

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 ADVENTIST HEALTHCARE, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 820 WEST DIAMOND AVE. 600
 City or town, state or province, country, and ZIP or foreign postal code
 GAITHERSBURG, MD 20878-1419

D Employer identification number
 52-1532556

E Telephone number
 301 315 3030

F Name and address of principal officer: TERRY FORDE
 SAME AS C ABOVE

G Gross receipts \$ 1,231,344,824.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number 1071

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: WWW.ADVENTISTHEALTHCARE.COM

K Form of organization: Corporation Trust Association Other

L Year of formation: 1983 **M State of legal domicile:** MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HEALTH-CARE NETWORK: SERVICES INCLUDING ACUTE CARE, AMBULATORY AND POPULATION HEALTH MANAGEMENT.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 7827
	6 Total number of volunteers (estimate if necessary)	6 893
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 2,015,243.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 5,418,429. Current Year: 24,006,138.
	9 Program service revenue (Part VIII, line 2g)	979,431,683. 937,305,881.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-15,004,221. -5,801,811.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,076,640. -1,520,625.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	967,769,251. 953,989,583.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,276,585. 1,523,707.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	388,383,877. 416,966,995.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,134,097.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	535,982,783. 532,597,804.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	926,643,245. 951,088,506.
	19 Revenue less expenses. Subtract line 18 from line 12	41,126,006. 2,901,077.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,771,568,949. End of Year: 1,644,205,703.
	21 Total liabilities (Part X, line 26)	1,184,411,834. 1,075,619,763.
	22 Net assets or fund balances. Subtract line 21 from line 20	587,157,115. 568,585,940.

Part II Signature Block

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

Sign Here
 Signature of officer: Kristen Pulio Date: Nov 15, 2023
 Type or print name and title: KRISTEN PULIO, SVP & CFO

Paid Preparer Use Only
 Print/Type preparer's name: KERRI N. BOGDA, CPA Preparer's signature: Kerri Bogda Date: Nov 13, 2023 Check if self-employed PTIN: P00760402
 Firm's name: BAKER TILLY US LLP Firm's EIN: 38-0859910
 Firm's address: 1570 FRUITVILLE PIKE, STE. 400 LANCASTER, PA 17601 Phone no. 717-740-4863

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

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

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 \$ 764,533,511. including grants of \$ 1,523,707.) (Revenue \$ 890,067,327.) THE MISSION OF ADVENTIST HEALTHCARE IS TO "EXTEND GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." IN MEETING THIS MISSION, AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. COMPASSION IS REFLECTED IN OUR MISSION AND OUR ORGANIZATION'S COMMITMENT TO PROVIDING CONSISTENTLY HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE. TO MEET THE NEEDS OF OUR COMMUNITIES, ADVENTIST HEALTHCARE CONTINUES TO INNOVATE AND EXPAND OUR RANGE OF SERVICES TO BUILD A HEALTHIER, ENGAGED COMMUNITY. CONTINUES ON SCHEDULE O.

4b (Code:) (Expenses \$ 31,859,059. including grants of \$) (Revenue \$ 33,394,635.) SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES EXTEND CARE TO INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE CHALLENGES. SHADY GROVE MEDICAL CENTER IS A NONPROFIT, ACCREDITED BY THE JOINT COMMISSION. IT PROVIDES PSYCHIATRIC TREATMENT AT FREESTANDING FACILITIES LOCATED ON ADVENTIST HEALTHCARE'S CAMPUS IN ROCKVILLE, MONTGOMERY COUNTY, MARYLAND. CONTINUES ON SCHEDULE O

4c (Code:) (Expenses \$ 14,828,882. including grants of \$) (Revenue \$ 11,828,676.) ADVENTIST HEALTHCARE, INC. EMPLOYS SEVERAL PHYSICIANS IN PRIMARY CARE AND SPECIALTY CARE WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE. THERE ARE APPROXIMATELY 20 PRIMARY CARE PROVIDERS WHO SPAN OVER 7 DISTINCT SITES IN THE MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY AREA. THESE PRIMARY CARE PHYSICIANS AND NURSE PRACTITIONERS SERVE THE COMMUNITY IN PROVIDING PREVENTIVE CARE, ACUTE CARE, AND CHRONIC CARE. ADVENTIST HEALTHCARE ALSO EMPLOYS PHYSICAL MEDICINE SPECIALISTS, WHO SERVE THE COMMUNITY BY PROVIDING INPATIENT AND OUTPATIENT PHYSIATRY SERVICES TO THOSE IN NEED. CONTINUES ON SCHEDULE O.

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

4e Total program service expenses 811,221,452.

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 number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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 []

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c detailing IRS filing and tax compliance information.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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	
7b	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:		
8a	The governing body?	X	
8b	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	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 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 PRESIDENT & CEO, AHC	45.00 5.00	X		X				1,513,716.	0.	63,683.
(2) STEVEN BOYCE, MD PHYSICIAN	50.00					X		1,428,521.	0.	34,581.
(3) NIV AD, MD PHYSICIAN	50.00					X		1,206,795.	0.	27,605.
(4) JOHN SACKETT EVP & COO, AHC	40.00 10.00			X				1,034,422.	0.	70,167.
(5) JONATHAN RHEE, MD PHYSICIAN	50.00					X		1,001,699.	0.	45,490.
(6) DANIEL L. COCHRAN PRESIDENT, SGMC	44.00 6.00				X			785,143.	0.	184,334.
(7) SHERIF SELIM, MD PHYSICIAN	50.00					X		911,366.	0.	41,780.
(8) KRISTEN PULIO SVP & CFO, AHC	44.00 6.00			X				751,379.	0.	179,851.
(9) ANITA JENKINS PRESIDENT, HOWARD UNIVERSITY HOSPITAL	50.00				X			825,082.	0.	43,372.
(10) ANTHONY STAHL PRESIDENT, WOMC	42.00 8.00				X			691,035.	0.	170,625.
(11) EUNMEE SHIM PRESIDENT, FWMC	8.00 42.00				X			691,885.	0.	150,467.
(12) PATSY MCNEIL SVP, SYSTEM CHIEF MEDICAL OFFICER	38.00 2.00				X			690,339.	0.	147,815.
(13) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SVCS	10.00 40.00				X			769,858.	0.	42,454.
(14) DENNIS FRIEDMAN, MD PHYSICIAN	50.00					X		720,215.	0.	36,314.
(15) JAMES G. LEE EVP & CSO-GWTH, AHC-UNTIL MAY 2022	38.00 12.00			X				628,944.	0.	22,795.
(16) MARISSA LESLIE, MD BOARD; SYSTEM MED DIR OF PSYCHIATRY	2.00 38.00	X						0.	371,959.	30,641.
(17) BRETT GAMMA, MD BOARD MEMBER	1.00	X						79,250.	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) SAFY JOHN, MD BOARD MEMBER	1.00	X						16,000.	0.	0.
(19) EMMANUEL ASIEDU BOARD TREASURER	1.00	X						12,750.	0.	0.
(20) DAVID E. WEIGLEY BOARD CHAIR	1.00	X						12,130.	0.	0.
(21) NICOLAS CACCIABEVE, MD BOARD MEMBER	1.00	X						3,000.	0.	0.
(22) CELESTE RYAN BLYDEN BOARD SECRETARY	1.00	X						750.	0.	0.
(23) PAUL ALPUCHE, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
(24) JAMES BOYLE BOARD MEMBER	1.00	X						0.	0.	0.
(25) ROBERT CLARKE BOARD MEMBER	1.00	X						0.	0.	0.
(26) FRANKLIN DAVID BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								13,774,279.	371,959.	1,291,974.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								13,774,279.	371,959.	1,291,974.

