

EXTENDED TO NOVEMBER 15, 2023

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)

2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Form 990 header section including B (Check if applicable), C (Name of organization: ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.), D (Employer identification number: 84-2670875), E (Telephone number: 301 315 3030), G (Gross receipts \$: 60,774,945), H(a) (Is this a group return for subordinates? No), H(b) (Are all subordinates included? No), I (Tax-exempt status: 501(c)(3)), J (Website: WWW.ADVENTISTHEALTHCARE.COM), K (Form of organization: Corporation), L (Year of formation: 2019), M (State of legal domicile: MD)

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown (Total revenue: 60,774,945), expenses breakdown (Total expenses: 60,591,321), and net assets (Total assets: 59,296,581).

Part II Signature Block section including a declaration of preparer, signature of officer (Kristen Pulio, Sr. Vice President & CFO), date (11/15/2023), and preparer information fields.

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 46,192,550. including grants of \$) (Revenue \$ 57,312,863.) IN 2022, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC., AN ACUTE CARE HOSPITAL, PROVIDED MEDICAL AND SURGICAL SERVICES TO THE COMMUNITY. IN ADDITION, THEY PROVIDED BENEFITS TO THE COMMUNITY THAT INCLUDED, CHARITY CARE, COMMUNITY HEALTH EDUCATION, COMMUNITY WOUND CARE EDUCATION, COMMUNITY SPONSORSHIP OPPORTUNITIES, AND COMMUNITY ENGAGEMENT ACTIVITIES.

THE HOSPITAL RECEIVED A "B" HOSPITAL SAFETY GRADE RATING BY THE LEAPFROG GROUP. CONTINUES ON SCHEDULE O.

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

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

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

4e Total program service expenses 46,192,550.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) TERRY FORDE CHAIR; PRESIDENT & CEO,AHC	2.00 48.00	X		X				0.	1,513,716.	63,683.
(2) JOHN SACKETT VICE CHAIR; EVP/COO,AHC	2.00 48.00	X						0.	1,034,422.	70,167.
(3) KRISTEN PULIO SVP & CFO, AHC	3.00 47.00	X		X				0.	751,379.	179,851.
(4) EUNMEE SHIM SECY.; PRESIDENT, FWMC	40.00 10.00	X		X				0.	691,885.	150,467.
(5) JAMES G. LEE EVP & CSO-GWTH, AHC-UNTIL MAY 2022	6.00 44.00			X				0.	628,944.	22,795.
(6) KEVIN CARGILL VP AND CFO, WOMC & FWMC	20.00 20.00					X		0.	424,458.	114,178.
(7) CARLIN WILLIAMS, MD BOARD MEMBER; PHYSICIAN, FWMC	40.00	X						0.	460,744.	47,123.
(8) SHAUN KHOSLA, MD BOARD MEMBER; PHYSICIAN, FWMC	40.00	X						360,338.	0.	14,807.
(9) ANNA CAZES VP, CNO/COO	40.00					X		267,776.	0.	95,542.
(10) KENNETH FISHER, MD BOARD MEMBER; CMO, FWMC	40.00	X						259,272.	0.	69,303.
(11) STEVEN PETERSON ANCILLARY SERVICES DIRECTOR	40.00					X		180,458.	0.	30,163.
(12) ZANZETA SMITH DIRECTOR, SERVICE LINE & PROGRAM DEV	40.00					X		179,733.	0.	15,311.
(13) PAULINA ANIM REGISTERED NURSE II	40.00					X		177,253.	0.	0.
(14) EMMANUEL ASIEDU BOARD MEMBER	1.00	X						0.	12,750.	0.
(15) GINA BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(16) CHARLES DAY, SR. BOARD MEMBER	1.00	X						0.	0.	0.
(17) PASTOR MARCUS HARRIS BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELLE HEREFORD BOARD MEMBER	1.00	X						0.	0.	0.
(19) ALVIN KIBBLE BOARD MEMBER	1.00	X						0.	0.	0.
(20) KIMBERLY ROBERTSON BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,424,830.	5,518,298.	873,390.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,424,830.	5,518,298.	873,390.

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 71

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUALIVIS LLC, PO BOX 123847 DEPT#3847, DALLAS, TX 75312-3847	STAFFING/RECRUITMENT SERVICES	3,638,922.
QUEST DIAGNOSTICS 14225 NEWBROOK DR, CHANTILLY, VA 19176-1303	CLINICAL LAB SERVICES	3,395,666.
USACS INTEGRATED ACUTE CARE SERVICES PO BOX 645948, CINCINNATI, OH 45264	PHYSICIAN PROVIDERS	1,291,235.
MEDPRO HEALTHCARE STAFFING 9001 MEDICAL CENTER DR, ROCKVILLE, MD 20850	STAFFING/RECRUITMENT SERVICES	1,048,324.
NORTH AMERICAN PARTNERS IN ANESTHESIA MD, 1305 WALT WHITMAN ROAD, SUITE 300,	ANESTHESIA SERVICES	670,504.

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 23

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,074,929.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	375,599.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		3,450,528.			
Program Service Revenue	2 a	PATIENT SERVICES	Business Code				
			622110	57,312,863.	57,312,863.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		57,312,863.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		11,554.		11,554.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		60,774,945.	57,312,863.	0.	11,554.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	703,718.		703,718.	
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	24,115,296.	19,819,214.	4,128,221.	167,861.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	554,056.	489,057.	57,797.	7,202.
9 Other employee benefits	1,537,252.	1,220,367.	307,973.	8,912.
10 Payroll taxes	1,827,022.	1,461,757.	353,673.	11,592.
11 Fees for services (nonemployees):				
a Management	31,056.	31,056.		
b Legal	156,117.		156,117.	
c Accounting				
d Lobbying	15,000.		15,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	14,591,580.	12,985,767.	1,605,813.	
12 Advertising and promotion	522,615.	45.	522,570.	
13 Office expenses	373,086.	228,406.	144,677.	3.
14 Information technology	984,817.	738,613.	246,204.	
15 Royalties				
16 Occupancy	2,865,051.	1,255,139.	1,609,413.	499.
17 Travel	186,365.	97,085.	89,034.	246.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	34,818.	3,816.	31,002.	
20 Interest	267,638.		267,638.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,740,552.	1,425,336.	315,216.	
23 Insurance	1,534,494.	390,889.	1,143,605.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	5,799,221.	5,799,221.		
b COLLECTION FEES/LICENSE	2,751,567.	246,782.	2,504,785.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	60,591,321.	46,192,550.	14,202,456.	196,315.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	77,190.	1	139,545.
	2 Savings and temporary cash investments	3,474,695.	2	3,543,120.
	3 Pledges and grants receivable, net	1,666.	3	1,012.
	4 Accounts receivable, net	5,861,700.	4	3,743,339.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	490,184.	7	2,027,258.
	8 Inventories for sale or use	766,376.	8	1,149,713.
	9 Prepaid expenses and deferred charges	139,078.	9	259,748.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,705,913.		
	b Less: accumulated depreciation	10b 3,670,903.		
	11 Investments - publicly traded securities	96,263.	11	104,767.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,295,820.	15	22,293,069.
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,765,979.	16	59,296,581.	
Liabilities	17 Accounts payable and accrued expenses	10,815,141.	17	16,623,325.
	18 Grants payable		18	
	19 Deferred revenue		19	14,805.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	13,805,635.	23	5,737,608.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,764,560.	25	24,356,577.
	26 Total liabilities. Add lines 17 through 25	27,385,336.	26	46,732,315.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,096,628.	27	12,196,910.
	28 Net assets with donor restrictions	284,015.	28	367,356.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,380,643.	32	12,564,266.
	33 Total liabilities and net assets/fund balances	39,765,979.	33	59,296,581.

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	60,774,945.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,591,321.
3	Revenue less expenses. Subtract line 2 from line 1	3	183,624.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,380,643.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,564,266.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

Form **990** (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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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).
3 X 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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2022

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	Total annual distributions. 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	Total 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	Excess distributions carryover to 2023. 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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ _____ 171,339.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ _____ 101,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ _____ 33,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ _____ 41,106.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		15,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			15,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC. ADVOCATED FOR

STATE FUNDING TO SUPPORT ITS VISION TO BUILD A NEW HOSPITAL IN THE

COMMUNITY AND PROVIDE STATE OF THE ART, QUALITY CARE.

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 **ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.** Employer identification number **84-2670875**

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,110,000.		3,110,000.
b Buildings		11,454,227.	894,976.	10,559,251.
c Leasehold improvements		2,259,112.	641,752.	1,617,360.
d Equipment		10,172,532.	2,072,608.	8,099,924.
e Other		2,710,042.	61,567.	2,648,475.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,035,010.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) MORTGAGE RESERVE FUND	1,374,470.
(2) FINANCING LEASE RIGHT-OF-USE ASSET	84,425.
(3) OPERATING LEASE RIGHT-OF-USE ASSET	20,797,209.
(4) SECURITY DEPOSIT	36,965.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	22,293,069.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCING LEASE OBLIGATIONS	90,987.
(3) OPERATING LEASE OBLIGATIONS	20,925,385.
(4) OTHER LONG TERM LIABILITIES	3,340,205.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	24,356,577.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	59,480,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	59,480,050.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,554.
b	Other (Describe in Part XIII.)	4b	1,283,341.
c	Add lines 4a and 4b	4c	1,294,895.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	60,774,945.

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

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

1	Total expenses and losses per audited financial statements	1	60,591,321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	60,591,321.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	60,591,321.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN 2022 OR 2021.

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

TAX BENEFITS AND PENALTIES IN INTEREST EXPENSE IN OPERATING EXPENSES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

RESTRICTED CONTRIBUTIONS

ASSETS RELEASED FOR OPERATIONS

Multiple horizontal lines for data entry.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
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	ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number	84-2670875
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			511,324.		511,324.	.84%
b Medicaid (from Worksheet 3, column a)			1,000,889.	819,523.	181,366.	.30%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1,512,213.	819,523.	692,690.	1.14%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,754,003.	699,163.	1,054,840.	1.74%
f Health professions education (from Worksheet 5)			46,757.		46,757.	.08%
g Subsidized health services (from Worksheet 6)			7,161,042.	2,087,722.	5,073,320.	8.37%
h Research (from Worksheet 7)			21.		21.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			85,067.		85,067.	.14%
j Total. Other Benefits			9,046,890.	2,786,885.	6,260,005.	10.33%
k Total. Add lines 7d and 7j			10,559,103.	3,606,408.	6,952,695.	11.47%

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.

	(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
1 Physical improvements and housing						
2 Economic development						
3 Community support			306.		306.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			11,086.		11,086.	.02%
7 Community health improvement advocacy			10,649.		10,649.	.02%
8 Workforce development			38.		38.	.00%
9 Other						
10 Total			22,079.		22,079.	.04%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 3,686,914.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
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

5 Enter total revenue received from Medicare (including DSH and IME)	5 25,348,001.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 23,176,651.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 2,171,350.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a X
b 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	9b X

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

(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 AHC FORT WASHINGTON MEDICAL CENTER INC
11711 LIVINGSTON ROAD
FORT WASHINGTON, MD 20744
HTTPS://WWW.ADVENTISTHEALTHCARE.COM/
16003

Table with columns: 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. Row 1 contains 'X' marks in the first three columns and 'X' in the ER-24 hours column.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE URL ON SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2022

Part V Facility Information *(continued)*

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

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

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

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.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 5: IN CONDUCTING OUR MOST RECENT CHNA, COMPLETED

IN 2022, WE CONSIDERED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTEREST

OF THE COMMUNITY THROUGH THREE AVENUES: A COMMUNITY RESIDENT SURVEY,

COMMUNITY EXPERT SURVEY, AND KEY INFORMANT INTERVIEWS.

COMMUNITY RESIDENT SURVEY:

PRINCE GEORGE'S COUNTY IS HOME TO OVER 967,000 RESIDENTS AND GROWING, WITH

A WIDE RANGE OF HEALTH NEEDS AND DISPARITIES. THE COMMUNITY RESIDENT

SURVEY WAS A STRATEGY DEVELOPED TO COMPLEMENT THE OVERALL COMMUNITY HEALTH

ASSESSMENT (CHA) GOAL OF IDENTIFYING THE HEALTH NEEDS AND ISSUES FOR THE

COUNTY'S DIVERSE POPULATION BY HEARING DIRECTLY FROM OUR RESIDENTS. THE

2022 COMMUNITY RESIDENT SURVEY WAS MODIFIED FROM THE 2019 COMMUNITY

RESIDENT SURVEY, WITH ANY ADAPTATIONS BASED ON THE COMMUNITY HEALTH STATUS

AND ASSESSMENT RECOMMENDATIONS OF THE MOBILIZING FOR ACTION THROUGH

PLANNING AND PARTNERSHIPS (MAPP) FRAMEWORK. EFFORTS WERE MADE TO ENSURE

THE SURVEY QUESTIONS CORRESPONDED WITH THE COMMUNITY EXPERT SURVEY,

ANOTHER KEY ASSESSMENT OF THE MAPP FRAMEWORK. THE SURVEY QUESTIONS

INCLUDED MOSTLY MULTIPLE CHOICE AND RATING SCALES WITH A FEW OPEN-ENDED

RESPONSES FOR DEMOGRAPHICS AND AN OPTION FOR WRITING IN A RESPONSE IF THE

PARTICIPANT ANSWERED WITH "OTHER." THE SURVEY WAS TRANSLATED INTO SPANISH

(THE MOST COMMON LANGUAGE SPOKEN IN THE COUNTY AFTER ENGLISH) AND WAS MADE

AVAILABLE ONLINE AND THROUGH PRINTED COPIES.

