years ended June 30, 2023 and 2022, respectively. These amounts include interest due on both the bonds and swap agreements. The Corporation is exposed to credit loss in the event of nonperformance by the counterparty on the swap agreements but does not anticipate nonperformance by the counterparty.

**2014 Commercial mortgage loan**

On May 23, 2014, the Corporation obtained a \$1,950,000 commercial mortgage from the Bank of Ocean City for the purposes of purchasing a medical office building. The loan is collateralized by a mortgage lien against the building. Principal and interest payments of \$11,810 are made monthly based on an interest rate of 3.99% and the loan matures on May 23, 2034.

**2015 Commercial mortgage loan**

On June 30, 2015, the Corporation obtained a \$680,000 commercial mortgage from the Bank of Ocean City for the purposes of purchasing a condominium unit in the medical office building. The loan is collateralized by a mortgage lien against the condominium. Principal and interest payments of \$4,118 are made monthly based on an interest rate of 3.99% and the loan matures on June 30, 2035.

**2016 Commercial loan**

On March 1, 2016, the Corporation obtained a \$452,208 loan from an unrelated third party pertaining to leasehold improvements associated with a medical office building. Principal and interest payments of \$4,797 are made monthly based on an interest rate of 5.00% and the loan matures on March 1, 2026.

**2017 Series revenue bonds**

On September 1, 2017, pursuant to a loan and financing agreement (the 2017 Loan and Financing Agreement) between the Corporation, (the "Issuer"), and M&T Bank (the "Lender"), the Issuer issued the Hospital Revenue Bonds (Atlantic General Hospital Facility) 2017 Series A in the amount of \$7,501,000 and Series B in the amount of \$20,013,000. The Series A Bond proceeds were to refund a portion of the 2010 Series Revenue Bonds and to refinance a portion of the 2008 Commercial Mortgage Loan. The Series B Bond was issued in the maximum principal amount of \$20,013,000 in order to finance the 2017 Project, consisting of building renovations and equipment acquisitions, to refund a portion of the 2001 Series Refunding Revenue Bonds, 2002 Series Revenue Bonds, and 2010 Series Revenue Bonds, and to refinance a portion of the 2008 Commercial Mortgage Loan.

The financing requires monthly payments by the Corporation directly to the Lender sufficient to meet the principal and interest requirements of the 2017 Series A and Series B Bonds through their maturity on July 1, 2027, and March 3, 2042, respectively. Interest payments for Series A and Series B Bonds began on October 1, 2017. Principal and interest payments for Series A began September 3, 2019, with any outstanding interest and principal due July 1, 2027. Principal and interest payments for Series B are to begin August 2, 2027, with any outstanding interest and principal due March 3, 2042.

The Series 2017 Bonds bear interest at the respective index floating rates applicable to the bonds, excluding the immediately succeeding interest payments date, in which the interest rates were 2.21% and 2.45% for Series A and B, respectively. Thereafter, the index floating rate is determined by the London Interbank Offered Rate ("LIBOR") Interest Period. On April 11, 2023, the bonds were amended due to the impending replacement of the index used to determine the index floating rate. The index floating rate was amended to be based on the Term Secured Overnight Financing Rate ("SOFR"). The interest rates as of June 30, 2023 for the 2017 Series A and Series B bonds were 5.87% and 6.41%, respectively.

Each Series 2017 Bond is subject to redemption at the option of Maryland Health and Higher Educational Facilities Authority ("MHHEFA") upon the request of the Corporation, on any date upon not less than five days' notice to the lender, at a redemption price of 100% of the principal amount of the bond redeemed plus accrued interest to the redemption date. The Bonds may also be redeemed at the option of MHHEFA upon the request of the Corporation through purchase at a price equal to 100% of the principal amount of the bond plus accrued interest on the date set for redemption.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

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On September 1, 2017, the Corporation also entered into a financing agreement with the Mayor and Council of Berlin and the Lender for a 2017 Taxable Bond in the amount of \$10,000,000 to finance the 2017 Project. The 2017 Taxable Bond bears interest at the index floating rate, excluding the immediately succeeding interest payment date, in which the interest rate was 2.36%. Thereafter, the index floating rate is determined by the LIBOR Interest Period. On May 3, 2023, the bond was amended due to the impending replacement of the index used to determine the index floating rate. The index floating rate was amended to be based on the Term Secured Overnight Financing Rate ("SOFR"). The interest rates as of June 30, 2023 for the bond was 5.97%. Interest payments began November 1, 2017 and principal and interest payments are to begin April 1, 2042, with any outstanding interest and principal due July 1, 2047.

The 2017 Taxable Bond is subject to redemption at the option of the Corporation, in whole or in part, on any date upon not less than five days' notice to the lender, at a redemption price of 100% of the principal amount of the bond redeemed plus accrued interest to the redemption date.