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 1,048

	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	104,653,199.
USACS INTEGRATED ACUTE CARE SERVICES PO BOX 645948, CINCINNATI, OH 45264	PHYSICIAN PROVIDERS	28,400,535.
QUEST DIAGNOSTICS 14225 NEWBROOK DR, CHANTILLY, VA 19176-1303	CLINICAL LAB SERVICES	24,331,847.
AYA HEALTHCARE INC, PO BOX 123519 DEPT#3519, DALLAS, TX 75312-3519	STAFFING/RECRUITMENT SERVICES	18,928,432.
MEDPRO HEALTHCARE STAFFING 9001 MEDICAL CENTER DR, ROCKVILLE, MD 20850	STAFFING/RECRUITMENT SERVICES	9,524,965.
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	198	

SEE PART VII, SECTION A CONTINUATION SHEETS

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) JANET DEVINNEY BOARD MEMBER	1.00	X						0.	0.	0.
(28) CHERYL KISUNZU BOARD MEMBER	1.00	X						0.	0.	0.
(29) CHARLES TAPP BOARD MEMBER	1.00	X						0.	0.	0.
(30) HENRY MOSLEY BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1,854,800.				
	e Government grants (contributions)	1e	21,992,844.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	158,494.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			24,006,138.			
Program Service Revenue	2 a ACUTE CARE	Business Code					
		621110	874,593,408.	874,593,408.			
	b BEHAVIORAL HEALTH	621110	33,394,635.	33,394,635.			
	c PHYSICIAN PRACTICE	621110	11,828,676.	11,828,676.			
	d						
	e						
	f All other program service revenue	900099	17,489,162.	15,473,919.	2,015,243.		
g Total. Add lines 2a-2f			937,305,881.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,651,226.			2,651,226.	
	4 Income from investment of tax-exempt bond proceeds		305,922.			305,922.	
	5 Royalties						
	6 a Gross rents	6a	(i) Real	5,001,851.			
			(ii) Personal				
	b Less: rental expenses	6b	7,232,950.				
	c Rental income or (loss)	6c	-2,231,099.				
	d Net rental income or (loss)			-2,231,099.		-2,231,099.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	261,229,297.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	269,988,256.				
	c Gain or (loss)	7c	-8,758,959.				
d Net gain or (loss)			-8,758,959.		-8,758,959.		
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	321,517.					
b Less: cost of goods sold	10b	134,035.					
c Net income or (loss) from sales of inventory			187,482.		187,482.		
Miscellaneous Revenue	11 a PARKING REVENUE	Business Code					
		621990	466,234.			466,234.	
	b VENDING REVENUE	621990	56,758.			56,758.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			522,992.				
12 Total revenue. See instructions			953,989,583.	935,290,638.	2,015,243.	-7,322,436.	

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 ...	1,448,707.	1,448,707.		
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	75,000.	75,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,581,245.		9,581,245.	
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	350,306,693.	301,706,637.	47,354,275.	1,245,781.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,040,957.	3,169,039.	1,829,812.	42,106.
9 Other employee benefits	25,782,920.	21,168,808.	4,475,321.	138,791.
10 Payroll taxes	26,255,180.	21,368,101.	4,802,974.	84,105.
11 Fees for services (nonemployees):				
a Management	6,383,455.	4,707,007.	1,676,448.	
b Legal	2,178,369.		2,178,369.	
c Accounting	565,804.		565,804.	
d Lobbying	110,000.		110,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	993,605.		993,605.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	232,297,027.	224,015,099.	8,002,852.	279,076.
12 Advertising and promotion	1,453,825.	162,837.	1,277,779.	13,209.
13 Office expenses	6,133,178.	3,539,611.	2,425,333.	168,234.
14 Information technology	25,626,660.	19,219,995.	6,343,535.	63,130.
15 Royalties				
16 Occupancy	70,722,534.	46,748,366.	23,932,822.	41,346.
17 Travel	1,676,066.	889,272.	768,513.	18,281.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,175,192.	595,806.	565,723.	13,663.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,806,154.	40,492,930.	15,305,382.	7,842.
23 Insurance	3,585,553.	470,403.	3,115,150.	
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	120,857,576.	120,857,576.		
b RECRUITING	2,428,015.		2,428,015.	
c COLLECTION FEES/LICENSE	604,791.	586,258.		18,533.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	951,088,506.	811,221,452.	137,732,957.	2,134,097.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,473,508.	1	1,221,914.
	2 Savings and temporary cash investments	126,285,471.	2	116,046,873.
	3 Pledges and grants receivable, net	594,674.	3	257,844.
	4 Accounts receivable, net	112,800,167.	4	108,532,914.
	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	3,093,424.	5	4,676,507.
	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	82,141,928.	7	49,500,706.
	8 Inventories for sale or use	9,429,233.	8	9,399,432.
	9 Prepaid expenses and deferred charges	17,360,310.	9	11,621,165.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,190,561,727.		
	b Less: accumulated depreciation	10b 445,787,372.		
	11 Investments - publicly traded securities	533,967,844.	11	466,254,902.
	12 Investments - other securities. See Part IV, line 11	46,335,191.	12	36,556,137.
	13 Investments - program-related. See Part IV, line 11	5,177,341.	13	8,907,768.
	14 Intangible assets	6,670,022.	14	6,513,656.
	15 Other assets. See Part IV, line 11	79,975,603.	15	79,941,530.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,771,568,949.	16	1,644,205,703.	
Liabilities	17 Accounts payable and accrued expenses	217,240,032.	17	212,390,320.
	18 Grants payable		18	
	19 Deferred revenue	8,284,769.	19	2,417,511.
	20 Tax-exempt bond liabilities	730,060,117.	20	710,411,659.
	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	99,954,686.	23	37,761,377.
	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	128,872,230.	25	112,638,896.
	26 Total liabilities. Add lines 17 through 25	1,184,411,834.	26	1,075,619,763.
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	583,513,364.	27	566,174,248.
	28 Net assets with donor restrictions	3,643,751.	28	2,411,692.
	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	587,157,115.	32	568,585,940.
33 Total liabilities and net assets/fund balances	1,771,568,949.	33	1,644,205,703.	