COMMUNITY EXPERT SURVEY:

PRINCE GEORGE'S COUNTY IS DIVERSE, AND OUR GROWING POPULATION HAS A WIDE

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.

RANGE OF NEEDS, DISPARITIES, AND PERCEPTIONS ABOUT HEALTH. THE COMMUNITY

EXPERT SURVEY WAS DEVELOPED AS A STRATEGY THAT COMPLEMENTS THE OVERALL

COMMUNITY HEALTH ASSESSMENT (CHA) GOAL OF IDENTIFYING THE HEALTH NEEDS AND

ISSUES AMONG THE COUNTY'S DIFFERENT POPULATIONS, THROUGH PROVIDERS,

COMMUNITY-BASED ORGANIZATIONS, LOCAL GOVERNMENTS, AND POPULATION

REPRESENTATIVES THAT CAN SPEAK FOR THE COMMUNITIES THEY SERVE. THE CORE

CHNA TEAM PROVIDED LISTS OF COMMUNITY-BASED PARTNERS AND REPRESENTATIVES

TO BE INCLUDED IN THE SURVEY SUCH AS THE MEMBERSHIP OF THE PRINCE GEORGE'S

COUNTY HEALTH ACTION COALITION, AS WELL AS COMMUNITY LEADERS, AND

REPRESENTATIVES OF SPECIFIC POPULATIONS. THE SURVEY WAS DEVELOPED BASED ON

EXISTING COMMUNITY SURVEYS WITH SOME MODIFICATIONS SPECIFIC TO THE COUNTY.

EFFORTS WERE MADE TO ENSURE THE SURVEY QUESTIONS CORRESPONDED WITH THE

COMMUNITY RESIDENT SURVEY WHICH WAS ALSO PART OF CHNA DATA COLLECTION

EFFORTS. AN EMAIL REQUEST WAS SENT TO APPROXIMATELY 100 PARTICIPANTS BY

THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT IN APRIL 2022, AND HOSPITAL

PARTNERS WERE ALSO PROVIDED WITH THE SURVEY LINK TO SHARE WITH THEIR

COMMUNITY EXPERTS.

KEY INFORMANT INTERVIEWS:

KEY INFORMANT INTERVIEWS WERE CONDUCTED BY 16 COUNTY LEADERS DRAWN FROM

DIVERSE BACKGROUNDS WITH VARYING PERSPECTIVES ON HEALTH IN THE COUNTY. THE

KEY INFORMANT INTERVIEWS WERE UTILIZED AS AN OPPORTUNITY TO INCLUDE

PERSPECTIVES FROM POPULATIONS THAT MAY BE UNDER-REPRESENTED THROUGH OTHER

COLLECTION METHODS AND HAVE A NEED FOR DIFFERENT OR INCREASED RESOURCES TO

ACHIEVE THEIR BEST HEALTH. THE SPECIAL POPULATIONS REPRESENTED INCLUDED

VETERANS, SENIORS, THOSE EXPERIENCING HOMELESSNESS OR HOUSING INSECURITY,

IMMIGRANTS, REFUGEES, AND THE HISPANIC AND FILIPINO COMMUNITIES.

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.

TWENTY-NINE INDIVIDUALS WERE IDENTIFIED BY AREA HOSPITALS AND THE PRINCE

GEORGE'S COUNTY HEALTH DEPARTMENT (PHCHD) AS KEY INFORMANTS TO REPRESENT

SPECIAL POPULATIONS IN THE COUNTY, INCLUDING VETERANS, SENIORS, THOSE

EXPERIENCING HOMELESSNESS OR HOUSING INSECURITY, IMMIGRANTS, REFUGEES, AND

THE HISPANIC AND FILIPINO COMMUNITIES, AS WELL AS ORGANIZATIONS SUCH AS

EDUCATIONAL INSTITUTIONS THAT MAY SERVE MORE THAN ONE POPULATION. THE

INDIVIDUALS IDENTIFIED AS KEY INFORMANTS WERE EITHER MEMBERS OF OR

DIRECTLY SERVE THESE SPECIAL POPULATIONS. OF THE 29 POTENTIAL RESPONDENTS,

16 INDIVIDUALS COMPLETED THE INTERVIEWS. DESPITE MULTIPLE ATTEMPTS TO

SCHEDULE INTERVIEWS, IT IS RECOGNIZED THAT SOME ORGANIZATIONS/ INDIVIDUALS

WERE NOT INCLUDED DUE TO A LACK OF RESPONSE AND/OR TIME LIMITATIONS.

HOWEVER, EFFORTS WERE MADE TO INCLUDE REPRESENTATION IN THE COMMUNITY

EXPERT SURVEY FOR UNDER-REPRESENTED POPULATIONS TO ENSURE INCLUSION IN THE

COMMUNITY HEALTH ASSESSMENT PROCESS. THE COMPREHENSIVE INTERVIEW GUIDE

DEVELOPED FOR THE 2016 AND 2019 COMMUNITY HEALTH ASSESSMENTS WAS UTILIZED

FOR CONSISTENCY (SEE APPENDIX B OF THE CHA), WHICH CONSISTED OF 17

OPEN-ENDED QUESTIONS WITH RELATED PROBES. THE GUIDE ADDRESSED THE

FOLLOWING FOCUS AREAS: ASSETS AND BARRIERS RELATIVE TO HEALTH PROMOTION IN

THE COUNTY, OPINIONS ON THE LEADING HEALTH THREATS CURRENTLY FACING THE

COUNTY, SPECIFIC PRIORITIES IN THE AREAS OF PHYSICAL, BEHAVIORAL, AND

ENVIRONMENTAL HEALTH, AND EMERGING THREATS TO RESIDENTS' HEALTH.

INTERVIEWS WERE CONDUCTED BY THE PRINCE GEORGE'S COUNTY HEALTH

DEPARTMENT'S OFFICE OF ASSESSMENT AND PLANNING. THE FULL LIST OF

INTERVIEWEES CAN BE FOUND IN APPENDIX A OF THE CHA.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 6A: LUMINIS HEALTH DOCTORS COMMUNITY HOSPITAL;

MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER; UM CAPITAL REGION HEALTH.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 6B: PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 7D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

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

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

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

PART V, SECTION B, LINE 7B:

THE CHNA REPORT CAN ALSO BE FOUND ON THESE LINKS:

[HTTPS://WWW.LUMINISHEALTH.ORG/EN/COMMUNITY-HEALTH/NEEDS-ASSESSMENT](https://www.luminishealth.org/en/community-health/needs-assessment)

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

AHC FORT WASHINGTON MEDICAL CENTER INC.:

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

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

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

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.

GEORGE'S COUNTY AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT,
 IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET
 EACH IDENTIFIED COMMUNITY HEALTH NEED. WHILE THE CORE TEAM LED THE DATA
 GATHERING PROCESS OF THE CHNA, THERE WAS RECOGNITION THAT THERE MUST BE
 SHARED OWNERSHIP OF THE COUNTY'S COMMUNITY'S HEALTH. FWMC IS DIRECTLY
 ADDRESSING NEEDS RELATED TO ACCESS TO CARE, FOOD ACCESS, INFECTIOUS
 DISEASE (PARTICULARLY HIV AND HEP C), BEHAVIORAL HEALTH, AND OBESITY.
 OF THE CORE PRIORITY AREAS IDENTIFIED IN THE MOST RECENT CHNA, THE ONLY
 AREA THAT FWMC IS NOT DIRECTLY ADDRESSING IS CANCER AS THIS IS NOT AN AREA
 WE HAVE SUFFICIENT EXPERTISE AND RESOURCES. HOWEVER, THE HOSPITAL MAKES
 APPROPRIATE REFERRALS TO OTHER HOSPITAL AND COMMUNITY RESOURCES FOR OUR
 PATIENTS AND COMMUNITY MEMBERS.

A HIGHLIGHT OF SOME OF THE INITIATIVES BEING UNDERTAKEN:
 ACCESS TO CARE: INCREASE ACCESS TO DIABETES COMPLICATION PREVENTION
 SERVICES AND SELF-MANAGEMENT RESOURCES; PROVIDE MEDICATION ASSISTANCE FOR
 LOW-INCOME PATIENTS WITH CHRONIC ILLNESSES; INCREASE ACCESS TO HEART
 HEALTH EDUCATION AND SELF-MANAGEMENT RESOURCES.
 FOOD ACCESS: INCREASE ACCESS TO FRESH MEALS IN THE OXON HILL NEIGHBORHOOD
 WHILE SUPPORTING LOCALLY OWNED RESTAURANTS.
 INFECTIOUS DISEASE: IMPROVE CARE OF INDIVIDUALS LIVING WITH HIV AND HEP C
 BY PROVIDING PRIVATE, SAFE, AND EFFECTIVE MEANS OF TESTING.

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.

BEHAVIORAL HEALTH: DECREASE THE NUMBER OF DRUG AND ALCOHOL ABUSE IN THE

COMMUNITY BY SCREENING EVERYONE PATIENT THAT COMES INTO THE EMERGENCY

DEPARTMENT FOR DRUG AND ALCOHOL ABUSE AND CONNECT THE PATIENT TO

TREATMENT.

OBESITY: INCREASE ACCESS TO NEEDED BARIATRIC SERVICES IN THE COMMUNITY;

PROMOTE HEALTH THROUGH SCREENINGS, EDUCATION, AND AWARENESS OF LOCAL

RESOURCES.

A COMPLETE LIST OF INITIATIVES CAN BE VIEWED HERE:

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

/

AHC FORT WASHINGTON MEDICAL CENTER INC.:

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

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

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

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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.

PART I, LINE 3C:

IN CONSIDERATION FOR FINANCIAL ASSISTANCE TO OUR PATIENTS, ADVENTIST

HEALTHCARE ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME. THE PATIENT'S

CIRCUMSTANCES COULD INCLUDE THE NEEDS OF THE PATIENT AND/OR FAMILY AND

OTHER FINANCIAL RESOURCES. IT IS OUR MISSION TO PROVIDE NECESSARY MEDICAL

CARE TO THOSE WHO ARE UNABLE TO PAY FOR THAT CARE. IN GENERAL, ADVENTIST

HEALTHCARE HAS 15 LEVELS OF FINANCIAL ASSISTANCE. THEY ARE AS FOLLOWS:

- ANNUAL INCOME <= 1.0X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 1.00X AND <= 1.25X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 1.25X AND <= 1.50X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 1.50X AND <= 1.75X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 1.75X AND <= 2.00X OF FPL, 0% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 2.00X AND <= 2.25X OF FPL, 10% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 2.25X AND <= 2.50X OF FPL, 20% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 2.50X AND <= 2.75X OF FPL, 30% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 2.75X AND <= 3.00X OF FPL, 40% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 3.00X AND <= 3.50X OF FPL, 50% PATIENT RESPONSIBILITY

- ANNUAL INCOME > 3.50X AND <= 4.00X OF FPL, 60% PATIENT RESPONSIBILITY

Part VI Supplemental Information (Continuation)

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

PART I, LINE 7:

MARYLAND'S UNIQUE ALL-PAYER SYSTEM PROVIDES A MECHANISM FOR INCLUDING UNCOMPENSATED CARE FUNDING IN EACH PROVIDER'S RATES. FOR PURPOSES OF COMPLETING ADVENTIST HEALTHCARE'S (AHC) FORM 990, THESE UNCOMPENSATED CARE ADJUSTMENTS TO OUR HOSPITALS' APPROVED RATE ORDERS ARE NOT PRESENTED AS AN OFFSET TO THE LEVEL OF UNCOMPENSATED CARE WE PROVIDED.

SINCE THE HSCRC ASSESSES HOSPITALS TO SUBSIDIZE THE STATE'S MEDICAID BUDGET DEFICIT, THESE ASSESSMENTS (NET OF AMOUNTS BUILT IN RATES) ARE ALSO COUNTED TOWARD COMMUNITY BENEFITS AND THIS IS IMPUTED ON SCHEDULE H, PART I, LINE 7B.

FOR PURPOSES OF PREPARING SCHEDULE H OF FORM 990, AHC CALCULATED A COST TO CHARGE RATIO AS REFLECTED IN ITS 2022 AUDITED FINANCIAL STATEMENTS. THIS RATIO WAS USED TO CONVERT THE ANNUAL CHARITY CARE PROVISION FROM CHARGE TO COST.