The bonds are secured by a collateral interest in the Corporation's receipts, revenue, and other amounts received by or on behalf of the Corporation. The revenue bonds also place limits on the incurrence of additional borrowings and require the Corporation to maintain a certain debt service coverage, cash covenant, and capitalization ratio. During the year ended June 30, 2023, the Hospital was not in compliance with the debt service coverage covenant; therefore, a waiver was obtained from MHHEFA and the financial institution.

**2023 Construction loan**

On March 30, 2023, the Corporation entered into a 14-year \$5,000,000 construction loan with Calvin B. Taylor Bank. The loan will be used to facilitate the tenant outfit project at the Ocean Pines facility. The Corporation will draw down balances as the project progresses. As of June 30, 2023, there were no draws on the construction loan. The loan has a fixed rate of 5.5% and interest payments began in July 2023 following the first draw on the loan. Principal and interest payments will begin October 30, 2023 on the unpaid principal sum, and the loan matures September 30, 2037.

**Line of credit**

In March 2020, the Corporation entered into an \$8,500,000 revolving line of credit agreement with M&T Bank of which \$7,000,000 matured in October 2020. Amounts drawn on the remaining \$1,500,000 are due on demand with an interest rate of SOFR plus 1.96448%. The line of credit is secured by a third security interest in all non-realty assets and the Corporation's property. There were no amounts drawn on the line as of June 30, 2023 and it is available through October 1, 2024.

**7. Goodwill**

In March 2018, the Corporation acquired 100% of the equity interest of Berlin Radiation Therapy Treatment Center, LLC (the "Center"). The Center is in the business of providing cancer care services to Berlin, Maryland and the surrounding area. The Corporation paid \$2,500,000 and acquired medical and office equipment of \$308,171. Goodwill of \$2,191,837 was recorded as part of the acquisition, which included the assembled workforce and noncompete agreements, as well as the Center's brand. Amortization expense was approximately \$219,000 for the years ended June 30, 2023 and 2022. Amortization expense will be approximately \$219,000 per year for the next five years.

## **8. Professional Liability Insurance Coverage**

The Corporation is presently exposed to asserted and unasserted potential legal claims encountered in the ordinary course of business. In the opinion of management, the resolution of such matters will not have a material adverse impact on the Corporation's June 30, 2023 financial position or the results of operations for the year then ended. Prior to 2005, the Corporation had claims-made professional liability insurance through a commercial insurance carrier covering claims arising from the performance of professional services and brought against the Corporation while the policy was in force. Insurable limits under this policy were \$1 million per claim and \$3 million annual aggregate shared limit basis. In addition, the Corporation maintained an umbrella policy of \$15,000,000 per occurrence and aggregate.

During 2005, the Hospital, in conjunction with eight other Maryland hospitals, ("Shareholders") formed Freestate Healthcare Insurance Company, Ltd. (the "Captive"), a Cayman Islands company, to provide claims-made professional and general liability coverage for the risks of the Shareholders, their controlled affiliates, and their respective employees. Each of the Shareholders is a Maryland nonprofit corporation, exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended ("Code" or "IRC"), as an organization described in Section 501(c)(3) of the Code. The Shareholders are not affiliated with one another through common ownership or control.

The Captive provides primary coverage to the Shareholders and their affiliates with limits of liability of \$2,000,000 for each and every claim ("Retained Layer") and provides an excess policy with various limits of liability which is fully reinsured through commercial carriers. The Corporation has \$15,000,000 of additional reinsurance in the aggregate through such reinsurance arrangements. The estimated unpaid loss liability reserved by the captive for the Hospital was \$5,771,988 and \$5,703,388 at June 30, 2023 and 2022, respectively.

In accordance with current accounting standards, the June 30, 2023 and 2022 unpaid loss liability is recorded as a noncurrent liability, and the related insurance recovery was reported as a noncurrent asset, in the accompanying balance sheets. An estimated liability for incurred but not reported professional liability claims has also been recorded in the amount of approximately \$1,500,000 as a noncurrent liability as of June 30, 2023 and 2022.

Premiums are calculated by an actuary under a retrospectively rated policy and are based primarily on the experience of the Shareholders. The total premium is allocated to each of the Shareholders based on their experience. Premiums for the Corporation's professional and general liability insurance of approximately \$1,764,000 and \$1,498,000 were charged to operations during fiscal years 2023 and 2022. Retrospective premium assessments and credits are calculated based on the aggregate experience of all named insureds under the policy. Each named insured's assessment or credit is based on the percentage of their actual exposure to the actual exposure of all named insureds. Each named insured will not be charged or entitled to any retrospective premium assessments or credits until the policy period has been closed and no further claim obligations are expected. In management's opinion, the assets of the Captive are sufficient to meet its obligations as of June 30, 2023. If the financial condition of the Captive were to materially deteriorate in the future, and the Captive was unable to pay its claim obligations, the responsibility to pay those claims would return to the member hospitals.