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	953,989,583.
2	Total expenses (must equal Part IX, column (A), line 25)	2	951,088,506.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,901,077.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	587,157,115.
5	Net unrealized gains (losses) on investments	5	-20,148,138.
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	-1,324,114.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	568,585,940.

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, INC. Employer identification number: 52-1532556

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.

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 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; 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; 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; 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; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 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>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

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

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

Schedule A (Form 990) 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 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 - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 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, INC.

Employer identification number

52-1532556

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, INC.	Employer identification number 52-1532556
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 259,393.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,595,407.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 118,583.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
--	--

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, INC.	Employer identification number 52-1532556
--	--

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, INC.	Employer identification number 52-1532556
---	---

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

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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					

Schedule C (Form 990) 2022

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		110,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			110,000.
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:

IN 2022, ADVENTIST HEALTHCARE, INC. ENGAGED IN LOBBYING ACTIVITIES AT

THE LOCAL, STATE, AND FEDERAL LEVEL. ACTIVITIES INCLUDED DISCUSSIONS

WITH ELECTED OFFICIALS AT ALL LEVELS OF GOVERNMENT ON THE HEALTH CARE

WORKFORCE SHORTAGE, AND ON STRATEGIES ON IMPROVING HEALTH CARE ACCESS

IN TRADITIONALLY UNDERSERVED COMMUNITIES. AT THE STATE LEVEL,

Part IV Supplemental Information *(continued)*

LEGISLATORS WERE CONTACTED REGARDING ACCESS TO CARE, WORKFORCE

DEVELOPMENT, COMMUNITY CARE CAPACITY AND BEHAVIORAL HEALTH POLICY. AT

THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WORKED WITH LEGISLATORS ON

ISSUES RELATED TO THE HEALTH CARE WORKFORCE, PRICE TRANSPARENCY, AND

ACCESS TO 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, INC.** Employer identification number **52-1532556**

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		30,934,592.		30,934,592.
b Buildings		695,360,038.	210,942,336.	484,417,702.
c Leasehold improvements		53,502,243.	31,201,974.	22,300,269.
d Equipment		307,121,041.	185,167,719.	121,953,322.
e Other		103,643,813.	18,475,343.	85,168,470.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				744,774,355.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) DEFERRED COMPENSATION	5,967,267.
(3) PROFESSIONAL LIABILITY INS: SE	14,369,702.
(4) OTHER LONG TERM LIABILITIES	2,625,466.
(5) CONSTRUCTION PAYABLE	6,401,836.
(6) FINANCING LEASE OBLIGATIONS	21,689,027.
(7) OPERATING LEASE OBLIGATIONS	61,585,598.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Employer identification number

ADVENTIST HEALTHCARE, INC.

52-1532556

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
RUSSIA AND NEIGHBORING STATES	0	0	GRANT MAKING		75,000.
3 a Subtotal	0	0			75,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			75,000.

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

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	TO SUPPORT THE UKRAINE OPERATING FUND, WHICH WILL FURTHER THEIR GOAL OF	75,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities ▶

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

ADVENTIST HEALTHCARE (AHC) IS COMMITTED TO IDENTIFYING AND RESPONDING TO PRIORITY HEALTH NEEDS AND OUTCOMES FOR THE PEOPLE AND COMMUNITIES WE SERVE. THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDES FUNDING FOR ORGANIZATIONS WHOSE ACTIVITIES SUPPORT OUR MISSION TO PROMOTE HEALTH EQUITY AND WELLNESS IN OUR COMMUNITY.

CPF AWARDS GRANTS AND EVENT SPONSORSHIPS TO 501(C)(3) ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND OUR FUNDING OBJECTIVES:

- 1. HEALTH & WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS
- 2. PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH

2022 FUNDING PRIORITIES:

OUR FUNDING PRIORITIES CHANGE OVER TIME TO ALIGN WITH THE FINDINGS OF OUR COMMUNITY HEALTH NEEDS ASSESSMENTS.

IN 2022 WE CONTINUED TO FOCUS ON PRIORITIZED NEEDS IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AS WELL AS NEEDS EXACERBATED BY COVID-19.