PART II, COMMUNITY BUILDING ACTIVITIES:

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER'S COMMUNITY BUILDING ACTIVITIES WERE DONE JOINTLY AT THE CORPORATE LEVEL WITH ADVENTIST HEALTHCARE, INC. TO CENTRALIZE THE ACTIVITIES PERFORMED AS A SYSTEM. ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER PLAYED AN INTEGRAL ROLE AND CONTRIBUTED TO SEVERAL OUTREACH PROGRAMS AS PART OF ITS MISSION.

Part VI Supplemental Information (Continuation)

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER AND ADVENTIST
HEALTHCARE'S MISSION IS "WE EXTEND GOD'S CARE THROUGH THE MINISTRY OF
PHYSICAL, MENTAL AND SPIRITUAL HEALING." ADVENTIST HEALTHCARE FORT
WASHINGTON MEDICAL CENTER AND ADVENTIST HEALTHCARE GO BEYOND TRADITIONAL
HOSPITAL CARE TO OFFER EXPERTISE AND RESOURCES THAT HELP STRENGTHEN THE
COMMUNITY'S INFRASTRUCTURE IN A WAY THAT PROMOTES HEALTH AND WELL-BEING.

IN 2022, MOST ADVENTIST HEALTHCARE'S COMMUNITY BUILDING ACTIVITIES
CONSISTED OF: LOWERING HEALTHCARE COSTS AND PROMOTING HEALTH AND
WELLBEING OF THE COMMUNITY; ADVOCATING ON COMMUNITY HEALTH IMPROVEMENTS
THROUGH OUR GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT; AND
ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS.

GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES:
IN 2022, ADVENTIST HEALTHCARE WORKED WITH FEDERAL, STATE, AND LOCAL
LEADERS TO SUPPORT THE HEALTH CARE WORKFORCE PIPELINE AND SECURE STATE
SUPPORT TO BRING HEALTHCARE RESOURCES TO UNDERSERVED COMMUNITIES. WE
WORKED TO ENSURE CHILDREN ON MEDICAID HAD ADEQUATE ACCESS TO DENTAL
SURGERY. WE WORKED CLOSELY WITH LOCAL STAKEHOLDER PARTNERS TO SUPPORT
IMPROVEMENTS TO THE TRANSPORTATION INFRASTRUCTURE IN OUR COMMUNITY AND
OTHER COMMUNITY DEVELOPMENT PROJECTS ACROSS MONTGOMERY AND PRINCE GEORGE'S
COUNTIES. WE CONTINUE TO PROVIDE FINANCIAL SUPPORT TO COMMUNITY PARTNERS
ADDRESSING PUBLIC NEEDS INCLUDING HOUSING AND FOOD INSECURITY.

HEALTH PARTNERSHIPS WITHIN THE COMMUNITY:
ADVENTIST HEALTHCARE AIMS TO IMPROVE THE HEALTH OF COMMUNITIES IT SERVES.
IT DOES THIS BY RAISING AWARENESS OF COMMUNITY HEALTH NEEDS AND LOCAL
DISPARITIES, IMPROVING ACCESS TO CULTURALLY APPROPRIATE CARE AND PROVIDING

Part VI Supplemental Information (Continuation)

COMMUNITY WELLNESS OUTREACH AND EDUCATION.

ADVENTIST HEALTHCARE WORKS TO ADDRESS NOT JUST THE PHYSICAL AND MENTAL HEALTH NEEDS OF OUR PATIENTS AND COMMUNITY MEMBERS, BUT TO ADDRESS WHOLE-PERSON HEALTH. TO DO THIS, WE DEVELOP PARTNERSHIPS AND COLLABORATE WITH KEY STAKEHOLDERS IN THE COMMUNITY. THROUGH COLLABORATION, WE CAN EXPAND OUR EXPERTISE AND RESOURCES AND THEREFORE HAVE A LARGER COLLECTIVE IMPACT ON THE HEALTH AND WELL-BEING OF OUR COMMUNITY. A SAMPLING OF OUR PARTNERSHIPS IS DESCRIBED BELOW:

1) HEALTHY MONTGOMERY:

HEALTHY MONTGOMERY IS THE LOCAL HEALTH IMPROVEMENT COALITION FOR MONTGOMERY COUNTY, MARYLAND. ADVENTIST HEALTHCARE PARTNERS WITH AND SUPPORTS HEALTHY MONTGOMERY BOTH STRATEGICALLY AND FINANCIALLY. REPRESENTATIVES FROM ADVENTIST HEALTHCARE SIT ON THE HEALTHY MONTGOMERY STEERING COMMITTEE, THE HEALTH IN ALL POLICY WORKGROUP, AND THE HOSPITAL WORKGROUP, AMONG OTHERS. ADVENTIST HEALTHCARE ALSO CONTRIBUTES UP TO \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY. HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS SUCH AS LOCAL POLICY MAKERS, HOSPITALS, ADVOCACY GROUPS AND ACADEMIC INSTITUTIONS, AMONG OTHERS, REVIEWS THE NEEDS AND RESOURCES IN THE COUNTY AND WORKS TO SET PRIORITIES FOR IMPROVING HEALTH AND WELL-BEING. THE OVERALL GOALS OF HEALTHY MONTGOMERY ARE TO IMPROVE ACCESS TO HEALTH AND SOCIAL SERVICES, ACHIEVE HEALTH EQUITY FOR ALL RESIDENTS, AND ENHANCE THE PHYSICAL AND SOCIAL ENVIRONMENT TO SUPPORT OPTIMAL HEALTH AND WELL-BEING. AMONG ITS MANY ACCOMPLISHMENTS, HEALTHY MONTGOMERY HAS BEEN ABLE TO PROVIDE LOCAL LEVEL DATA THAT IS STRATIFIED BY SEX, AGE, RACE, AND ETHNICITY. BY MAKING

Part VI Supplemental Information (Continuation)

THIS DATA MORE EASILY AVAILABLE, COMMUNITY STAKEHOLDERS, ADVENTIST HEALTHCARE INCLUDED, ARE BETTER ABLE TO IDENTIFY NEEDS IN THE COMMUNITY THAT MAY HAVE OTHERWISE BEEN MASKED BY LESS GRANULAR DATA. THIS ALLOWS FOR MORE STRATEGIC AND TARGETED HEALTH PREVENTION AND PROMOTION PROGRAMMING TO BE DEVELOPED.

2) PRINCE GEORGE'S HEALTHCARE ACTION COALITION:

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

THE COALITION WAS FORMED IN 2012 UNDER THE LEADERSHIP OF PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT (PGCHD), WITH HEALTH OFFICER SERVING AS CO-CHAIR. THE PGHAC LEADS THE PROCESS FOR DEVELOPING AND EXECUTING THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR THE COUNTY. THIS INCLUDES ORGANIZING SEVERAL WORK GROUPS AND BRINGING TOGETHER PARTNERS IN AREAS SUCH AS HEALTH EQUITY, BEHAVIORAL HEALTH AND HEALTHY EATING AND ACTIVE LIVING.

3) NEXUS MONTGOMERY:

NEXUS MONTGOMERY IS A PARTNERSHIP OF FOUR HEALTH SYSTEMS IN MONTGOMERY COUNTY, MARYLAND, INCLUDING ADVENTIST HEALTHCARE, HOLY CROSS HEALTH, MEDSTAR MONTGOMERY AND SUBURBAN HOSPITAL. THE PARTNERSHIP IS FOCUSED ON IMPROVING THE WELL-BEING OF PATIENTS AND COMMUNITY MEMBERS AND REDUCING POTENTIAL AVOIDABLE UTILIZATION (PAU)'S AND TOTAL COST OF CARE. EXAMPLES OF STRATEGIES AND PROGRAMS THAT THE PARTNERSHIP HAS WORKED ON INCLUDE: WELLNESS AND INDEPENDENCE FOR SENIORS AT HOME (WISH), HOSPITAL CARE

Part VI Supplemental Information (Continuation)

TRANSITIONS, UNINSURED/PROJECT ACCESS AND SEVERELY MENTALLY ILL/BEHAVIORAL

HEALTH. THE GOALS OF THESE PROGRAMS ARE TO: STABILIZE HEALTH OF OLDER

ADULTS TO REDUCE HOSPITAL ADMISSIONS; IMPROVE TRANSITIONS FROM

HOSPITAL-TO-HOME; CONNECT UNINSURED TO SPECIALTY CARE; AND IMPROVE

COMMUNITY-BASED RESOURCES FOR THE SEVERELY MENTALLY ILL.

4) CASA:

CASA IS THE FOREMOST IMMIGRANT ORGANIZATION IN THE MID-ATLANTIC REGION AND

A NATIONAL LEADER IN SUPPORTING IMMIGRANT FAMILIES AND ENSURING THAT ALL

INDIVIDUALS HAVE THE CORE SUPPORTS NECESSARY FOR FULL PARTICIPATION IN

SOCIETY. NOW A NATIONAL IMMIGRANT POWERHOUSE, CASA CREATES CHANGE WITH ITS

POWER BUILDING MODEL BLENDING HUMAN SERVICES, COMMUNITY ORGANIZING, AND

ADVOCACY TO SERVE THE FULL SPECTRUM OF THE NEEDS, DREAMS, AND ASPIRATIONS

OF MEMBERS.

IN 2022, THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF)

PROVIDED CASA DE MARYLAND GRANT FUNDING TO SUPPORT THEIR ESOL PROGRAM.

CASA'S ESOL PROGRAM SEEKS TO IMPROVE PARTICIPANTS' LISTENING, SPEAKING,

READING, AND WRITING SKILLS IN ENGLISH SO THAT THEY MAY INCREASE THEIR

EMPLOYABILITY, INCREASE THEIR ACCESS TO HEALTH AND SOCIAL SERVICES, BETTER

INTEGRATE INTO U.S. SOCIETY, AND ACHIEVE THEIR PERSONAL GOALS.

5) IMPACT SILVER SPRING:

IMPACT SILVER SPRING'S MISSION IS TO ADVANCE RACIAL EQUITY, JUSTICE, AND

LIBERATION BY WORKING FOR CHANGE IN INDIVIDUALS, COMMUNITIES,

ORGANIZATIONS, AND SYSTEMS.

IN 2022, THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF)

PROVIDED IMPACT SILVER SPRING WITH GRANT FUNDING TO CREATE INCREASED

Part VI Supplemental Information (Continuation)

CONNECTIONS BETWEEN LOW-INCOME COMMUNITIES OF COLOR AND THE RESOURCES

AVAILABLE IN THEIR COMMUNITIES, TO PROVIDE ACCESSIBLE OPPORTUNITIES FOR

HEALTH AND WELLNESS ACTIVITIES AIMED AT INCREASING PHYSICAL AND MENTAL

HEALTH, AND TO ADVOCATE FOR HOUSING POLICIES THAT WILL PROVIDE RELIEF TO

COMMUNITIES DISPROPORTIONATELY IMPACTED BY THE ONGOING EFFECTS OF COVID.

6) INTERFAITH WORKS:

INTERFAITH WORKS PROVIDES EMERGENCY SHELTER, SUPPORTIVE HOUSING, ESSENTIAL

NEEDS, AND EMPLOYMENT PROGRAMS TO OVER 35,000 RESIDENTS OF MONTGOMERY

COUNTY, MD, EVERY YEAR.

IN 2022, ADVENTIST HEALTHCARE PROVIDED INTERFAITH WORKS WITH GRANT FUNDING

TO SUPPORT THEIR VOCATIONAL SERVICES PROGRAM. THE GOAL OF THE PROGRAM IS

TO PLACE LOW-INCOME MONTGOMERY COUNTY RESIDENTS, AND THOSE EXPERIENCING

HOMELESSNESS, IN LONG-TERM JOBS. THE PROGRAM PROVIDES COMPREHENSIVE,

INDIVIDUALIZED SUPPORT TO CLIENTS, THEREBY STRENGTHENING THE FINANCIAL

STABILITY OF INDIVIDUALS AND FAMILIES THROUGH JOB TRAINING AND READINESS

PROGRAMS, EMPLOYMENT ASSISTANCE, AND SUPPORT UPON EMPLOYMENT. THEIR

BILINGUAL (ENGLISH/SPANISH/FRENCH) VOCATIONAL COUNSELORS WORK WITH CLIENTS

UNTIL THEY SUCCESSFULLY GAIN EMPLOYMENT AND OFFER SUPPORT FOR A MINIMUM OF

ONE YEAR FOLLOWING EMPLOYMENT.

PART III, LINE 2:

TO ESTIMATE THE COST OF BAD DEBT THAT WE HAVE REPORTED ON SCHEDULE H, WE

MULTIPLIED THE ORGANIZATION'S COST TO CHARGE RATIO (CCR) TIMES THE BAD

DEBT PROVISION THAT HAS BEEN DERIVED FROM THE 2022 AUDITED FINANCIAL

STATEMENTS. THE ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN

TOTAL OPERATING EXPENSE IS DIVIDED BY TOTAL GROSS PATIENT REVENUE AS

Part VI Supplemental Information (Continuation)

REFLECTED IN THE ORGANIZATION'S GENERAL LEDGER.