## **9. Commitments**

### ***Employment agreements***

The Corporation has entered into various employee agreements with certain physicians whereby the Corporation has agreed to pay reasonable expenses of the physicians' practices in addition to compensation for services rendered. These agreements are generally for a period of two years.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

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**Lease agreements under ASC 840**

The Corporation has entered into various lease agreements for equipment and facilities. Most lease arrangements contain a renewal option. Total rent expense for the year ended June 30, 2022 was approximately \$1,958,000. Future minimum payments on noncancelable office and equipment leases, with initial or remaining terms of one year or more, for years ending June 30 are as follows:

2023	\$	1,384,599
2024		1,074,353
2025		707,902
2026		612,818
2027		455,527
Thereafter		<u>250,506</u>
	\$	<u>4,485,705</u>

**Retirement plans**

The Corporation sponsors a 403(b) retirement covering substantially all employees of the Corporation. Participants may elect to contribute a percentage of their pretax annual compensation, as defined by the Plan, not to exceed the maximum allowable contributions under the IRC. The Corporation matches 50% of the first 5% of participants' elective deferrals and participants become fully vested in employer contributions after three years of continuous service. Plan expenses were \$958,454 and \$895,369 for the years ended June 30, 2023 and 2022, respectively.

Effective January 31, 2003, the Corporation entered into an agreement to sponsor a Section 457 deferred compensation plan. All contributions to the Section 457 plan are from participating employees; however, all assets of the Section 457 plan are the sole property of the Corporation and are fully subject to claims by the Corporation's general creditors. As of June 30, 2023 and 2022, \$3,949,691 and \$3,332,921, respectively, are recorded as investments internally designated for deferred compensation and a related liability in the same amounts as other liabilities on the balance sheets.

**Self-insured plans**

Effective May 1, 2002, the Corporation joined the Maryland Hospital Association ("MHA") Workers' Compensation Self-Insurance Group to self-insure for worker's compensation benefits. The annual premium for worker's compensation is calculated based on the Corporation's payroll estimate and MHA rates per payroll classification. The MHA rates are determined based on past experience. Amounts charged to operations for workers' compensation expense were \$606,805 and \$537,521 for the years ended June 30, 2023 and 2022, respectively.

In lieu of paying unemployment tax premiums to the State of Maryland, the Corporation secured a letter of credit with M&T Bank, effective May 21, 2004. As of June 30, 2023 the letter of credit was in the amount of \$472,291. Additionally, the Corporation paid actual Maryland unemployment claims in the amount of \$78,216 and \$0 for the years ended June 30, 2023 and 2022, respectively.

The Corporation maintains an agreement with a third-party to administer a self-insured health plan that benefits Hospital employees and their dependents. On behalf of participating employees, the Corporation pays the cost of health claims and an administration fee for each subscriber employee. The participating associates share in the cost by remitting a pre-established premium through payroll deductions. Additionally, the Hospital obtains stop loss insurance to cover possible claims in excess of expected claims. The stop loss insurance agreements are annual agreements, subject to annual renewals. The Corporation submits a claim for reimbursement of stop loss insurance when claims exceed a pre-established ceiling. The Corporation's net health benefit expense for the fiscal years ended June 30, 2023 and 2022 was \$6,649,195 and \$6,966,590, respectively, net of premiums received from associates during the fiscal years of \$1,275,577 and \$1,188,535, respectively.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

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The Corporation maintains an agreement with a third party to coordinate the administration of dental health benefits to Hospital employees and their dependents. This is an annual agreement, subject to annual renewals. On behalf of participating employees, the Hospital pays the cost of claims and a fee for each subscriber employee, and the participating employees remit a portion of the Corporation's cost through a pre-established schedule of payroll deductions.

**10. Leases Topic 842**

The Corporation leases certain office space and medical equipment under the terms of non-cancellable operating leases and finance leases. Operating lease expense is recognized in operations on a straight-line basis over the lease term. In determining lease asset values, the Corporation considers fixed payment terms, incentives, and options to extend or terminate. Renewal, termination, or purchase options affect the lease term used for determining lease asset value only if the option is reasonably certain to be exercised. Variable payments, such as variable common area maintenance, are expensed in the period incurred and not included in the lease asset or liability values.

As discussed in Note 2, the Corporation adopted ASC 842, *Leases*, effective July 1, 2022, using the alternative transition method, under which the prior period financial statements were not restated for the new guidance.