OUR FUNDING PRIORITIES INCLUDED:

- 1. ACCESS TO CARE
- 2. MENTAL HEALTH FOR ADULTS AND YOUTH
- 3. WORKFORCE DEVELOPMENT
- 4. SOCIAL SERVICES
- 5. EDUCATIONAL EQUITY FOR YOUTH

Part V Supplemental Information

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

6. RACIAL EQUITY AND JUSTICE

7. REHABILITATION AND DISABILITY SERVICES

8. HIV & HEPATITIS C

ADDITIONALLY, FUNDING REQUESTS HAD TO:

1. BE DESIGNED TO ADDRESS DOCUMENTED HEALTH DISPARITIES OR INEQUITIES

2. HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED

3. ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION

4. INCLUDE MEANINGFUL PARTNERSHIPS (PREFERRED BUT NOT REQUIRED)

APPLICATION AND REVIEW PROCESS:

ALL PROSPECTIVE APPLICANTS ARE ASKED TO COMPLETE A GRANT APPLICATION OR

EVENT SPONSORSHIP APPLICATION (E.G., FUNDRAISING GALAS AND SPORTING

EVENTS). APPLICATIONS ARE REVIEWED BY THE COMMUNITY PARTNERSHIP FUND

BOARD WHICH IS MADE UP OF REPRESENTATIVES FROM ACROSS THE AHC SYSTEM.

GRANT MONITORING:

ALL GRANT RECIPIENTS (GRANTS TYPICALLY RANGE FROM \$5,000-\$30,000) ARE

ASKED TO COMPLETE BOTH A MID-YEAR PROGRESS REPORT AS WELL AS A FINAL

END-OF-YEAR REPORT.

FOR THE MID-YEAR REPORT, GRANTEEES ARE ASKED TO DESCRIBE THE FOLLOWING:

- NUMBER OF INDIVIDUALS WHO HAVE BEEN SERVED THUS FAR;

- OUTCOMES, TO DATE, OF THE MEASURABLE OBJECTIVES SPECIFIED IN THE

ORIGINAL APPLICATION;

- DESCRIPTION OF THE WORK THAT HAS BEEN COMPLETED TO DATE;

- CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED;

- CHALLENGES OR DELAYS THAT HAVE BEEN ENCOUNTERED;

Part V Supplemental Information

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

- EXPENDITURE OF FUNDS THUS FAR;

- ESTIMATED EXPENDITURES FOR THE DURATION OF THE GRANT PERIOD.

FOR THE FINAL REPORT, GRANTEEES ARE ASKED TO DESCRIBE THE FOLLOWING:

- TOTAL NUMBER OF INDIVIDUALS SERVED WITH THE FUNDING THAT WAS PROVIDED;

- OUTCOMES FOR THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL

APPLICATION AS WELL AS ANY OTHER OUTCOMES;

- DESCRIPTION OF THE WORK THAT WAS ACCOMPLISHED;

- CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED;

- CHALLENGES OR DELAYS THAT WERE ENCOUNTERED;

- EXPENDITURE OF GRANT FUNDS.

SPONSORSHIP MONITORING:

ALL SPONSORSHIP RECIPIENTS (SPONSORSHIPS ARE UP TO \$5,000) ARE ASKED TO

COMPLETE A FINAL REPORT AFTER THEIR EVENT TAKES PLACE. IN THE FINAL

REPORT, SPONSORSHIP RECIPIENTS ARE ASKED TO DESCRIBE THE FOLLOWING:

- NUMBER OF PARTICIPANTS

- EVENT/PROGRAM OUTCOMES

THE INFORMATION PROVIDED IN THESE REPORTS IS UTILIZED TO EVALUATE THE

OVERALL IMPACT OF THE GRANTEE AND THE FUNDING PROVIDED. IT IS ALSO USED

TO INFORM DECISION MAKING REGARDING FUTURE FUNDING AND PARTNERSHIP

ENDEAVORS WITH EACH GRANTEE.

PART II, COLUMN (D):

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: TO SUPPORT THE UKRAINE OPERATING FUND, WHICH WILL

FURTHER THEIR GOAL OF GLOBAL HEALTHCARE SERVICES.

Part V Supplemental Information

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

PART IV, LINE 3

ADVENTIST HEALTHCARE, INC. HAS AN INVESTMENT IN A FOREIGN ORGANIZATION

DOMICILED IN SWITZERLAND. ADVENTIST HEALTHCARE, INC. WHOLLY OWNS THE

SUBSIDIARY BASED IN SWITZERLAND AND IN 2021 WE TRANSFERRED FUNDS TO

SWITZERLAND BUT REPATRIATED IN 2022. ADVENTIST HEALTHCARE, INC. IS

FILING A FORM 5471 RELATED TO THIS INVESTMENT.

**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, INC.	Employer identification number 52-1532556
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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 checked="" 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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			23,083,412.		23,083,412.	2.43%
b Medicaid (from Worksheet 3, column a)			13,530,641.	11,085,880.	2,444,761.	.26%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			36,614,053.	11,085,880.	25,528,173.	2.69%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,480,424.	516,972.	5,963,452.	.63%
f Health professions education (from Worksheet 5)			2,534,348.		2,534,348.	.27%
g Subsidized health services (from Worksheet 6)			205,217,632.	172,494,879.	32,722,753.	3.44%
h Research (from Worksheet 7)			414.		414.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			847,610.		847,610.	.09%
j Total. Other Benefits			215,080,428.	173,011,851.	42,068,577.	4.43%
k Total. Add lines 7d and 7j			251,694,481.	184,097,731.	67,596,750.	7.12%

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			6,036.		6,036.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			222,230.		222,230.	.02%
7 Community health improvement advocacy			210,573.		210,573.	.02%
8 Workforce development			751.		751.	.00%
9 Other						
10 Total			439,590.		439,590.	.04%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 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** 33,951,241.
- 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**
- 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.

	Yes	No
1	X	
2		
3		
9a	X	
9b	X	

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME) **5** 255,219,150.
- Enter Medicare allowable costs of care relating to payments on line 5 **6** 240,504,417.
- Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 14,714,733.
- Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- Did the organization have a written debt collection policy during the tax year? **9a**
- 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**

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? 5

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):

	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
1 SHADY GROVE MEDICAL CENTER 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-023	X	X					X			
2 WHITE OAK MEDICAL CENTER 11890 HEALING WAY SILVER SPRING, MD 20904 SEE PART VI FOR WEBSITE 15-031	X	X					X			
3 AHC-REHABILITATION - ROCKVILLE 9909 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE STLIC:15-077 ADVENTIST REHAB HOSP OF MARYLAND EIN:20-1486678	X								SAME SEPARATE LEGAL ENTITY AS LICENSE 15-081	
4 AHC-REHABILITATION - TAKOMA PARK 7600 CARROLL AVENUE TAKOMA PARK, MD 20912 SEE PART VI FOR WEBSITE STLIC:15-081 ADVENTIST REHAB HOSP OF MARYLAND EIN:20-1486678	X								SAME SEPARATE LEGAL ENTITY AS LICENSE 15-077	
5 AHC FORT WASHINGTON MEDICAL CENTER INC 11711 LIVINGSTON ROAD FORT WASHINGTON, MD 20744 SEE PART VI FOR WEBSITE STLIC:16-003 AHC FORT WASHINGTON MEDICAL CENTER EIN:84-2670875	X	X					X		SEPARATE LEGAL ENTITY MANAGED BY AHC	