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

PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:

7) GENERATION HOPE:

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

IN 2022, ADVENTIST HEALTHCARE PROVIDED GENERATION HOPE WITH GRANT FUNDING TO SUPPORT THEIR SCHOLAR PROGRAM AND NEXT GENERATION ACADEMY. WITH THIS FUNDING GENERATION HOPE PROVIDED MENTAL HEALTH SUPPORT TO SCHOLARS AND THEIR CHILDREN, PROVIDED SCHOLARS WITH WORKFORCE DEVELOPMENT SUPPORT, AND SUPPORTED SCHOLARS IN MAINTAINING HIGH GPAS AND GRADUATION RATES TO SET THEM UP FOR LONG TERM SUCCESS.

Part VI Supplemental Information (Continuation)

8) REBUILDING TOGETHER MONTGOMERY COUNTY (RTMC):

REBUILDING TOGETHER MAKES ESSENTIAL REPAIRS TO COMMUNITY MEMBERS' HOMES

SO THAT THEY CAN STAY IN THEIR HOMES LONGER AND AGE SAFELY IN PLACE.

AMONG ONE OF RTMC'S CORE ACTIVITIES IS THE SAFE AND HEALTHY HOMES

PROGRAM, WHOSE GOAL IS TO LEVERAGE THEIR EXPERTISE IN THE HOME REPAIR

FIELD AND FURTHER DEVELOP THEIR CROSS-SECTOR PARTNERSHIPS TO POSITIVELY

AFFECT COMMUNITY HOME-HEALTH OUTCOMES.

IN 2022, ADVENTIST HEALTHCARE PROVIDED RTMC WITH A SPONSORSHIP FOR

THEIR NATIONAL REBUILDING DAY. ADDITIONALLY, A TEAM FROM ADVENTIST

HEALTHCARE PARTICIPATED IN NATIONAL REBUILDING DAY PROVIDING CRITICAL

HOME REPAIRS AND BEAUTIFICATION FOR A COMMUNITY MEMBER IN NEED.

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER AND ADVENTIST

HEALTHCARE AS A SYSTEM CONTINUE TO PROVIDE COMMUNITY BUILDING

ACTIVITIES IN 2023. PROVIDING COMMUNITY BUILDING ACTIVITIES IS

ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION.

PART III, LINE 4:

THE CORPORATION ASSESSES COLLECTABILITY ON PATIENT CONTRACTS PRIOR TO THE

RECOGNITION OF NET PATIENT SERVICE REVENUE. PATIENT ACCOUNTS RECEIVABLE

ARE REPORTED AT THEIR NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF

THROUGH BAD DEBT EXPENSE WHEN THE CORPORATION HAS EXHAUSTED ALL COLLECTION

EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN PATIENT

CREDIT WORTHINESS. PATIENT ACCOUNTS RECEIVABLE ALSO INCLUDES MANAGEMENT'S

ESTIMATE OF THE IMPACT OF CERTAIN UNDERCHARGES TO BE RECOUPED OR

OVERCHARGES TO BE PAID BACK FOR INPATIENT AND OUTPATIENT SERVICES IN

Part VI Supplemental Information (Continuation)

SUBSEQUENT YEARS' RATES AS DISCUSSED EARLIER.

PART III, LINE 8:

ACUTE CARE HOSPITALS IN MARYLAND ARE EXEMPT FROM MEDICARE REIMBURSEMENT

METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND MEDICAID) PAY HOSPITALS

A CERTAIN PRESCRIBED PERCENTAGE OF CHARGES, WHICH ARE REGULATED BY THE

STATE'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). SPECIFICALLY,

MEDICARE IS AWARDED A DISCOUNT OF 7.7% OF CHARGES WITHOUT AN ADVANCE

FUNDING DEPOSIT WITH PROVIDERS, AS WELL AS A 2% REDUCTION FOR

SEQUESTRATION. ON TOP OF THESE "STANDARD DEDUCTIONS", A MEDICARE

PERFORMANCE ADJUSTMENT IS ALSO APPLIED TO HOSPITAL CLAIMS. THIS

ADJUSTMENT CAN EITHER BE POSITIVE OR NEGATIVE, DEPENDING ON HOW WELL EACH

INDIVIDUAL HOSPITAL PERFORMS UNDER VARIOUS PROGRAMS THAT ARE DESIGNED TO

ENSURE THE GROWTH IN COST PER MEDICARE BENEFICIARY FALLS AT OR BELOW THE

NATIONAL GROWTH RATE. A SHORTFALL WILL ONLY EXIST WHEN THE MEDICARE

COLLECTION EXPERIENCE IS LOWER THAN THE FACILITY'S COST TO CHARGE RATIO

(WHICH WOULD BE HIGHLY UNUSUAL GIVEN THE MARYLAND REIMBURSEMENT

ENVIRONMENT). IF SUCH A SHORTFALL EXISTS, NONE OF IT SHOULD BE COUNTED

TOWARDS A COMMUNITY BENEFIT CALCULATION.

ADVENTIST HEALTHCARE USES ITS INCOME STATEMENT TO COMPUTE A COST TO CHARGE

RATIO USED TO ESTIMATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS.

PART III, LINE 9B:

> THAT ALL PATIENTS RECEIVE A NOTICE ON FINANCIAL ASSISTANCE AND A PHONE

CALL, BY ADVENTIST HEALTHCARE'S STAFF AND OUTSOURCED VENDORS, MENTIONING

THE OPPORTUNITY TO HAVE THEIR BILL REDUCED IF THE DEBTOR QUALIFIES FOR

ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE.

Part VI Supplemental Information (Continuation)

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

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

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

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

4) WHEN THE DEBTOR HAS COMPLETED THE APPLICATION FOR FINANCIAL ASSISTANCE
AND BEEN APPROVED, THE AGENCY WILL RECEIVE IMMEDIATE NOTIFICATION FROM THE
PATIENT FINANCIAL SERVICES DEPARTMENT. NOTIFICATION WILL INCLUDE THE
AMOUNT OF DEBT REDUCTION THE DEBTOR QUALIFIED FOR. THE PATIENT FINANCIAL
SERVICE LEADER WILL APPROVE THE ADJUSTMENT AND THE DEBTOR'S BALANCE WILL
BE ADJUSTED ON ADVENTIST HEALTHCARE'S BOOKS.

PART VI, LINE 2:

FORT WASHINGTON MEDICAL CENTER (FWMC) PARTICIPATED AS A MEMBER OF A "CORE

Part VI Supplemental Information (Continuation)

TEAM" COMPRISED OF 4 HOSPITALS IN PRINCE GEORGE'S COUNTY AND THE PRINCE
GEORGE'S COUNTY HEALTH DEPARTMENT, TO CONDUCT A COMMUNITY HEALTH NEEDS
ASSESSMENT (CHNA) IN 2022. AS REQUIRED TO IDENTIFY THE NEEDS OF THOSE
LIVING IN ITS PRIMARY AND SECONDARY SERVICE AREAS IN PRINCE GEORGE'S
COUNTY. THIS COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED TO IDENTIFY
HEALTH NEEDS AND DEVELOP STRATEGIES TO IMPROVE HEALTH CONDITIONS IN THE
SURROUNDING COMMUNITIES SERVICED BY THE HOSPITAL. IN ADDITION, WE ARE
ACTIVELY INVOLVED WITH THE PRINCE GEORGE'S COUNTY HEALTHCARE ACTION
COALITION (PGHAC) DEVELOPED BY THE MARYLAND DEPARTMENT OF HEALTH AND
MENTAL HYGIENE TO ASSIST IN MAKING MARYLAND HEALTHIER. PGHAC'S MISSION IS
TO IMPROVE THE HEALTH OF THE RESIDENTS OF PRINCE GEORGE'S COUNTY BY
INCREASING ACCESS TO CARE, PROMOTING COLLABORATION AMONG HEALTH CARE
PROVIDERS AND KEY STAKEHOLDERS, AND INTEGRATING AND COORDINATING PATIENT
CARE TO REDUCE DUPLICATION OF AND ENHANCE SEAMLESS HEALTH SERVICE
DELIVERY. FWMC IS INVOLVED WITH THE "ACCESS TO CARE" WORK GROUP WITH A
FOCUS ON ENSURING RESIDENTS RECEIVE NEEDED HEALTH CARE, PARTICULARLY LOW
INCOME, UNINSURED/UNDERINSURED ADULTS AND CHILDREN. THE ORGANIZATION HAS
BEEN INVOLVED FROM THE BEGINNING OF THE INITIATIVE WORKING WITH PUBLIC
HEALTH EXPERTS, AGENCIES, HOSPITAL PERSONNEL AND COMMUNITY ORGANIZATIONS
TO LAY A FOUNDATION FOR ADDRESSING THIS ISSUE AND ESTABLISHING WAYS TO
PROMOTE AND COMMUNICATE THE INITIATIVE AND MONITOR AND MEASURE ITS OVERALL
EFFECTIVENESS. ADDITIONALLY, REPRESENTATIVES OF FWMC ARE ACTIVELY INVOLVED
IN COMMUNITY GROUPS AND COALITIONS, COLLABORATE WITH COMMUNITY PARTNERS
AND LOCAL BUSINESSES, AND TAKE PART IN COMMUNITY EVENTS AND PROGRAMMING.
THROUGH THESE ACTIVITIES, OUR TEAM CAN HEAR FROM COMMUNITY MEMBERS,
LEADERS, AND STAKEHOLDERS ON A REGULAR BASIS REGARDING EMERGING AND
EVOLVING COMMUNITY NEEDS.

Part VI Supplemental Information (Continuation)

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY:

ADVENTIST HEALTHCARE EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE IN MANY WAYS. THEY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: (1) ADVENTIST HEALTHCARE HAS FINANCIAL ASSISTANCE SIGNAGE IN ALL ITS FACILITIES, ON ALL PATIENT STATEMENTS AND ON OUR HOSPITALS' WEBSITES; (2) DURING PRE-REGISTRATION AND REGISTRATION, PATIENTS WHO ARE REGISTERED AS SELF-PAY, OR EXPRESS A FINANCIAL HARDSHIP, ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND MAILED OR GIVEN A CHARITY APPLICATION. ADDITIONALLY, AN ADVENTIST HEALTHCARE PATIENT FINANCIAL ADVISOR WILL VISIT ADMITTED PATIENTS TO REVIEW FINANCIAL OPTIONS, INCLUDING AHC'S FINANCIAL ASSISTANCE PROGRAM; (3) WHEN GOING THROUGH THE MEDICAID ELIGIBILITY SCREENING, SELF-PAY PATIENTS ARE GIVEN A CHARITY APPLICATION DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT QUALIFY FOR MEDICAID; (4) WHEN PATIENTS WITH A BALANCE RECEIVES A STATEMENT, THE PATIENT STATEMENT INCLUDES NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THE CONTACT INFORMATION TO SPEAK WITH A REPRESENTATIVE OR OBTAIN A FINANCIAL ASSISTANCE PACKAGE; (5) WHEN PATIENTS WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL HARDSHIP, CUSTOMER SERVICE REPS AND SELF-PAY COLLECTORS WILL NOTIFY THE PATIENT OF THE AVAILABILITY OF ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE AND MAIL A CHARITY APPLICATION TO THE PATIENT AND (6) RESIDENTS WHO PARTICIPATE IN OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY, ETC., ARE INFORMED OF ADVENTIST HEALTHCARE'S CHARITY PROGRAM PRIOR TO RECEIVING SERVICES.

PART VI, LINE 4:

FORT WASHINGTON, OXON HILL, AND TEMPLE HILLS COMPRISE FORT WASHINGTON

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 5:

FORT WASHINGTON MEDICAL CENTER PROVIDES CARE TO SOME OF THE MOST MEDICALLY

Part VI Supplemental Information (Continuation)

UNDERSERVED AREAS IN PRINCE GEORGE'S COUNTY. THE LOW NUMBER OF SPECIALTY

AND SUB-SPECIALTY PHYSICIANS AND THE LACK OF ACCESS TO HEALTHY DINING

OPTIONS AND MEDICAL FACILITIES HAVE CREATED HEALTH DISPARITIES. ACCORDING

TO THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE

PRINCE GEORGE'S COUNTY DEPARTMENT OF HEALTH, WE HAVE SOME OF THE HIGHEST

INSTANCES OF HEART DISEASE, DIABETES, STROKE AND HYPERTENSION, BREAST

CANCER, PROSTATE CANCER, HIV, SEXUALLY TRANSMITTED ILLNESSES, SENIOR

HEALTH ISSUES, AND ASTHMA IN MARYLAND. MEETING THESE CARE NEEDS IS WHY

ACCESS TO HIGH QUALITY AND COMPASSIONATE CARE IS A CRITICAL PART OF OUR

PLAN. BELOW IS A BRIEF SUMMARY OF THE HEALTH PROMOTIONAL ACTIVITIES THE

FORT WASHINGTON MEDICAL CENTER TEAM PERFORMED FOR THE COMMUNITY IN 2022.

> PARTICIPATED IN SEVERAL COMMUNITY EVENTS THROUGHOUT THE YEAR, INCLUDING

FARMERS MARKETS AND CHURCH EVENTS WHERE FREE BLOOD PRESSURE SCREENINGS

WERE ADMINISTERED AND HEALTH INFORMATION WAS DISTRIBUTED.