The components of lease expense (and related classification in the accompanying statements of operations) were as follows during the year ended June 30, 2023:

Operating lease cost (supplies and other expenses)	\$ 1,183,518
Short-term lease cost (supplies and other expenses)	600,899
Finance lease cost:	
Amortization of right-of use assets (depreciation)	678,902
Interest on lease liabilities (interest expense)	<u>69,958</u>
Total lease cost	<u>\$ 2,533,277</u>

Cash paid for amounts included in the measurement of lease liabilities for the year ended June 30, 2023 is as follows:

Operating cash flows from operating leases	\$ 1,078,514
Operating cash flows from finance leases	69,958
Financing cash flows from finance leases	<u>678,902</u>
Total	<u>\$ 1,827,374</u>

Right-of-use assets obtained in exchange for new lease obligations for the year ended June 30, 2023 are as follows:

Right-of-use assets obtained in exchange for new finance lease liabilities	\$ 1,005,050
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**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**

Operating lease right-of-use assets are classified as long-term assets with the related liabilities classified as current and long-term in the accompanying balance sheets. The following table presents lease-related assets and liabilities at June 30, 2023:

Operating leases:	
Right-of-use assets - operating leases	\$ 3,079,025
Current portion of operating lease obligations	\$ 970,375
Long-term operating lease obligations	<u>2,108,650</u>
Total operating lease liabilities	<u>\$ 3,079,025</u>

Current finance lease liabilities are included in current portion of long-term obligations in the accompanying balance sheets. Noncurrent finance lease liabilities are included in long-term obligations in the accompanying balance sheets.

The following table presents lease-related assets and liabilities at June 30, 2023:

Finance leases:	
Property and equipment, net	\$ 1,829,704
Current portion of finance lease obligations	\$ 581,632
Long-term finance lease obligations	<u>1,227,123</u>
Total finance lease liabilities	<u>\$ 1,808,755</u>

Other Information:	
Weighted-average remaining lease term – operating leases	4.02 years
Weighted-average remaining lease term – finance leases	3.04 years
Weighted-average discount rate – operating leases	2.88%
Weighted-average discount rate – finance leases	5.05%

Future operating lease liability maturities for the years ended June 30 are as follows (see Note 5 for finance lease maturity schedule):

	<u>Operating</u>	<u>Finance</u>
2024	\$ 1,046,306	\$ 661,536
2025	770,899	529,155
2026	532,581	412,791
2027	504,239	353,391
2028	399,395	29,598
Thereafter	<u>35,805</u>	<u>-</u>
Total	3,289,225	1,986,471
Less: interest	<u>210,200</u>	<u>177,716</u>
Lease liability	<u>\$ 3,079,025</u>	<u>\$ 1,808,755</u>

## 11. Functional Expenses

The Corporation provides general health care services and related services to individual within its geographic location. Expenses related to providing these services, based on management's estimates of expense allocations, are as follows for the years ended June 30:

	<b>2023</b>		
	<b>Healthcare Services</b>	<b>General and Administrative</b>	<b>Total</b>
Salaries	\$ 54,254,715	\$ 20,008,018	\$ 74,262,733
Employee benefits and other related expenses	10,997,295	2,538,420	13,535,715
Professional fees and contracted services	9,028,899	4,607,311	13,636,210
Supplies and other expenses	38,206,147	4,341,553	42,547,700
Utilities	383,139	1,522,443	1,905,582
Maintenance and repairs	6,550,511	2,160,861	8,711,372
Insurance	410,406	1,604,712	2,015,118
Interest	420,466	1,141,258	1,561,724
Depreciation	6,103,767	1,916,080	8,019,847
Amortization	219,182	7,654	226,836
<b>Total</b>	<b><u>\$126,574,527</u></b>	<b><u>\$ 39,848,310</u></b>	<b><u>\$ 166,422,837</u></b>

	<b>2022</b>		
	<b>Healthcare Services</b>	<b>General and Administrative</b>	<b>Total</b>
Salaries	\$ 49,182,840	\$ 18,074,097	\$ 67,256,937
Employee benefits and other related expenses	10,570,783	2,606,243	13,177,026
Professional fees and contracted services	9,099,633	3,858,933	12,958,566
Supplies and other expenses	34,164,781	3,923,921	38,088,702
Utilities	364,772	1,398,586	1,763,358
Maintenance and repairs	6,569,502	2,213,508	8,783,010
Insurance	581,826	1,589,052	2,170,878
Interest	372,949	1,165,304	1,538,253
Depreciation	7,001,656	1,162,459	8,164,115
Amortization	219,183	7,064	226,247
<b>Total</b>	<b><u>\$118,127,925</u></b>	<b><u>\$ 35,999,167</u></b>	<b><u>\$ 154,127,092</u></b>

The financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation and amortization, interest, and other occupancy costs, are allocated to a function based on a square footage basis.