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: SHADY GROVE MEDICAL CENTER

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 type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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 22</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: SHADY GROVE MEDICAL CENTER

		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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: SHADY GROVE MEDICAL CENTER

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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: SHADY GROVE MEDICAL CENTER

		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

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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: WHITE OAK MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	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 type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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 22</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: WHITE OAK MEDICAL CENTER

		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: WHITE OAK MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: WHITE OAK MEDICAL CENTER

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

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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-REHABILITATION - ROCKVILLE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	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>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</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 22</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-REHABILITATION - ROCKVILLE

		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 URLS ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS 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 URLS 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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: AHC-REHABILITATION - ROCKVILLE

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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-REHABILITATION - ROCKVILLE

		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 checked="" 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 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

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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-REHABILITATION - TAKOMA PARK

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	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>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</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 22</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-REHABILITATION - TAKOMA PARK

		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 URLS ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS 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 URLS 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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: AHC-REHABILITATION - TAKOMA PARK

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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-REHABILITATION - TAKOMA PARK

	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 checked="" 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 type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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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): 5

	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
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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.

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST

CONDUCTED CHNA IN 2022:

THE 2022 MONTGOMERY COUNTY HOSPITAL COLLABORATIVE (MCHC) CHNA RELIED ON MULTIPLE TOOLS AND RESOURCES TO UNDERSTAND AND IDENTIFY THE UNMET HEALTH NEEDS OF THE PEOPLE WE SERVE. USING THE COUNTY HEALTH RANKINGS MODEL AS THE GUIDE FOR FACTORS THAT INFLUENCE LENGTH AND QUALITY OF LIFE, OVER 100 INDICATORS WERE IDENTIFIED AND INTEGRATED TO CREATE A HEALTH PROFILE OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN ADDITION TO GATHERING TIMELY, RELIABLE, AND VALID SECONDARY HEALTH DATA AND REPORTS, THE MCHC COLLECTED FIRSTHAND INFORMATION FROM THE COMMUNITY AND EXPERTS IN THE FIELD VIA OUR COMMUNITY HEALTH IMPROVEMENT PROCESS (HEALTHY MONTGOMERY), EXTERNAL ADVISORY BOARD CONVERSATIONS, AND KEY INFORMANT INTERVIEWS.

HEALTHY MONTGOMERY:

SERVING AS THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC), HEALTHY MONTGOMERY BRINGS TOGETHER MONTGOMERY COUNTY GOVERNMENT AGENCIES, THE FOUR HOSPITAL SYSTEMS, THE MINORITY HEALTH INITIATIVES/HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, COMMUNITY-BASED SERVICE PROVIDERS, THE HEALTH INSURANCE COMMUNITY, AND OTHER STAKEHOLDERS TO SET A HEALTH PRIORITY AGENDA AND AN ACTION PLAN FOR MONTGOMERY COUNTY'S PRIORITIZED NEEDS. HEALTHY MONTGOMERY AIMS 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.

THE MCHC CONTRIBUTES UP TO \$150,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE

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.

OF HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT,
REPRESENTATIVES FROM EACH HEALTH SYSTEM PLAY AN ACTIVE ROLE THROUGH
REPRESENTATION ON MULTIPLE HEALTHY MONTGOMERY COMMITTEES AND PLANNING
GROUPS, INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE, WHICH IS THE
GOVERNING BODY FOR THE GROUP (SEE APPENDIX B OF THE CHNA FOR A FULL LIST
OF STEERING COMMITTEE MEMBERS).

EXTERNAL ADVISORY GROUPS:

THE FOUR HEALTH SYSTEMS HAVE CONVENED A GROUP OF EXTERNAL PARTICIPANTS
REPRESENTING THE BROAD INTEREST OF THE COMMUNITY WE SERVE TO SHARE ADVICE
AND FEEDBACK. PARTICIPANTS INCLUDE: THE PUBLIC HEALTH OFFICER, THE
DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES,
VARIOUS INDIVIDUALS FROM LOCAL AND STATE GOVERNMENTAL AGENCIES, LEADERS
FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES,
COALITIONS, AND ASSOCIATIONS. THESE PARTICIPANTS ARE EXPERTS IN A RANGE OF
AREAS, INCLUDING PUBLIC HEALTH, HEALTH CARE, MINORITY POPULATIONS AND
DISPARITIES IN HEALTH CARE, SOCIAL DETERMINANTS OF HEALTH (SDOH), AND
SOCIAL SERVICES. THROUGH FEEDBACK AND ADVICE, THEY PROVIDE ONGOING INPUT
TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING
COMMUNITY HEALTH NEEDS. THROUGHOUT THE CHNA, ADVISORY GROUP MEMBERS WERE
INVITED TO PARTICIPATE, PARTICULARLY IN THE PRIORITIZATION PROCESS,
THOUGHT LEADERS' DISCUSSIONS, AND DATA EXPLORATION PROCESS. A
COMPREHENSIVE LIST OF MEMBERS OF THE EXTERNAL ADVISORY GROUP IS AVAILABLE
IN APPENDIX C OF THE CHNA.

COMMUNITY SURVEYS, CONVERSATIONS, AND KEY INFORMANT INTERVIEWS:

IN 2021, THE MCHC WIDELY DISTRIBUTED A 19-QUESTION COMMUNITY HEALTH NEEDS

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.