> PARTICIPATED IN SEVERAL COMMUNITY TOWN HALL MEETINGS AND CHURCH SERVICES

TO PROMOTE THE PROGRAMS AND SERVICES OFFERED BY ADVENTIST HEALTHCARE FORT

WASHINGTON MEDICAL CENTER, TO OFFER THE HOSPITAL'S COMMUNITY SUPPORT, AND

TO SOLICITED COMMUNITY FEEDBACK ON THE SERVICES THEY WOULD LIKE TO SEE THE

HOSPITAL PROVIDE PATIENTS.

> PERSONNEL FROM VARIOUS DEPARTMENTS ARE ACTIVE IN THE COMMUNITY SERVING

ON VARIOUS BOARDS, COALITIONS AND COMMITTEES TO HELP ADDRESS HEALTH IN THE

COMMUNITY, PARTICULARLY THE HEALTH OF THE UNDERSERVED AND AT-RISK

POPULATIONS.

> TO MEET THE CONTINUING NEEDS OF OUR DIVERSE COMMUNITY, ADVENTIST

Part VI Supplemental Information (Continuation)

HEALTHCARE PROVIDES CULTURAL AND LINGUISTIC COMPETENCY TRAINING TO MEDICAL
AND SUPPORT STAFF.

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

PART VI, LINE 6:

ADVENTIST HEALTHCARE, BASED IN GAITHERSBURG, MD., IS A FAITH-BASED,
NOT-FOR-PROFIT ORGANIZATION OF DEDICATED PROFESSIONALS WHO WORK TOGETHER
EACH DAY TO PROVIDE EXCELLENT WELLNESS, DISEASE MANAGEMENT AND HEALTH-CARE
SERVICES TO THE COMMUNITY. WE WERE FOUNDED UPON THE PRINCIPLE OF WELLNESS
MORE THAN 100 YEARS AGO AND TODAY PROVIDE INNOVATIVE CARE TO HEART-ATTACK
VICTIMS, CANCER PATIENTS, PREMATURE BABIES, AND THE COMMUNITY.

OUR UNWAVERING FOCUS HAS ALWAYS BEEN ON THE HEALTH AND WELLNESS OF THE
COMMUNITIES WE SERVE. WE ARE ALREADY A STEP AHEAD AS HEALTH CARE REFORM IS
CHALLENGING HOSPITAL SYSTEMS NATIONWIDE TO IMPROVE THE HEALTH OF
POPULATIONS; OUR INTEGRATED, HEALTH-CARE DELIVERY NETWORK INCLUDES FOUR
NATIONALLY ACCREDITED, ACUTE-CARE AND SPECIALTY HOSPITALS, MENTAL HEALTH
SERVICES, HOME HEALTH AGENCIES AND URGENT CARE CENTERS, SERVING THE
WASHINGTON, D.C. METROPOLITAN AREA.

ADVENTIST HEALTHCARE INCLUDES: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL
CENTER, ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER, ADVENTIST
HEALTHCARE FORT WASHINGTON MEDICAL CENTER, ADVENTIST HEALTHCARE

Part VI Supplemental Information (Continuation)

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

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

MEDICAL GROUP, ADVENTIST HEALTHCARE PHYSICIAN ALLIANCE CLINICALLY

INTEGRATED NETWORK, ADVENTIST HEALTHCARE URGENT CARE CENTERS, AND OTHER

HEALTH SERVICES. WITH MORE THAN 2,000 AFFILIATED PRIMARY AND SPECIALTY

CARE PHYSICIANS, ADVENTIST HEALTHCARE ENCOMPASSES MANY OF THE NECESSARY

CARE DELIVERY COMPONENTS NEEDED TO DELIVER POPULATION-BASED CARE ACROSS

THE CONTINUUM.

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

MOST VULNERABLE AND UNDERSERVED. IN 2022, THERE WERE APPROXIMATELY 89,125

OVERALL ENCOUNTERS ACROSS ALL OUR FACILITIES AND PROGRAMS. WE ALSO

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

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

DEDICATED COMMITMENT OF 6,101 EMPLOYEES, 1,950 AFFILIATED PROVIDERS

THROUGH OUR CLINICALLY INTEGRATED NETWORK, AND NUMEROUS VOLUNTEERS

PROVIDING OVER 50,350 VOLUNTEER HOURS, THROUGHOUT ADVENTIST HEALTHCARE WHO

PROVIDE COMPASSIONATE, HIGH-QUALITY CARE EVERY DAY.

IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST

HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO

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

WELL AS HISTORICALLY UNDER-SERVED COMMUNITIES INCLUDING MINORITIES AND

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

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

DEMOGRAPHIC CHARACTERISTICS.

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

Part VI Supplemental Information (Continuation)

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

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

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

MD

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 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) TERRY FORDE CHAIR; PRESIDENT & CEO,AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	983,798.	342,201.	187,717.	27,000.	36,683.	1,577,399.	0.
(2) JOHN SACKETT VICE CHAIR; EVP/COO,AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	596,569.	170,553.	267,300.	27,000.	43,167.	1,104,589.	0.
(3) KRISTEN PULIO SVP & CFO, AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	524,682.	93,631.	133,066.	172,176.	7,675.	931,230.	78,950.
(4) EUNMEE SHIM SECY.; PRESIDENT, FWMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	379,781.	72,466.	239,638.	119,862.	30,605.	842,352.	98,494.
(5) JAMES G. LEE EVP & CSO-GWTH, AHC-UNTIL MAY 2022	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	330,703.	154,714.	143,527.	12,198.	10,597.	651,739.	121,781.
(6) KEVIN CARGILL VP AND CFO, WOMC & FWMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	261,668.	55,172.	107,618.	90,369.	23,809.	538,636.	0.
(7) CARLIN WILLIAMS, MD BOARD MEMBER; PHYSICIAN, FWMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	313,846.	136,548.	10,350.	19,580.	27,543.	507,867.	0.
(8) SHAUN KHOSLA, MD BOARD MEMBER; PHYSICIAN, FWMC	(i)	298,489.	43,750.	18,099.	13,000.	1,807.	375,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANNA CAZES VP, CNO/COO	(i)	230,173.	0.	37,603.	84,217.	11,325.	363,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KENNETH FISHER, MD BOARD MEMBER; CMO, FWMC	(i)	217,039.	15,000.	27,233.	69,057.	246.	328,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) STEVEN PETERSON ANCILLARY SERVICES DIRECTOR	(i)	163,458.	15,567.	1,433.	16,083.	14,080.	210,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ZANZETA SMITH DIRECTOR, SERVICE LINE & PROGRAM DEV	(i)	162,092.	16,736.	905.	8,184.	7,127.	195,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PAULINA ANIM REGISTERED NURSE II	(i)	171,075.	0.	6,178.	0.	0.	177,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

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

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

Part III Supplemental Information

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

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

PART I, LINE 4B:

CERTAIN EMPLOYEES RECEIVED COMPENSATION FROM A DISTRIBUTION UNDER AN
EXECUTIVE RETENTION 457F PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015.
PRE-TAX CONTRIBUTIONS ARE ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON
JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED, OR SOONER BASED ON CERTAIN
EXCEPTIONS. THERE IS TYPICALLY A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS
ARE RELEASED. CONTRIBUTIONS ACCUMULATED IN 2020 WERE GENERALLY DISTRIBUTED
ON JANUARY 1, 2022 AND CONTRIBUTIONS ACCUMULATED IN 2021 WILL GENERALLY BE
DISTRIBUTED ON JANUARY 1, 2023. AMOUNTS LISTED UNDER PART II, COLUMN F
INCLUDE PAYOUT AMOUNTS WHICH WERE CONSIDERED DEFERRED COMPENSATION FROM THE
457F PLAN IN OUR PRIOR YEAR RETURNS AND THESE AMOUNTS ARE NOW BEING SHOWN
UNDER THE OTHER REPORTABLE INCOME, COLUMN B (III).

Part III Supplemental Information

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

THE ADVENTIST HEALTHCARE EXECUTIVE RETENTION PLAN PAYS CERTAIN PARTICIPANTS

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

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

EXECUTIVE RECEIVED A SUPPLEMENTAL RETIREMENT PAYMENT UNDER THIS PLAN

FEATURE:

JOHN SACKETT: \$156,680 - RETIREMENT AGE PAYMENT.

PART I, LINE 7:

THE ANNUAL INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION

OF PRE-DETERMINED PERFORMANCE TARGETS SUCH AS QUALITY/PATIENT SAFETY GOALS,

EMPLOYEE AND PATIENT ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL

PERFORMANCE, AMONG OTHER THINGS. THE ANNUAL INCENTIVE COMPENSATION APPLIES

TO DIRECTORS AND ABOVE.

SUPPLEMENTAL INFORMATION:

OTHER REPORTABLE COMPENSATION INCLUDES RETENTION PAYMENTS AND LUMP-SUM

ADJUSTMENTS IN LIEU OF THE ACROSS-THE-BOARD INCREASE (FOR EMPLOYEES WHO

ARE AT OR REACH THE RANGE MAXIMUM FOR THEIR POSITION). OTHER

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.

REPORTABLE COMPENSATION ALSO INCLUDES LONG-TERM DISABILITY COVERAGE,
CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED PAID TIME OFF (PTO) HOURS,
IMPUTED VALUE OF LIFE INSURANCE COVERAGE, AND SEVERANCE, AS APPLICABLE.
CERTAIN EXECUTIVES CAN ALSO RECEIVE REPORTABLE COMPENSATION THROUGH A
SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ONCE THEY HAVE VESTED IN
THE PLAN. IN 2022, THERE WERE NO SERP PAYOUTS MADE.

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

THE LEAPFROG GROUP, A NATIONAL WATCHDOG ORGANIZATION THAT USES ITS

INFLUENCE TO FOSTER POSITIVE CHANGE IN HEALTH CARE HAS AWARDED

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER A "B" HOSPITAL

SAFETY GRADE RATING, MAKING IT ONE OF THE SAFEST HOSPITALS IN MARYLAND.

THIS IMPROVED RATING DEMONSTRATES THE PROGRESS MADE TO THE QUALITY OF

CARE PROVIDED TO PATIENTS SINCE JOINING ADVENTIST HEALTHCARE. FORT

WASHINGTON MEDICAL CENTER JOINED THE ADVENTIST HEALTHCARE SYSTEM IN

2019 AND HAS SINCE MADE TREMENDOUS STRIDES TO IMPROVE ITS DELIVERY OF

CARE.

IN OCTOBER 2019, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER

BECOME PART OF THE ADVENTIST HEALTHCARE SYSTEM. GIVEN THE CHANGES IN

HEALTHCARE BOTH NATIONALLY AND IN MARYLAND, JOINING ADVENTIST

HEALTHCARE ALLOWS ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER

TO EXPAND ITS HIGH-QUALITY HEALTHCARE SERVICES IN PRINCE GEORGE'S

COUNTY AND OVERCOME THE CHALLENGES OF OPERATING AS A STANDALONE

COMMUNITY HOSPITAL.

AN EXCITING MILESTONE OCCURRED IN JULY 2022 WHEN THE ORGANIZATION

OFFICIALLY PURCHASED LAND THAT IS ENVISIONED TO SERVE AS THE FUTURE

HOME OF ITS NEW HOSPITAL. THIS IS THE FIRST OF SEVERAL IMPORTANT STEPS

IN THE HOSPITAL'S JOURNEY TOWARD EXCELLENCE AND CREATING A REGIONAL

HEALTH CARE HUB AND ECONOMIC ENGINE FOR SOUTHWESTERN PRINCE GEORGE'S

COUNTY. THE LAND IS LOCATED ABOUT TWO MILES FROM THE CURRENT HOSPITAL.

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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IN COMBINATION WITH A GRANT RECEIVED FROM GILEAD SCIENCES, INC.,
 ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER ADDRESSES THE HIV
 EPIDEMIC IN PRINCE GEORGE'S COUNTY AND HELPS PREVENT DEVELOPING
 COMPLICATIONS SUCH AS LIVER FAILURE, LIVER CANCER, AND CIRRHOSIS
 BROUGHT ON BY A HEPATITIS C DIAGNOSIS. THE PROGRAM ALSO ALLOWS FWMC TO
 ADMINISTER 20,000 HIV AND HEPATITIS C TESTS TO PATIENTS WHO COME
 THROUGH ITS EMERGENCY DEPARTMENT. THE PROGRAM HAS LINKED NEARLY 4,900
 PATIENTS TO LIFE-SAVING CARE OR HEALTH INFORMATION AFTER BEING
 DIAGNOSED. THIS PROGRAM NOT ONLY PROVIDES DIAGNOSTIC AWARENESS, BUT IT
 ALSO PROVIDES NAVIGATIONAL SERVICES FOR FOLLOW UP AND CONTINUED CARE
 BASED ON THE TEST RESULTS.