## 12. Business and Credit Concentrations

The Corporation grants credit to patients, many 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 June 30, the Corporation had accounts receivable from third-party payors and others as follows:

	<u>2023</u>	<u>2022</u>
Medicare	48%	48%
Medicaid	14%	13%
Blue Cross	15%	18%
Commercial	18%	15%
Self-pay and others	<u>5%</u>	<u>6%</u>
	<u>100%</u>	<u>100%</u>

## 13. Perdue Kresge Challenge for the Community

In January 2002, the Hospital received notice indicating it was a recipient of a conditional award of up to \$750,000 through the Perdue Kresge Challenge for the Community, an endowment challenge grant program for nonprofit organizations serving the Lower Eastern Shore of Maryland. This grant was contingent upon the Hospital's ability to raise, at a minimum, slightly more than two-thirds of the \$750,000 match (\$502,500) in qualified gifts in the Hospital's named agency-restricted endowment fund (the "Fund"). During 2005, the Hospital met the full challenge and Purdue Kresge matched the \$750,000. By Board designation, all of the income distributed from the Perdue Kresge Challenge endowment will be used to fund physician practice development in the community.

On January 15, 2002, the Fund was established in the Hospital's name in order for the Hospital to participate in the Perdue Kresge Challenge for the Community. The Fund is held by and accounted for in the financial statements of the Community Foundation of the Eastern Shore. An unrelated third party actively manages the investments, which are invested currently in various bonds, mutual funds, and equities. All realized gains and losses are reinvested in the Fund. The Fund has no minimum value requirement. All gifts to the Fund will be invested in perpetuity. The Hospital, as sole beneficiary to any interest earned on the Fund, will receive income distributions earned on the assets of the Fund with no external restrictions regarding use; however, the Board of Trustees has designated all investment income from this endowment fund for funding physician practice development in the community. Income distributions will be made on an annual basis.

Fund activity is presented below for the years ended June 30:

	<u>2023</u>	<u>2022</u>
Beginning fund balance	\$ 1,996,830	\$ 2,376,074
Interest and dividends	67,470	85,584
Net realized and unrealized (losses) gains	238,243	(339,532)
Administrative and management fees	(19,770)	(22,501)
Annual income distributions	<u>(104,145)</u>	<u>(102,795)</u>
Ending fund balance	<u>\$ 2,178,628</u>	<u>\$ 1,996,830</u>

**14. Liquidity and Availability**

Financial assets available for general expenditure within one year of the balance sheet date consist of the following at June 30:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 16,799,219	\$ 27,708,808
Marketable securities	<u>19,499,911</u>	<u>14,846,640</u>
	<b>36,299,130</b>	42,555,448
Accounts receivable, net	<b>12,238,696</b>	13,055,093
Other receivables	<u>234,192</u>	<u>144,153</u>
Total	<u><b>\$ 48,772,018</b></u>	<u>\$ 55,754,694</u>

In addition to the assets in the table above, the Corporation has other investments and assets whose use is limited for specified purposes, and because they are not available for general expenditure within one year are not reflected in the amounts above. The Corporation does, however, have investments and certain other long-term assets whose use is limited by board designation that could be made available for general expenditure within one year, if necessary.

**15. COVID-19 Pandemic and CARES Act**

In response to the COVID-19 pandemic, the CARES Act was signed into law on March 27, 2020. One provision of the CARES Act was the establishment of the Provider Relief Funds administered by the U.S. Department of Health and Human Services (“HHS”). The Provider Relief Funds are being distributed to healthcare providers throughout the country to support the battle against the COVID-19 outbreak. During the year ended June 30, 2022, the Corporation received \$404,282 in general and targeted distributions and \$2,797,791 in American Rescue Plan (“ARP”) Rural distributions from this fund. The Corporation recognized these amounts as other operating revenues in the accompanying statements of operations as of June 30, 2022 to the extent the conditions for entitlement to such funding for healthcare related expenses or lost revenues to prevent, prepare for or respond to COVID-19, have been met for resulting in the simultaneous release of restrictions. The funds are subject to future audits and potential adjustment and certain amounts may need to be repaid to the government.

Also under the CARES Act, the Corporation received \$22,353,918 accelerated or advance financing from the Medicare Accelerated and Advance Payment Program in April 2020, which will need to be repaid beginning one year from the date of issuance of the payments as new claims are submitted to CMS. The remaining balance of \$5,026,835 as of June 30, 2022 is included in advances from third party payors in the accompanying balance sheets and this balance was recouped in its entirety as of June 30, 2023.