ASSESSMENT SURVEY CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND PERCEIVED

COMMUNITY HEALTH NEEDS AND STRENGTHS. THE SURVEY IS AVAILABLE IN BOTH

ENGLISH AND IN SPANISH. SURVEY DISSEMINATION INCLUDES COMMUNITY EVENTS,

PROGRAMS, VIA EMAIL, LISTSERVS, SOCIAL MEDIA, COMMUNITY PARTNERS AND

ORGANIZATIONS. COMMUNITY CONVERSATIONS AND KEY INFORMANT INTERVIEWS WERE

CONDUCTED IN PARTNERSHIP WITH HEALTHY MONTGOMERY AND THE MONTGOMERY COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES' OVERSIGHT, PARTICIPATION, AND

SUPPORT. THE FINDINGS FROM THE KEY INFORMANT INTERVIEWS ARE REFERENCED IN

APPENDIX D OF THE CHNA.

WHITE OAK MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST

CONDUCTED CHNA IN 2022:

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MULTIPLE TOOLS AND RESOURCES TO UNDERSTAND AND IDENTIFY THE UNMET HEALTH

NEEDS OF THE PEOPLE WE SERVE. USING THE COUNTY HEALTH RANKINGS MODEL AS

THE GUIDE FOR FACTORS THAT INFLUENCE LENGTH AND QUALITY OF LIFE, OVER 100

INDICATORS WERE IDENTIFIED AND INTEGRATED TO CREATE A HEALTH PROFILE OF

MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN ADDITION TO GATHERING TIMELY,

RELIABLE, AND VALID SECONDARY HEALTH DATA AND REPORTS, THE MCHC COLLECTED

FIRSTHAND INFORMATION FROM THE COMMUNITY AND EXPERTS IN THE FIELD VIA OUR

COMMUNITY HEALTH IMPROVEMENT PROCESS (HEALTHY MONTGOMERY), EXTERNAL

ADVISORY BOARD CONVERSATIONS, AND KEY INFORMANT INTERVIEWS.

HEALTHY MONTGOMERY:

SERVING AS THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC), HEALTHY

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.

MONTGOMERY BRINGS TOGETHER MONTGOMERY COUNTY GOVERNMENT AGENCIES, THE FOUR

HOSPITAL SYSTEMS, THE MINORITY HEALTH INITIATIVES/HEALTH PROGRAMS,

ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, COMMUNITY-BASED SERVICE PROVIDERS,

THE HEALTH INSURANCE COMMUNITY, AND OTHER STAKEHOLDERS TO SET A HEALTH

PRIORITY AGENDA AND AN ACTION PLAN FOR MONTGOMERY COUNTY'S PRIORITIZED

NEEDS. HEALTHY MONTGOMERY AIMS TO: IMPROVE ACCESS TO HEALTH AND SOCIAL

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VARIOUS INDIVIDUALS FROM LOCAL AND STATE GOVERNMENTAL AGENCIES, LEADERS

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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.

TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING
COMMUNITY HEALTH NEEDS. THROUGHOUT THE CHNA, ADVISORY GROUP MEMBERS WERE
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AHC-REHABILITATION - ROCKVILLE:

PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST
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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.

INDICATORS WERE IDENTIFIED AND INTEGRATED TO CREATE A HEALTH PROFILE OF

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HEALTHY MONTGOMERY:

SERVING AS THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC), HEALTHY

MONTGOMERY BRINGS TOGETHER MONTGOMERY COUNTY GOVERNMENT AGENCIES, THE FOUR

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EXTERNAL ADVISORY GROUPS:

THE FOUR HEALTH SYSTEMS HAVE CONVENED A GROUP OF EXTERNAL PARTICIPANTS

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.

REPRESENTING THE BROAD INTEREST OF THE COMMUNITY WE SERVE TO SHARE ADVICE

AND FEEDBACK. PARTICIPANTS INCLUDE: THE PUBLIC HEALTH OFFICER, THE

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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-REHABILITATION - TAKOMA PARK:

PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST

CONDUCTED CHNA IN 2022:

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THE MCHC CONTRIBUTES UP TO \$150,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE

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.

OF HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT,
 REPRESENTATIVES FROM EACH HEALTH SYSTEM PLAY AN ACTIVE ROLE THROUGH
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 OF STEERING COMMITTEE MEMBERS).

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 VARIOUS INDIVIDUALS FROM LOCAL AND STATE GOVERNMENTAL AGENCIES, LEADERS
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COMMUNITY SURVEYS, CONVERSATIONS, AND KEY INFORMANT INTERVIEWS:

IN 2021, THE MCHC WIDELY DISTRIBUTED A 19-QUESTION COMMUNITY HEALTH NEEDS

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.

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SUPPORT. THE FINDINGS FROM THE KEY INFORMANT INTERVIEWS ARE REFERENCED IN

APPENDIX D OF THE CHNA.

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,

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.

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

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.

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.

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.

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

Part V Facility Information (continued)

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

THE 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.

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE MOST RECENTLY CONDUCTED CHNA, COMPLETED

IN 2022, WAS DONE IN COLLABORATION WITH ALL THE HOSPITALS IN MONTGOMERY

COUNTY, MD: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST

HEALTHCARE WHITE OAK MEDICAL CENTER, ADVENTIST HEALTHCARE REHABILITATION,

HOLY CROSS GERMANTOWN, HOLY CROSS SILVER SPRING, MEDSTAR MONTGOMERY, AND

SUBURBAN HOSPITAL.

WHITE OAK MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE MOST RECENTLY CONDUCTED CHNA, COMPLETED

IN 2022, WAS DONE IN COLLABORATION WITH ALL THE HOSPITALS IN MONTGOMERY

COUNTY, MD: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST

HEALTHCARE WHITE OAK MEDICAL CENTER, ADVENTIST HEALTHCARE REHABILITATION,

HOLY CROSS GERMANTOWN, HOLY CROSS SILVER SPRING, MEDSTAR MONTGOMERY, AND

SUBURBAN HOSPITAL.

AHC-REHABILITATION - ROCKVILLE:

PART V, SECTION B, LINE 6A: THE MOST RECENTLY CONDUCTED CHNA, COMPLETED

IN 2022, WAS DONE IN COLLABORATION WITH ALL THE HOSPITALS IN MONTGOMERY

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.

COUNTY, MD: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST

HEALTHCARE WHITE OAK MEDICAL CENTER, ADVENTIST HEALTHCARE REHABILITATION,

HOLY CROSS GERMANTOWN, HOLY CROSS SILVER SPRING, MEDSTAR MONTGOMERY, AND

SUBURBAN HOSPITAL.