IN ADDITION, THE HOSPITAL WAS ACTIVE IN THE COMMUNITY, HOSTING A SERIES
 OF COMMUNITY CONVERSATIONS AND PARTICIPATING IN EVENTS THROUGHOUT THE
 YEAR INCLUDING FARMERS MARKETS AND CHURCH EVENTS. FREE BLOOD PRESSURE
 SCREENINGS WERE ADMINISTERED AT THESE COMMUNITY EVENTS AND HEALTH
 INFORMATION WAS DISTRIBUTED. THESE EVENTS ALSO ALLOW THE HOSPITAL TEAM
 AN OPPORTUNITY TO SOLICIT FEEDBACK ON THE SERVICES COMMUNITY MEMBERS
 WOULD LIKE TO SEE THE HOSPITAL PROVIDE PATIENTS.

AMONG THE YEAR'S COMMUNITY CONTRIBUTIONS WAS A DONATION OF 300
 YOUTH-SIZED FACE MASKS TO FORT FOOTE ELEMENTARY SCHOOL IN OCTOBER 2022.

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

GENERAL EXPLANATION:

EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX
 EXEMPT ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST
 HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.) ARE PAID THROUGH A

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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COMMON PAYMASTER, ADVENTIST HEALTHCARE, INC. AND ARE REPORTED ON ITS
 FORM 941. SALARY AND BENEFIT EXPENSES REPORTED ON THEIR RESPECTIVE
 RETURNS ARE ACTUAL CHARGES RELATED TO THE EMPLOYEES WORKING ON THE
 SPECIFIC TAX EXEMPT ENTITY.

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

FORM 990, PART VI, SECTION A, LINE 1A:
 THE GOVERNING BODY HAS DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE
 DURING SUCH TIMES WHEREBY IT IS IMPRACTICABLE TO CONVENE THE FULL BOARD,
 AND WHEN IT IS NECESSARY TO CARRY OUT THE GOVERNANCE FUNCTIONS OF THE
 BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS OF THE BOARD IN
 THE MANAGEMENT AND DIRECTION OF THE AFFAIRS OF ADVENTIST HEALTHCARE FORT
 WASHINGTON MEDICAL CENTER INC., PROVIDED SUCH ACTIONS ARE NOT IN CONFLICT
 WITH GENERAL POLICIES ENACTED BY THE BOARD OF TRUSTEES. THE EXECUTIVE
 COMMITTEE SHALL BE CHAIRED BY THE CHAIR OF THE BOARD OF TRUSTEES, AND SHALL
 CONSIST OF THE BOARD OFFICERS, A PHYSICIAN BOARD MEMBER, THE CHAIR OF THE
 FINANCE COMMITTEE, AND ANOTHER BOARD MEMBER DESIGNATED BY THE CHAIR OF THE
 BOARD OF TRUSTEES. EXCEPT FOR EX-OFFICIO MEMBERS, ALL COMMITTEE MEMBERS
 SHALL BE APPOINTED BY THE CHAIR OF THE BOARD OF TRUSTEES AND SERVE FOR A
 TERM OF ONE YEAR AND/OR UNTIL THEIR SUCCESSORS ARE APPOINTED AND QUALIFIED.

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

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

FORM 990, PART VI, SECTION A, LINE 7A:

ADVENTIST HEALTHCARE, INC. CAN ELECT MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL.

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

THE FOLLOWING ACTIONS SHALL BE RESERVED TO THE MEMBER:

- A. THE ADOPTION, ALTERING, AMENDING OR REPLACING OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION;
- B. THE LIQUIDATION, DISSOLUTION, WINDING UP, OR ABANDONMENT OF THE CORPORATION;
- C. APPOINTMENT OF MEMBERS OF THE BOARD OF DIRECTORS FROM NOMINEES SUBMITTED BY THE NOMINATING COMMITTEE (AS DEFINED HEREUNDER);
- D. REMOVAL OF MEMBERS OF THE BOARD OF DIRECTORS;
- E. APPOINTMENT AND REMOVAL OF THE PRESIDENT OF THE CORPORATION, IN CONSULTATION WITH THE BOARD OF DIRECTORS;
- F. THE PURCHASE, SALE OR DISPOSITION OF REAL PROPERTY OF THE CORPORATION;
- G. AUTHORIZATION AND APPROVAL OF THE ISSUANCE OF DEBT AND THE USE OF PROCEEDS OF SUCH DEBT FOR AND ON BEHALF OF THE CORPORATION;
- H. DEVELOPMENT OF CAPITAL INVESTMENT, CAPITAL ALLOCATION AND BORROWING POLICIES FOR THE CORPORATION;
- I. CEASING THE PROVISION OF HEALTH CARE SERVICES NECESSARY FOR OPERATION AS A LICENSED GENERAL ACUTE CARE FACILITY AT ANY SITE;
- J. ADOPTING THE HOSPITAL CORPORATION'S ANNUAL AND LONG-TERM CAPITAL AND OPERATION BUDGETS;

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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K. MAKING ANY CHANGES IN ANY OF THE CORPORATION'S INSURANCE PROGRAM; AND

L. RECOMMENDING ANY UNBUDGETED CAPITAL EXPENDITURE OF THE HOSPITAL

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

ALL MEMBERS HAVE RIGHTS TO VOTE.

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

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

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

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

PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW.

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

PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, EACH FACILITY

BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT

REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS

REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL

RELATIONSHIP OUTSIDE OF THE ORGANIZATION.

AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR THE PERCEPTION OR

APPEARANCE OF A CONFLICT OF INTEREST, OCCURS WHEN A COVERED PERSON IS IN A

POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN FOR

THAT EMPLOYEE, A RELATIVE, OR OTHER PERSON LIVING IN THE SAME HOUSEHOLD, AS

A RESULT OF ADVENTIST HEALTHCARE'S BUSINESS ACTIVITIES. A RELATIVE IS

DEFINED AS ANY PERSON WHO IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE

RELATIONSHIP WITH THE COVERED PERSON IS SIMILAR TO THAT OF PERSONS WHO ARE

RELATED BY BLOOD OR MARRIAGE.

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A
 RELATIONSHIP BETWEEN AN ADVENTIST HEALTHCARE EMPLOYEE AND AN OUTSIDE FIRM
 OR BUSINESS ENDEAVOR, OR OTHER POTENTIAL CONFLICT OF INTEREST. HOWEVER, IF
 A COVERED PERSON HAS ANY BUSINESS, FINANCIAL, OR OTHER RELATIONSHIP WITH
 ANY ORGANIZATION WHEREBY THE EXISTENCE OF THAT RELATIONSHIP EITHER CREATES
 A CONFLICT OF INTEREST OR IS PERCEIVED TO CREATE A CONFLICT OF INTEREST,
 THE COVERED PERSON MUST DISCLOSE THIS RELATIONSHIP TO THE DESIGNATED SENIOR
 MANAGER, OR GOVERNING BOARD, AS THE CASE MAY BE, AT THE LOCATION WHERE THE
 EMPLOYEE IS ASSIGNED. THE SENIOR MANAGER WILL REVIEW THE RELATIONSHIP, MAKE
 COMMENTS AND RECOMMENDATIONS, AND FORWARD ALL DOCUMENTATION TO THE
 ORGANIZATIONAL INTEGRITY COMMITTEE FOR A FINAL DECISION.

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED
 BY THE HUMAN RESOURCES DEPARTMENT, ORGANIZATIONAL INTEGRITY DEPARTMENT AND
 THE LEGAL DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15:
 WHEN SETTING COMPENSATION FOR EXECUTIVES, OFFICERS, KEY EMPLOYEES, AND ALL
 EMPLOYEES, THE ORGANIZATION FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS
 EMBEDDED IN THE IRS REGULATIONS. COMPENSATION IS ENTIRELY SET BY A
 COMMITTEE OF THE BOARD OF TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING
 BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN
 INDEPENDENT OUTSIDE COMPENSATION CONSULTANT. TO ENSURE REASONABLENESS,
 COMPENSATION IS SET AT THE 50TH PERCENTILE OF THE NATURAL MARKET.

GENERAL EXPLANATION:

EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX EXEMPT

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.) ARE PAID THROUGH A COMMON PAYMASTER, ADVENTIST HEALTHCARE, INC. AND ARE REPORTED ON ITS FORM 941. SALARY AND BENEFIT EXPENSES REPORTED ON THEIR RESPECTIVE RETURNS ARE ACTUAL CHARGES RELATED TO THE EMPLOYEES WORKING ON THE SPECIFIC TAX EXEMPT ENTITY.

COMPENSATION INCLUDED REGULAR BASE SALARY, BONUS, PAID TIME OFF CASH OUT (ONLY FOR EMPLOYEES WHO LEAVE OUR ORGANIZATION), TAXABLE RELOCATION ALLOWANCE, HOLIDAY GIFT, RETROACTIVE COMPENSATION ADJUSTMENT, BEREAVEMENT LEAVE, EDUCATION, AND WITHDRAWAL OF DEFERRED COMPENSATION, AS APPLICABLE. THE SAME AND NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC.'S RELATED ENTITIES RETURNS.

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

FORM 990, PART VI, SECTION C, LINE 19:
 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CONSULTING AND PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	4,299,201.
MANAGEMENT AND GENERAL EXPENSES	1,564,018.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,863,219.

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

PROGRAM SERVICE EXPENSES 8,686,566.

MANAGEMENT AND GENERAL EXPENSES 41,795.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 8,728,361.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 14,591,580.

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

OTHER RESTRICTED NET ASSETS ACTIVITY -1.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FORT WASHINGTON AMBULATORY SERVICES, LLC - 81-4231152, 174 WATERFRONT STREET, SUITE 225, OXON HILL, MD 20745	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.

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

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

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

Schedule R (Form 990) 2022

SEE PART VII FOR CONTINUATIONS

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ADVENTIST HEALTHCARE, INC.

DIRECT CONTROLLING ENTITY: MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION

NAME OF RELATED ORGANIZATION:

ADVENTIST REHABILITATION, INC.

DIRECT CONTROLLING ENTITY: ADVENTIST REHABILITATION HOSPITAL OF MARYLAND,

INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN,

INC.

EIN: 52-1255870

820 W. DIAMOND AVE SUITE 600

GAITHERSBURG, MD 20878-1419

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC

EIN: 81-5410250

820 WEST DIAMOND AVE. SUITE 600

GAITHERSBURG, MD 20878

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ADVENTIST HEALTHCARE SURGERY CENTER AT NATIONAL HARBOR LLC

Part VII Supplemental Information

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

EIN: 85-2814304

251 NATIONAL HARBOR BOULEVARD, SUITE 200

OXEN HILL, MD 20745

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

Consolidated Financial Statements
and Supplementary Information

December 31, 2022 and 2021

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

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December 31, 2022 and 2021

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Independent Auditors' Report

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

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity (the Corporation), which comprise the consolidated balance sheets as of December 31, 2022 and 2021, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Corporation as of December 31, 2022 and 2021, and the results of their operations, changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Consolidated Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for a reasonable period of time.

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, changes in net assets and cash flows of the individual organizations, and it is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated April 27, 2023 on our consideration of the Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
April 27, 2023

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled EntityConsolidated Balance Sheets
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Current Assets		
Cash	\$ 356,792	\$ 3,388,508
Patient accounts receivable	3,743,339	5,861,700
Other receivables	2,028,270	491,851
Inventories	1,149,713	766,376
Assets whose use is limited	104,767	96,263
Prepaid expenses and other current assets	259,749	139,078
Total current assets	7,642,630	10,743,776
Property and Equipment, Net	26,035,010	24,869,146
Finance Lease Right-of-Use Assets	84,425	141,127
Operating Lease Right-of-Use Assets	20,797,209	2,114,936
Assets Whose Use is Limited		
Under trust indentures and mortgage loan agreement	1,374,470	1,699,150
Professional liability fund	3,325,874	163,378
Deposits and Other Noncurrent Assets	36,965	34,465
Total assets	<u>\$ 59,296,583</u>	<u>\$ 39,765,978</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 8,061,184	\$ 8,107,006
Accrued salaries and benefits	1,809,708	2,708,133
Deferred revenues	14,805	-
Due to third party payors	640,647	640,647
Due to related party	6,752,434	-
Medicare advance and accelerated payments	-	7,560,133
Estimated self-insured professional liabilities	104,767	96,263
Current maturities of:		
Mortgage loan	562,422	540,675
Finance lease obligations	62,424	60,583
Operating lease obligations	1,271,958	537,699
Total current liabilities	19,280,349	20,251,139
Construction Payable	14,331	279,426
Mortgage Loan, Net	4,429,771	4,967,917
Finance Lease Obligations	28,563	90,987
Operating Lease Obligations	19,653,428	1,632,488
Estimated Self-Insured Professional Liabilities	3,325,874	163,378
Total liabilities	<u>46,732,316</u>	<u>27,385,335</u>
Net Assets		
Without donor restrictions	12,196,911	12,096,628
With donor restrictions	367,356	284,015
Total net assets	<u>12,564,267</u>	<u>12,380,643</u>
Total liabilities and net assets	<u>\$ 59,296,583</u>	<u>\$ 39,765,978</u>