Additionally, during the year ended June 30, 2021, the Corporation elected payroll tax deferrals of approximately \$1,980,000, which were due back to the IRS during fiscal years 2022 and 2023. These deferrals are included in salaries, wages, and related items in the accompanying balance sheet. At June 30, 2022, the payroll tax deferral was approximately \$830,000 which was paid in full as of June 30, 2023.

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STATE COPY



OR FISCAL YEAR BEGINNING 0701 2022, ENDING 063023

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

ATLANTIC GENERAL HOSPITAL

521656507

Name of corporation, pass-through entity, estate or trust

Federal Employer Identification Number

Name and Title of Fiduciary

9733 HEALTHWAY DRIVE

BERLIN

MD

21811

Street Address

City or town

State

ZIP Code

+4

PART I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax 1. .00
2. Amount of overpayment to be refunded REFUND 2. .00
3. Total amount due 3. .00

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner, or managing member of the above corporation or passthrough entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

PIN: Check one box only

[X] I authorize FORVIS, LLP to enter or generate my PIN as my signature on my tax year 2022 electronically filed income tax return.

22102

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on the tax year 2022 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Signature

Date

PART III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN Enter your six digit EFIN followed by your five-digit self-selected PIN

54274552977

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2022 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

AMY BIBBY

EROs signature

052324

Date



OR FISCAL YEAR BEGINNING 0701 2022, ENDING 063023

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

ATLANTIC GENERAL HOSPITAL

521656507

Name of corporation, pass-through entity, estate or trust

Federal Employer Identification Number

Name and Title of Fiduciary

9733 HEALTHWAY DRIVE

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MD

21811

Street Address

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+4

PART I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax 1. .00
2. Amount of overpayment to be refunded REFUND 2. .00
3. Total amount due 3. .00

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner, or managing member of the above corporation or passthrough entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return.

PIN: Check one box only

[X] I authorize FORVIS, LLP to enter or generate my PIN as my signature on my tax year 2022 electronically filed income tax return.

22102

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on the tax year 2022 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Signature

Date

PART III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN Enter your six digit EFIN followed by your five-digit self-selected PIN

54274552977

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2022 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

AMY BIBBY

EROs signature

052324

Date



OR FISCAL YEAR BEGINNING 0701 2022, ENDING 063023

521656507

Federal Employer Identification Number (9 digits)

ATLANTIC GENERAL HOSPITAL

Name

9733 HEALTHWAY DRIVE

Current Mailing Address (PO Box, number, street and apt. no.)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

BERLIN

City or Town

MD

State

21811

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

For Office Use Only

Table with columns ME, YE, EC, EC and values 06, 23



IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: www.marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

Check here if you are a first time filer or your mailing address has changed.

TAX PAYMENT WORKSHEET INSTRUCTIONS

- Line 1 - Tax liability Enter the total amount of income tax the corporation is expected to owe. Use Form 500 as a worksheet.
Line 2 - Estimated tax payments Enter the total amount of Maryland estimated tax paid with Form 500D for the tax year. Include any overpayment from the prior period that was credited to the current tax year.
Line 3 - Allowable tax credits Enter the allowable tax credits from Form 500CR or 502S or tax paid on the corporation's behalf by a pass-through entity.
Line 4 - Total payments and credits Add lines 2 and 3 and enter the total on line 4.
Line 5 - Tax due Subtract line 4 from line 1 and enter the result on line 5. This is the tax to be paid with the application for extension.

TAX PAYMENT WORKSHEET

Table with 5 rows for tax liability, estimated payments, credits, total payments, and tax due. Values shown are 0.00 for lines 2, 3, and 4.

TAX PAID WITH THIS EXTENSION

(If filing and paying electronically, do not mail this form.)

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: www.marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.



MARYLAND  
FORM  
500

CORPORATION INCOME  
TAX RETURN



22500005

2022

\$

OR FISCAL YEAR BEGINNING 0701 2022, ENDING 063023

521656507

Federal Employer Identification Number (9 digits)

FEIN Applied for Date (MMDDYY)

080984

Date of Organization or Incorporation (MMDDYY)

456110

Business Activity Code No. (6 digits)

Print Using Blue or Black Ink Only

ATLANTIC GENERAL HOSPITAL

Name

9733 HEALTHWAY DRIVE

Current Mailing Address (PO Box, number, street and apt. no)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

BERLIN

City or Town

MD

State

21811

ZIP Code + 4

Do not write in this space.