AHC-REHABILITATION - TAKOMA PARK:

PART V, SECTION B, LINE 6A: THE MOST RECENTLY CONDUCTED CHNA, COMPLETED

IN 2022, WAS DONE IN COLLABORATION WITH ALL THE HOSPITALS IN MONTGOMERY

COUNTY, MD: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST

HEALTHCARE WHITE OAK MEDICAL CENTER, ADVENTIST HEALTHCARE REHABILITATION,

HOLY CROSS GERMANTOWN, HOLY CROSS SILVER SPRING, MEDSTAR MONTGOMERY, AND

SUBURBAN HOSPITAL.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

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.

SHADY GROVE MEDICAL CENTER:

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 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 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)

WHITE OAK MEDICAL CENTER:

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)

AHC-REHABILITATION - ROCKVILLE:

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 OF THIS URL:

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

AHC-REHABILITATION - TAKOMA PARK:

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 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 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)

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)

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 11: A FUNDAMENTAL COMPONENT OF A COMMUNITY HEALTH

NEEDS ASSESSMENT (CHNA), AS DESCRIBED BY THE CATHOLIC HEALTH ASSOCIATION,

IS THE PRIORITIZATION OF THE IDENTIFIED NEEDS. TO EFFECTIVELY ACHIEVE THIS

GOAL, THE MONTGOMERY COUNTY HOSPITAL COLLABORATIVE (MCHC) ENGAGED LOCAL

PUBLIC HEALTH LEADERS, SERVICE PROVIDERS, AND COMMUNITY ADVOCATES TO

PARTICIPATE IN THE PRIORITY-SETTING PROCESS (PLEASE REFER TO APPENDIX I OF

THE CHNA REPORT FOR A LIST OF COMMUNITY STAKEHOLDERS INVITED TO PARTAKE IN

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.

THIS PROCESS). THE FOLLOWING THREE CRITERIA PRIORITIZED THE NEEDS IDENTIFIED FROM THE PRIMARY AND SECONDARY DATA ANALYSIS: SEVERITY (HIGH LEVEL OF SERIOUSNESS OR URGENCY IN THE COMMUNITY), FEASIBILITY (COULD REALISTICALLY IMPROVE IN THE NEXT THREE YEARS), AND OUTCOME (POTENTIAL IMPACT ON THE GREATEST NUMBER OF PEOPLE IDENTIFIED). USING THESE CRITERIA, ALONG WITH INDIVIDUAL PROFESSIONAL EXPERTISE AND EXPERIENCE, MCHC STAKEHOLDERS INFORMED NINE HEALTH FACTORS AS TOP UNMET NEEDS: ACCESS TO CARE (ACCESS TO MENTAL HEALTH PROVIDERS, ACCESS TO PRIMARY CARE PROVIDERS, LACK OF INSURANCE), HEALTHY BEHAVIORS (FOOD INSECURITY, ADULT OBESITY, PHYSICAL INACTIVITY), AND EDUCATION, INCOME, JOB AND ENVIRONMENT (WORKFORCE/LABOR SHORTAGES, INCOME INEQUALITY, HOUSING COST BURDEN).

THESE NINE HEALTH FACTORS ARE RECOGNIZED AS ROOT CAUSES THAT IMPACT A PERSON'S HEALTH, WELLBEING, AND QUALITY OF LIFE. BY CONSIDERING THESE ROOT CAUSES, MEANINGFUL CHANGES CAN BE MADE TO DECREASE RISK FOR THE TOP HEALTH OUTCOMES IN OUR COMMUNITY: HEART DISEASE, DIABETES, MENTAL HEALTH, CANCER, MATERNAL AND CHILD HEALTH, INFECTIONS, AND UNINTENTIONAL INJURIES (SEE FIGURE 5). THROUGH A MULTI-SECTORAL COLLABORATION, THE MCHC WILL TACKLE THE TOP HEALTH FACTORS BY LEVERAGING A COLLABORATIVE IMPLEMENTATION STRATEGY, PAYING PARTICULAR ATTENTION TO THE MOST VULNERABLE POPULATIONS IN OUR COMMUNITIES.

THE MCHC ADDRESSES UNMET HEALTH NEEDS WITHIN THE CONTEXT OF OUR OVERALL APPROACH. SPECIFICALLY, TAKING INTO CONSIDERATION EACH HEALTH SYSTEM'S MISSION COMMITMENTS, INDIVIDUAL HOSPITAL KEY CLINICAL STRENGTHS, AS WELL AS THE OVERARCHING GOALS ESTABLISHED BY OUR LOCAL HEALTH IMPROVEMENT COALITION, HEALTHY MONTGOMERY. KEY FINDINGS FROM ALL DATA SOURCES WERE

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.

REVIEWED, AND THE MOST PRESSING NEEDS WERE INCORPORATED INTO OUR
IMPLEMENTATION STRATEGY. THE CHNA IMPLEMENTATION STRATEGY REFLECTS THE
MCHC'S OVERALL APPROACH TO IMPROVING COMMUNITY HEALTH BY TARGETING THE
INTERSECTION BETWEEN THE IDENTIFIED NEEDS OF THE COMMUNITY AND THE KEY
STRENGTHS AND MISSION COMMITMENTS OF EACH ORGANIZATION TO HELP BUILD A
CONTINUUM OF CARE. EACH HEALTH SYSTEM HAS ESTABLISHED LEAD COMMUNITY
HEALTH IMPROVEMENT ACCOUNTABILITY LEVERS, WHICH INCLUDES AN ORGANIZATIONAL
STRUCTURE TO PROVIDE OVERSIGHT OF ONGOING PLANNING, BUDGETING, STRATEGIC
IMPLEMENTATION, AND MULTI-YEAR EVALUATION.