See notes to consolidated financial statements

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

Consolidated Statements of Operations

Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Revenues		
Net patient service revenue	\$ 57,072,542	\$ 55,326,213
Other revenues	532,579	468,062
COVID-19 grant income	1,874,929	6,112,573
	<u>59,480,050</u>	<u>61,906,848</u>
Expenses		
Salaries and wages	24,734,905	23,482,178
Employee benefits	4,002,441	4,508,869
Contract labor	8,728,361	10,062,898
Medical supplies	5,799,221	7,341,148
General and administrative	10,917,781	9,457,120
Building and maintenance	2,865,929	3,405,234
Insurance	1,534,493	483,863
Interest	267,638	310,804
Depreciation and amortization	1,740,552	1,133,828
	<u>60,591,321</u>	<u>60,185,942</u>
Total expenses		
	60,591,321	60,185,942
(Loss) income from operations	(1,111,271)	1,720,906
Other Income		
Investment income	11,554	39,885
	<u>11,554</u>	<u>39,885</u>
Revenues (less than) in excess of expenses	(1,099,717)	1,760,791
Net Assets Released From Restriction for Purchase of Property and Equipment	<u>1,200,000</u>	<u>644,892</u>
Increase in net assets without donor restrictions	<u>\$ 100,283</u>	<u>\$ 2,405,683</u>

See notes to consolidated financial statements

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

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Net Assets Without Donor Restrictions		
Revenues (less than) in excess of expenses	\$ (1,099,717)	\$ 1,760,791
Net assets released from restriction for purchase of property and equipment	<u>1,200,000</u>	<u>644,892</u>
Increase in net assets without donor restrictions	<u>100,283</u>	<u>2,405,683</u>
Net Assets With Donor Restrictions		
Restricted gifts and donations	1,363,154	825,328
Net assets released from restriction for operations	(79,813)	(3,421)
Net assets released from restriction for purchase of property and equipment	<u>(1,200,000)</u>	<u>(644,892)</u>
Increase in net assets with donor restrictions	<u>83,341</u>	<u>177,015</u>
Increase in net assets	183,624	2,582,698
Net Assets, Beginning	<u>12,380,643</u>	<u>9,797,945</u>
Net Assets, Ending	<u>\$ 12,564,267</u>	<u>\$ 12,380,643</u>

See notes to consolidated financial statements

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

Consolidated Statements of Cash Flows

Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Cash Flows From Operating Activities		
Increase in net assets	\$ 183,624	\$ 2,582,698
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,740,552	1,133,828
Restricted contributions	(1,363,154)	(825,328)
Decrease in operating lease right-of-use assets and obligations	1,113,757	479,341
Payments on operating lease obligations	(1,040,832)	(445,646)
Interest expense on finance lease obligation	3,558	5,346
Amortization of discount	24,277	24,277
Loss on disposal of property and equipment	1,380	-
Changes in assets and liabilities:		
Patient accounts receivable	2,118,361	298,019
Other receivables	(1,536,419)	675,982
Inventories, prepaid expenses and other current assets	(504,008)	445,370
Deposits and other noncurrent assets	(2,500)	411,002
Accounts payable and accrued liabilities	(45,822)	1,815,216
Accrued salaries and benefits	(898,425)	(288,155)
Deferred revenues	14,805	(2,083,004)
Due to related party	6,752,434	-
Medicare advance and accelerated payments	(7,560,133)	(3,784,156)
Estimated self-insured professional liability	3,171,000	259,641
Other liabilities	-	(411,002)
Net cash provided by operating activities	<u>2,172,455</u>	<u>293,429</u>
Cash Flows From Investing Activities		
Purchases of property and equipment	<u>(3,116,189)</u>	<u>(6,873,532)</u>
Net cash used in investing activities	<u>(3,116,189)</u>	<u>(6,873,532)</u>
Cash Flows From Financing Activities		
Principal payments on long-term debt	(540,676)	(519,768)
Proceeds from restricted contributions	1,363,154	825,328
Principal payments on finance lease obligations	<u>(64,140)</u>	<u>(58,398)</u>
Net cash provided by financing activities	<u>758,338</u>	<u>247,162</u>
Net decrease in cash and restricted cash and cash equivalents	(185,396)	(6,332,941)
Cash and Restricted Cash and Cash Equivalents, Beginning	<u>5,347,299</u>	<u>11,680,240</u>
Cash and Restricted Cash and Cash Equivalents, Ending	<u>\$ 5,161,903</u>	<u>\$ 5,347,299</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 239,803</u>	<u>\$ 281,181</u>
Supplemental Schedule of Noncash Investing and Financing Activities		
Termination of finance lease obligation and right-of-use assets	<u>\$ -</u>	<u>\$ 316,455</u>
Operating lease obligations and right-of-use assets	<u>\$ 19,482,481</u>	<u>\$ 879,061</u>
Construction payable	<u>\$ 14,331</u>	<u>\$ 279,426</u>
Reconciliation of Cash and Restricted Cash		
Cash	\$ 356,792	\$ 3,388,508
Cash and cash equivalents included in assets whose use is limited	<u>4,805,111</u>	<u>1,958,791</u>
Total cash and restricted cash	<u>\$ 5,161,903</u>	<u>\$ 5,347,299</u>

See notes to consolidated financial statements

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Adventist HealthCare Fort Washington Medical Center, Inc. (FWMC), a subsidiary of Adventist HealthCare, Inc. (AHC), is a 31-bed acute care hospital located in Fort Washington, Maryland. FWMC includes an operating division called FWMC Leasehold, which leases and subleases building space. FWMC is the sole member of Fort Washington Ambulatory Services, LLC (FWAS). FWAS is a nonoperating disregarded entity and was legally dissolved on September 29, 2022. FWMC is tax-exempt under Section 501(c)(3) of the Internal Revenue Code (IRC).

Principles of Consolidation

The consolidated financial statements include the accounts of FWMC and FWAS (collectively, the Corporation). All significant intercompany balances and transactions have been eliminated in the consolidated financial statements of the Corporation.

Reclassification

Certain 2021 amounts have been reclassified to conform to the 2022 consolidated financial statements presentation.

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through April 27, 2023, the date the consolidated financial statements were available to be issued.

Use of Estimates

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

Maryland Health Services Cost Review Commission

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

In January 2014, CMS approved a modernized waiver that grants Maryland (via the HSCRC) the authority to regulate hospital revenue within a rigorous annual expenditure limit. Maryland's Total Cost of Care Agreement builds on decades of innovation and equity in healthcare payment and delivery - with an aim to enhance patient care, improve health outcomes and lower costs.

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

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

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

The HSCRC requires rate-regulated hospitals under its jurisdiction to calculate the amount of patient charges in excess of their approved global revenue base. Undercharges are recouped through increased in the following year's rate order. Similarly, overcharges must be removed through a reduction in the next year's GBR award. These price variances reflect the variance between actual patient charges and the pro-rata share of approved rate orders (adjusted for certain revenue adjustments expected to be made in a future period). The net amounts are reported as a component of net patient service revenue and patient accounts receivable in the accompanying consolidated financial statements. Since the HSCRC's rate year extends from July 1 through June 30, these amounts will continue to fluctuate until the end of the rate year as actual patient charges deviate from the total approved charging authority. At the conclusion of the rate year (June 30), the value of any overcharge liability (or undercharge asset) is amortized on a straight-line basis over the following rate year when the price variance adjustments are actually built into the entity's rate order.

Patient Accounts Receivable

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

Other Receivables

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients. As of December 31, 2022, other receivables is primarily comprised of obligated grant funding from the U.S. Department of Homeland Security, Federal Emergency Management Agency (FEMA) that are expected to be received in 2023. Other receivables are written off when they are determined to be uncollectible based on management's assessment of individual accounts.

Assets Whose Use is Limited

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

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

Inventories

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

Property and Equipment, Net

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

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

Impairment losses are recognized in the consolidated statements of operations as a component of revenues in excess of expenses as they are determined. The Corporation reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, the Corporation calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, an impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. There were no impairment losses on property and equipment recognized in 2022 and 2021.

Leases and Right-of-Use Assets

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

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

Due to Third Party Payors

The Corporation receives advances from third party payors to provide working capital for services rendered to the beneficiaries of such services. These advances are principally determined based on the timing differences between the provision of care and the anticipated payment date of the claim for service in accordance with the HSCRC's rate regulations. These advances are subject to periodic adjustment.

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

Settlements with third party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on reimbursable costs, the terms of the payment agreement with the payor, correspondence with the payor and the Corporation's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information become available), or as years are settled or no longer subject to such audits, reviews and investigations. Adjustments arising from a change in the transaction price, were not significant in 2022 or 2021.

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

Medicare Advance and Accelerated Payments

The Coronavirus Aid, Relief and Economic Security (CARES) Act included provisions to expand the Centers for Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program in order to improve cash flows for providers impacted by the COVID-19 pandemic. In April 2020, the Corporation received \$11,344,289 in advance payments under this program, of which \$7,560,133 was classified as a current liability in the accompanying consolidated balance sheets as of December 31, 2021.

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

Estimated Self-Insured Professional Liability

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

Net Assets

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

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

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

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

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

Measure of Operations

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

Revenues in Excess of Expenses

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

Net Patient Service Revenue

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

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

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

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

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

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

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

COVID-19 Grant Income and Deferred Revenues

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

In March 2020, the CARES Act was signed into law to combat the financial effects of COVID-19. The CARES Act created a Provider Relief Fund (PRF) to provide financial support for hospitals and other healthcare providers. In accordance with the terms and conditions of the PRF, the Corporation received \$199,808 during the year ended December 31, 2021 related to this funding. No such funding was received during 2022. In 2022 and 2021, AHC redistributed cash of \$176,358 and \$4,119,973, respectively, related to PRF funding received by their subsidiaries to the Corporation to offset the financial effects of COVID-19. In 2022, FEMA obligated \$1,356,300 for eligible expenses in accordance with terms and conditions of the funding source. No such funding was received during 2021. The Corporation also received \$342,271 and \$549,000 in other funding in 2022 and 2021, respectively, to offset eligible expenses in accordance with the terms and conditions of the funding source.

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

The Corporation incurred lost revenues and eligible expenses of \$1,874,929 in 2022 and \$6,112,573 in 2021 in accordance with the terms of the respective funding sources. These amounts were recognized and included in COVID-19 grant income in the accompanying consolidated statements of operations. A portion of the funding was also applied to eligible capital expenditures of \$638,113 in 2021 and is included in net assets released from restrictions for purchase of property and equipment in the accompanying consolidated statements of operations and changes in net assets. No funding was applied to eligible capital expenditures in 2022.

COVID-19 grant income in 2021 also includes amounts received in 2020 that were deferred as of December 31, 2020 as the Corporation determined the recognition criteria had not been met until 2021.

The Corporation's methodology for the measurement of lost revenues was based on the difference between 2020 budgeted patient care revenues compared to actual patient care revenues in 2020 through 2022.

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

Income Taxes

The Corporation accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined there were no tax uncertainties that met the recognition threshold in 2022 and 2021.

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

Charity Care

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

The Corporation maintains records to identify and monitor the level of charity care it provides. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the Corporation amounted to \$626,143 and \$588,260, respectively, in 2022 and 2021.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

2. Accounting Standard

Financial Instruments - Credit Losses

During June 2016, the FASB issued Accounting Standard Update (ASU) No. 2016-13, *Measurement of Credit Losses on Financial Instruments*. ASU No. 2016-13 requires financial assets measured at amortized cost to be presented at the net amount expected to be collected, through an allowance for credit losses that is deducted from the amortized cost basis. 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 amount. During November 2018, April 2019, May 2019, November 2019 and March 2020, respectively, the FASB also issued ASU No. 2018-19, *Codification Improvements to Topic 326, Financial Instruments—Credit Losses*; ASU No. 2019-04, *Codification Improvements to Topic 326, Financial Instruments—Credit Losses*; ASU No. 2019-05 *Targeted Transition Relief*; ASU No. 2019-11, *Codification Improvements to Topic 326, Financial Instruments—Credit Losses*; and ASU No. 2020-03, *Codification Improvements to Financial Instruments*. ASU No. 2018-19 clarifies the effective date for nonpublic entities and that receivables arising from operating leases are not within the scope of Subtopic 326-20, ASU Nos. 2019-04 and 2019-05 amend the transition guidance provided in ASU No. 2016-13 and ASU Nos. 2019-11 and 2020-03 amend ASU No. 2016-13 to clarify, correct errors in or improve the guidance. ASU No. 2016-13 (as amended) is effective for annual periods and interim periods within those annual periods beginning after December 15, 2022. The Corporation is currently assessing the effect that ASU No. 2016-13 (as amended) will have on its results of operations, financial position and cash flows.