06

ME

23

YE

Amended  
Return

Foreign Country Name

Foreign Postal Code

Foreign Province/State/County

CHECK HERE IF:

STAPLE CHECK  
HERE

- Name or address has changed
- Inactive corporation
- First filing of the corporation
- Final Return
- This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX

- Carryback
- Carryforward

Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box:

- 1120
- 1120-REIT
- 990T

Other: \_\_\_\_\_ IF 1120S, FILE ON FORM 510 ..... 1a. \_\_\_\_\_ .00

1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)

1b. \_\_\_\_\_ .00

1c. Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a)

1c. \_\_\_\_\_ .00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions ..... 2a. \_\_\_\_\_ .00

2b. Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) ..... 2b. \_\_\_\_\_ .00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) ..... 2c. \_\_\_\_\_ .00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions ..... 3a. \_\_\_\_\_ .00

3b. Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) ..... 3b. \_\_\_\_\_ .00



NAME ATLANTIC GENERA FEIN 521656507

3c.	Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c)	▶ 3c.	_____	.00
3d.	Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.)	▶ 3d.	_____	.00
3e.	Total Maryland Subtraction Adjustments to Federal Taxable Income (Add lines 3a through 3d.)	3e.	_____	.00
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.)	4.	_____	.00
5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.)	▶ 5.	1652153	.00
6.	<b>Maryland Adjusted Federal Taxable Income</b> (If line 4 is less than or equal to zero, enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and enter result. If result is less than zero, enter zero.)	6.	_____	0.00

**MARYLAND ADDITION MODIFICATIONS**

(All entries must be positive amounts.)

7a.	State and local income tax	▶ 7a.	_____	.00
7b.	Dividends and interest from another state, local or federal tax exempt obligation	▶ 7b.	_____	.00
7c.	Net operating loss modification recapture (Do not enter NOL carryover. See instructions.)	▶ 7c.	_____	.00
7d.	Domestic Production Activities Deduction	▶ 7d.	_____	.00
7e.	Deduction for Dividends paid by captive REIT	▶ 7e.	_____	.00
7f.	Other additions (Enter code letter(s) from instructions and attach schedules)	▶ 7f.	_____	.00
7g.	Total Addition Modifications (Add lines 7a through 7f)	7g.	_____	.00

**MARYLAND SUBTRACTION MODIFICATIONS**

(All entries must be positive amounts.)

8a.	Income from US Obligations	▶ 8a.	_____	.00
8b.	Other subtractions (Enter code letter(s) from instructions and attach schedule)	▶ 8b.	_____	.00
8c.	Total Subtraction Modifications (Add lines 8a and 8b)	8c.	_____	.00

**NET MARYLAND MODIFICATIONS**

9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.)	9.	_____	.00
10.	Maryland Modified Income (Add lines 6 and 9.)	10.	_____	0.00

**APPORTIONMENT OF INCOME**

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11.	Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000000.)	▶ 11.	_____	
12.	Maryland apportionment income (Multiply line 10 by line 11.)	12.	_____	.00
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)	13.	_____	0.00
14.	Tax (Multiply line 13 by 8.25%)	14.	_____	0.00
15a.	Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2021 overpayment	▶ 15a.	_____	.00
15b.	Tax paid with an extension request (Form 500E)	▶ 15b.	_____	.00
15c.	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)			
15d.	Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)			
15e.	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here <input type="checkbox"/> if you are a non-profit corporation.			

You must file this form electronically to claim business tax credits from Form 500CR.



NAME ATLANTIC GENERA FEIN 521656507

Table with 2 columns: Description and Amount. Rows include 15f. Nonresident tax paid, 15g. If amending, total payments, 15h. Total payments and credits, 16. Balance of tax due, 17. Overpayment, 17a. If amending prior overpayment, 18. Interest and/or penalty, 19. Total balance due, 20. Amount of overpayment from original return, 21. Amount of overpayment TO BE REFUNDED.

DIRECT DEPOSIT OF REFUND (See Instructions.) Verify that all account information is correct and clearly legible.

If you are requesting direct deposit of your refund, complete the following.

Check here if you authorize the State of Maryland to issue your refund by direct deposit.

Check here if this refund will go to an account outside of the United States.

22a. Type of account: Checking Savings

22b. Routing Number (9-digits):

22c. Account number:

22d. Name as it appears on the bank account:

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

Table with 2 columns: Description and Amount. Rows include 23. NOL generated in Current Year, 24. NAM generated in Current Year.