3. Net Patient Service Revenue

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

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

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

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

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

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

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

	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Third Party Payors</u>	<u>Self-Pay and Other</u>	<u>Total</u>
December 31, 2022	<u>\$ 22,077,153</u>	<u>\$ 3,512,010</u>	<u>\$ 29,679,569</u>	<u>\$ 1,803,810</u>	<u>\$ 57,072,542</u>
December 31, 2021	<u>\$ 23,219,507</u>	<u>\$ 3,185,196</u>	<u>\$ 25,699,701</u>	<u>\$ 3,221,809</u>	<u>\$ 55,326,213</u>

4. Related-Party Transactions

During the year ended December 31, 2022 and 2021, AHC provided services to the Corporation, including IT services, revenue cycle management, accounting, payroll and human resources. AHC allocates these expenses to the Corporation based on the best allocation driver for each cost center, which is primarily gross patient revenue by company. Expenses allocated to the Corporation from AHC totaled \$3,393,602 and \$1,809,926 for the year ended December 31, 2022 and 2021, respectively. AHC provides the Corporation with working capital advances as needed. As of December 31, 2022, the amount outstanding to AHC for these working capital advances is \$6,752,434, which is included in due to related party in the consolidated balance sheets as of December 31, 2022.

5. Property and Equipment, Net

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

	<u>2022</u>	<u>2021</u>
Land and improvements	\$ 3,570,837	\$ 3,562,459
Building and improvements	14,049,624	12,991,447
Office furniture and equipment	6,361,373	4,942,195
Computer software and hardware	<u>3,652,628</u>	<u>3,399,265</u>
Total	27,634,462	24,895,366
Less accumulated depreciation	<u>(3,670,903)</u>	<u>(2,002,008)</u>
Total	23,963,559	22,893,358
Construction in progress	<u>2,071,451</u>	<u>1,975,788</u>
Property and equipment, net	<u>\$ 26,035,010</u>	<u>\$ 24,869,146</u>

Construction in progress as of December 31, 2022 consists primarily of major renovations of clinical facilities. Purchase commitments related to these and other miscellaneous projects were \$336,284 at December 31, 2022.

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

Notes to Consolidated Financial Statements
December 31, 2022 and 2021

6. Mortgage Loan

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

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

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

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

	<u>2022</u>	<u>2021</u>
Years ending December 31:		
2023	\$ 562,422	\$ 540,675
2024	585,045	562,422
2025	608,577	585,045
2026	633,056	608,577
2027	714,577	633,056
Thereafter	<u>2,082,728</u>	<u>2,797,306</u>
	5,186,405	5,727,081
Less:		
Current maturities	(562,422)	(540,675)
Discount	<u>(194,212)</u>	<u>(218,489)</u>
Noncurrent portion of mortgage loan, net	<u>\$ 4,429,771</u>	<u>\$ 4,967,917</u>

7. Leases

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

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

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

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

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

Future minimum payments under finance lease obligations as of December 31, 2022 were as follows:

Years ending December 31:		
2023	\$	64,140
2024		31,357
		<hr/>
Total		95,497
Less amount representing interest		<hr/>
		4,510
Total finance lease obligations		90,987
Less current portion		<hr/>
		62,424
Long-term obligations	\$	<u>28,563</u>

Future minimum payments under operating lease obligations as of December 31, 2022 were as follows:

Years ending December 31:		
2023	\$	2,021,833
2024		1,935,674
2025		1,850,528
2026		1,829,770
2027		1,504,175
Thereafter		18,636,910
		<hr/>
Total		27,778,890
Lease amount representing interest		<hr/>
		6,853,504
Total operating lease obligations		20,925,386
Less current portion		<hr/>
		1,271,958
Long-term obligations	\$	<u>19,653,428</u>

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

Notes to Consolidated Financial Statements
December 31, 2022 and 2021

Total lease costs are comprised of the following for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Finance lease cost:		
Amortization of right-of-use asset	\$ 56,702	\$ 49,267
Interest on lease obligations	3,558	5,346
Operating lease cost	<u>1,113,757</u>	<u>479,341</u>
 Total lease cost	 <u>\$ 1,174,017</u>	 <u>\$ 533,954</u>

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

	<u>2022</u>	<u>2021</u>
Weighted-average remaining lease term:		
Finance lease obligations	1.49 years	2.49 years
Operating lease obligations	14.75 years	4.22 years
 Weighted-average discount rate:		
Finance lease obligations	3.00%	3.00%
Operating lease obligations	3.73%	2.36%

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

8. Defined Contribution Retirement Plan

The Corporation sponsors a 401(a) defined contribution retirement plan, which covers substantially all full-time employees. After 12 months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2% of eligible employees' compensation, plus a matching employer contribution equal to 50% of employee contributions (to the 403(b) plan) up to 6% of base salary. The Corporation also has a 403(b) retirement savings plan for employees. Employee contributions are made to the 403(b) retirement savings plan. Retirement plan expense was \$554,057 and \$655,881 in 2022 and 2021, respectively.

9. Commitments and Contingencies

Litigation and Claims

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

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

Insurance

Prior to October 2021, the Corporation maintained professional liability insurance coverage on a claims-made basis and general liability insurance coverage on an occurrence basis. The limits for professional liability insurance are \$1,000,000 for each covered person and a \$3,000,000 total limit. The limits for general liability are \$1,000,000 per each occurrence, \$3,000,000 general aggregate, \$3,000,000 products/completed operations, \$50,000 fire damage and \$1,000,000 personal/advertising injury. The Corporation's coverage is subject to a deductible of \$50,000 for each incident and \$150,000 in the aggregate. In addition, the Corporation maintains an excess liability insurance policy with a limit of \$10,000,000 for each incident and \$10,000,000 in the aggregate.

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

It is the Corporation's policy to accrue for the ultimate cost of uninsured asserted and unasserted malpractice claims, if any, when incidents occur. Based on a review of the Corporation's prior experience and incidents occurring through December 31, 2022, management determined that the fully-funded professional liability reserve reported at December 31, 2022 and 2021 is adequate in light of the program's excess umbrella policy currently in force and historical claims experience. The estimated professional liability for both asserted and unasserted claims was \$3,430,641 and \$259,641 at December 31, 2022 and 2021, respectively. The discount rate used in determining these liabilities was 2.5% at December 31, 2022 and 2021.

Remediation

Certain buildings, which were constructed prior to the passage of the Clean Air Act, contain encapsulated asbestos material. Current law requires that this asbestos be removed in an environmentally safe fashion prior to demolition and renovation of these buildings. At this time, the Corporation has no plans to demolish or renovate these buildings and, as such, cannot reasonably estimate the fair value of the liability for such asbestos removal.

10. Business and Credit Concentrations

The Corporation grants credit to patients, substantially all of whom are local residents. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans or policies.

At December 31, 2022 and 2021, concentrations of gross receivables from third party payors and others are as follows:

	<u>2022</u>	<u>2021</u>
Medicare	16 %	25 %
Medicaid	8	10
Other third party payors	58	43
Self-pay and others	18	22
	<u>100 %</u>	<u>100 %</u>

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

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

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

11. Liquidity and Availability

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

	<u>2022</u>	<u>2021</u>
Cash	\$ 356,792	\$ 3,388,508
Patient accounts receivable	3,743,339	5,861,700
Other receivables	2,028,270	491,851
	<u>\$ 6,128,401</u>	<u>\$ 9,742,059</u>

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

12. Functional Expenses

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

	<u>2022</u>			
	<u>Program</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Salaries and wages	\$ 19,819,214	\$ 4,747,830	\$ 167,861	\$ 24,734,905
Employee benefits	3,171,181	803,553	27,707	4,002,441
Contract labor	8,686,566	41,795	-	8,728,361
Medical supplies	5,799,221	-	-	5,799,221
General and administrative	5,643,933	5,273,599	249	10,917,781
Building and maintenance	1,256,209	1,609,221	499	2,865,929
Insurance	390,889	1,143,604	-	1,534,493
Interest	-	267,638	-	267,638
Depreciation and amortization	1,425,336	315,216	-	1,740,552
	<u>\$ 46,192,549</u>	<u>\$ 14,202,456</u>	<u>\$ 196,316</u>	<u>\$ 60,591,321</u>
Total				
	<u>2021</u>			
	<u>Program</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Salaries and wages	\$ 19,218,212	\$ 4,127,223	\$ 136,743	\$ 23,482,178
Employee benefits	3,284,261	1,203,984	20,624	4,508,869
Contract labor	10,037,814	25,084	-	10,062,898
Medical supplies	7,341,148	-	-	7,341,148
General and administrative	5,757,404	3,699,534	182	9,457,120
Building and maintenance	875,097	2,530,137	-	3,405,234
Insurance	483,863	-	-	483,863
Interest	-	310,804	-	310,804
Depreciation and amortization	956,220	177,608	-	1,133,828
	<u>\$ 47,954,019</u>	<u>\$ 12,074,374</u>	<u>\$ 157,549</u>	<u>\$ 60,185,942</u>
Total				

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

Independent Auditors' Report

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the consolidated financial statements of Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity (the Corporation), which comprise the Corporation's consolidated consolidated balance sheet as of December 31, 2022, and the related consolidated statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated April 27, 2023.

Report on Internal Control Over Financial Reporting

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

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

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

Report on Compliance and Other Matters

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

Purpose of This Report

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

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
April 27, 2023

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

 Consolidating Schedule, Balance Sheet
 December 31, 2022

	Fort Washington Medical Center	FWMC Leasehold	Total
Assets			
Current Assets			
Cash	\$ 795,826	\$ (439,034)	\$ 356,792
Patient accounts receivable	3,743,339	-	3,743,339
Other receivables	2,028,270	-	2,028,270
Inventories	1,149,713	-	1,149,713
Assets whose use is limited	104,767	-	104,767
Prepaid expenses and other current assets	259,749	-	259,749
Total current assets	8,081,664	(439,034)	7,642,630
Property and Equipment, Net	24,845,662	1,189,348	26,035,010
Finance Lease Right-of-Use Assets	84,425	-	84,425
Operating Lease Right-of-Use Assets	20,589,160	208,049	20,797,209
Assets Whose Use is Limited			
Under trust indentures and mortgage loan agreement	1,374,470	-	1,374,470
Professional liability fund	3,325,874	-	3,325,874
Deposits and Other Noncurrent Assets	15,598	21,367	36,965
Total assets	<u>\$ 58,316,853</u>	<u>\$ 979,730</u>	<u>\$ 59,296,583</u>
Liabilities and Net Assets			
Current Liabilities			
Accounts payable and accrued liabilities	\$ 8,052,760	\$ 8,424	\$ 8,061,184
Accrued salaries and benefits	1,809,708	-	1,809,708
Deferred revenues	14,805	-	14,805
Due to third party payors	640,647	-	640,647
Due to related party	6,752,434	-	6,752,434
Estimated self-insured professional liabilities	104,767	-	104,767
Current maturities of:			
Mortgage loan	562,422	-	562,422
Finance lease obligations	62,424	-	62,424
Operating lease obligations	1,178,943	93,015	1,271,958
Total current liabilities	19,178,910	101,439	19,280,349
Construction Payable	14,331	-	14,331
Mortgage Loan, Net	4,429,771	-	4,429,771
Finance Lease Obligations	28,563	-	28,563
Operating Lease Obligations	19,526,160	127,268	19,653,428
Estimated Self-Insured Professional Liabilities	3,325,874	-	3,325,874
Total liabilities	<u>46,503,609</u>	<u>228,707</u>	<u>46,732,316</u>
Net Assets			
Without donor restrictions	11,445,888	751,023	12,196,911
With donor restrictions	367,356	-	367,356
Total net assets	<u>11,813,244</u>	<u>751,023</u>	<u>12,564,267</u>
Total liabilities and net assets	<u>\$ 58,316,853</u>	<u>\$ 979,730</u>	<u>\$ 59,296,583</u>

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

Consolidating Schedule, Statement of Operations

Year Ended December 31, 2022

	Fort Washington Medical Center	FWMC Leasehold	Total
Revenues			
Net patient service revenue	\$ 57,072,542	\$ -	\$ 57,072,542
Other revenues	405,564	127,015	532,579
COVID-19 grant income	1,874,929	-	1,874,929
	<u>59,353,035</u>	<u>127,015</u>	<u>59,480,050</u>
Expenses			
Salaries and wages	24,734,905	-	24,734,905
Employee benefits	4,002,441	-	4,002,441
Contract labor	8,728,361	-	8,728,361
Medical supplies	5,799,221	-	5,799,221
General and administrative	10,909,863	7,918	10,917,781
Building and maintenance	2,388,831	477,098	2,865,929
Insurance	1,534,493	-	1,534,493
Interest	267,638	-	267,638
Depreciation and amortization	1,553,594	186,958	1,740,552
	<u>59,919,347</u>	<u>671,974</u>	<u>60,591,321</u>
Total expenses	<u>59,919,347</u>	<u>671,974</u>	<u>60,591,321</u>
Loss from operations	(566,312)	(544,959)	(1,111,271)
Other Income			
Investment income	11,554	-	11,554
Revenues less than expenses	(554,758)	(544,959)	(1,099,717)
Net Assets Released From Restriction for Purchase of Property and Equipment			
	<u>1,200,000</u>	<u>-</u>	<u>1,200,000</u>
Increase (decrease) in net assets without donor restrictions	<u>\$ 645,242</u>	<u>\$ (544,959)</u>	<u>\$ 100,283</u>