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

- 1. Amended to claim a Net Operating Loss Deduction
2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)
3. Amended to claim Business Tax Credit.
4. Amended to claim nonresident PTE Tax Credit
5. Amended to report income omitted on previous filing
6. Amended to change apportionment factor
7. Amended for another reason

Explanation of Changes:



NAME ATLANTIC GENERA FEIN 521656507

**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate corporations. See instructions.)

<b>NOTE:</b> Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.	<b>Column 1 TOTALS WITHIN MARYLAND</b>	<b>Column 2 TOTALS WITHIN AND WITHOUT MARYLAND</b>	<b>Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)</b>
<b>1. Receipts</b>			
a. Gross receipts or sales less returns and allowances .....	.00	.00	
b. Dividends .....	.00	.00	
c. Interest .....	.00	.00	
d. Gross rents .....	.00	.00	
e. Gross royalties .....	.00	.00	
f. Capital gain net income .....	.00	.00	
g. Other income (Attach schedule.) .....	.00	.00	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) .....	.00	.00	. . . . .

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

<b>2. Property</b>			
a. Inventory .....	.00	.00	
b. Machinery and equipment .....	.00	.00	
c. Buildings .....	.00	.00	
d. Land .....	.00	.00	
e. Other tangible assets (Attach schedule.) .....	.00	.00	
f. Rent expense capitalized (multiply by eight) .....	.00	.00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) .....	.00	.00	. . . . .
<b>3. Payroll</b>			
a. Compensation of officers .....	.00	.00	
b. Other salaries and wages .....	.00	.00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) .....	.00	.00	. . . . .

**4. Maryland apportionment factor** Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000000 on line 11, page 2.) .....

Check here if special apportionment or alternative apportionment formula is used.



NAME ATLANTIC GENERA FEIN 521656507

**SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)**

- 1. Telephone number of corporation tax department: 4106411100
- 2. Address of principal place of business in Maryland (if other than indicated on page 1): \_\_\_\_\_
- 3. Brief description of operations in Maryland: \_\_\_\_\_
- 4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? .....  Yes  No  
If "yes", indicate tax year(s) here: \_\_\_\_\_ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
- 5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? .....  Yes  No
- 6. Is this entity part of the federal consolidated filing? .....  Yes  No  
**If a multistate operation, provide the following:**
- 7. Is this entity a multistate corporation that is a member of a unitary group? .....  Yes  No
- 8. Is this entity a multistate manufacturer with more than 25 employees? .....  Yes  No

**SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)**

- 1. **Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.**  
List the name(s) of the qualified charitable entity on the lines below.

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**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Check here  if you authorize your preparer to discuss this return with us.

\_\_\_\_\_  
Officer's signature Date

JAMES KANUCH, VP FINANCE  
Officer's Name and Title

AMY BIBBY  
Preparer's signature (Required by Law) Date

7039700400  
Telephone number of preparer

FORVIS LLP  
Printed name of the Preparer / or Firm's name

1410 SPRING HILL ROAD SUITE 500  
Street address of preparer or Firm's address

TYSONS VA 221023056  
City, State, ZIP Code + 4

▶ P00445891  
Preparer's PTIN (Required by Law)

▶ \_\_\_\_\_  
CODE NUMBERS (3 digits per line)

**INCLUDE ALL REQUIRED PAGES OF FORM 500**

**Make checks payable to and mail to:**

Comptroller Of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, Maryland 21411-0001  
(Write Your FEIN On Check Using Blue Or Black Ink.)

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>ATLANTIC GENERAL HOSPITAL</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>9733 HEALTHWAY DRIVE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>BERLIN, MD 21811</b></p>	<p><b>D</b> Employer identification number  <b>52-1656507</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... <b>124,802,496.</b></p>			
<p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p><b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/></p>			
<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>2</b></p>			
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p><b>L</b> The books are in care of <b>JAMES KANUCH</b></p>		<p>Telephone number <b>410-641-1100</b></p>	

<b>Part I Total Unrelated Business Taxable Income</b>		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

<b>Part II Tax Computation</b>		
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....		<b>5</b>	0.
6a Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <span style="float: right;"><b>Refunded</b></span>		<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		<b>Yes</b>	<b>No</b>
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....			
4 Enter available pre-2018 NOL carryovers here \$ <u>1,365,142.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
561000	\$ 215,495.		
456110	\$ 71,516.		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title		
			VP FINANCE		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AMY BIBBY	AMY BIBBY	05/23/24		P00445891
	Firm's name	Firm's EIN			
	FORVIS, LLP	44-0160260			
	Firm's address			Phone no.	
	1410 SPRING HILL ROAD, SUITE 500			(703) 970-0400	
	TYSONS, VA 22102-3056				



FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	308,028.	308,028.	0.	0.
06/30/06	232,633.	61,431.	171,202.	171,202.
06/30/07	343,156.	0.	343,156.	343,156.
06/30/08	366,549.	0.	366,549.	366,549.
06/30/09	390,246.	0.	390,246.	390,246.
06/30/10	71,125.	0.	71,125.	71,125.
06/30/18	22,864.	0.	22,864.	22,864.
NOL CARRYOVER AVAILABLE THIS YEAR			1,365,142.	1,365,142.