THE IMPLEMENTATION STRATEGY OUTLINES THE MAJOR ACTIVITIES THE MCHC ARE
IMPLEMENTING TO ADDRESS THE UNMET NEEDS IDENTIFIED IN THE 2022 COMMUNITY
HEALTH NEEDS ASSESSMENT. THE ACTIVITIES ARE SUMMARIZED BY PRIORITY AND KEY
FOCUS AREA. THE OBJECTIVES LISTED FOR EACH PRIORITY ARE DERIVED FROM
HEALTHY PEOPLE 2030. THE IMPLEMENTATION STRATEGY SHOULD BE CONSIDERED A
LIVING PLAN THAT IS UPDATED AND EVALUATED, AT A MINIMUM, EACH YEAR OR AS
EMERGING NEEDS ARISE.

A HIGHLIGHT OF SOME OF THE INITIATIVES BEING UNDERTAKEN:

ACCESS TO BEHAVIORAL HEALTH: BEHAVIORAL HEALTH SCREENINGS WITH LINKS TO
TREATMENT AND RESOURCES; INSERVICES FOR PRIMARY CARE PROVIDERS TO EQUIP
THEM WITH SKILLS AND KNOWLEDGE TO ADDRESS MENTAL HEALTH NEEDS IN THE
PRIMARY CARE SETTING; FREE MENTAL HEALTH AND WELLNESS WORKSHOPS, EVENTS,
AND SUPPORT GROUPS IN THE COMMUNITY; BEHAVIORAL HEALTH INTERNSHIPS AND
MEDICAL ROTATIONS; AWARDED GRANT FUNDING TO LOCAL ORGANIZATIONS
ADDRESSING ACCESS TO MENTAL HEALTH SERVICES.

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.

ACCESS TO PRIMARY CARE: GRANT AND IN-KIND SUPPORT FOR LOCAL CLINICS AND
FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); SCREENINGS, REFERRALS, AND
LINKAGES TO COMMUNITY RESOURCES; ADDRESS ACCESS BARRIERS THROUGH
TRANSPORTATION AND LANGUAGE ASSISTANCE PROGRAMS; PARTNER WITH THE COUNTY
TO PROVIDE PERINATAL SERVICES AT A REDUCED COST FOR LOW INCOME AND
UNINSURED WOMEN.

HEALTHY BEHAVIORS: LINKAGES TO COMMUNITY AND SOCIAL SERVICES; AWARD GRANT
FUNDING TO ORGANIZATIONS ADDRESS SOCIAL SERVICE NEEDS SUCH AS FOOD ACCESS;
PROVIDE DIABETES EDUCATION AND CLASSES FOR THE COMMUNITY; PROVIDE HEALTHY
LIFESTYLE CLASSES FOR THE COMMUNITY.

EDUCATION, INCOME, JOB & ENVIRONMENT: WORKFORCE DEVELOPMENT PROGRAMS TO
ADVANCE IN HEALTH/ALLIED HEALTH CAREERS; AWARD GRANTS TO ORGANIZATIONS
ADDRESSING WORKFORCE DEVELOPMENT AND VOCATIONAL TRAINING; OFFER
INTERNSHIPS, FELLOWSHIPS, AND CLINICAL ROTATIONS ACROSS OUR ENTITIES;
AWARD GRANTS TO ORGANIZATIONS ADDRESSING HOUSING AND HOMELESSNESS.

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)

WHITE OAK MEDICAL CENTER:

PART V, SECTION B, LINE 11: A FUNDAMENTAL COMPONENT OF A COMMUNITY HEALTH
NEEDS ASSESSMENT (CHNA), AS DESCRIBED BY THE CATHOLIC HEALTH ASSOCIATION,
IS THE PRIORITIZATION OF THE IDENTIFIED NEEDS. TO EFFECTIVELY ACHIEVE THIS
GOAL, THE MONTGOMERY COUNTY HOSPITAL COLLABORATIVE (MCHC) ENGAGED LOCAL

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.

PUBLIC HEALTH LEADERS, SERVICE PROVIDERS, AND COMMUNITY ADVOCATES TO PARTICIPATE IN THE PRIORITY-SETTING PROCESS (PLEASE REFER TO APPENDIX I OF THE CHNA REPORT FOR A LIST OF COMMUNITY STAKEHOLDERS INVITED TO PARTAKE IN THIS PROCESS). THE FOLLOWING THREE CRITERIA PRIORITIZED THE NEEDS IDENTIFIED FROM THE PRIMARY AND SECONDARY DATA ANALYSIS: SEVERITY (HIGH LEVEL OF SERIOUSNESS OR URGENCY IN THE COMMUNITY), FEASIBILITY (COULD REALISTICALLY IMPROVE IN THE NEXT THREE YEARS), AND OUTCOME (POTENTIAL IMPACT ON THE GREATEST NUMBER OF PEOPLE IDENTIFIED). USING THESE CRITERIA, ALONG WITH INDIVIDUAL PROFESSIONAL EXPERTISE AND EXPERIENCE, MCHC STAKEHOLDERS INFORMED NINE HEALTH FACTORS AS TOP UNMET NEEDS: ACCESS TO CARE (ACCESS TO MENTAL HEALTH PROVIDERS, ACCESS TO PRIMARY CARE PROVIDERS, LACK OF INSURANCE), HEALTHY BEHAVIORS (FOOD INSECURITY, ADULT OBESITY, PHYSICAL INACTIVITY), AND EDUCATION, INCOME, JOB AND ENVIRONMENT (WORKFORCE/LABOR SHORTAGES, INCOME INEQUALITY, HOUSING COST BURDEN).

THESE NINE HEALTH FACTORS ARE RECOGNIZED AS ROOT CAUSES THAT IMPACT A PERSON'S HEALTH, WELLBEING, AND QUALITY OF LIFE. BY CONSIDERING THESE ROOT CAUSES, MEANINGFUL CHANGES CAN BE MADE TO DECREASE RISK FOR THE TOP HEALTH OUTCOMES IN OUR COMMUNITY: HEART DISEASE, DIABETES, MENTAL HEALTH, CANCER, MATERNAL AND CHILD HEALTH, INFECTIONS, AND UNINTENTIONAL INJURIES (SEE FIGURE 5). THROUGH A MULTI-SECTORAL COLLABORATION, THE MCHC WILL TACKLE THE TOP HEALTH FACTORS BY LEVERAGING A COLLABORATIVE IMPLEMENTATION STRATEGY, PAYING PARTICULAR ATTENTION TO THE MOST VULNERABLE POPULATIONS IN OUR COMMUNITIES.

THE MCHC ADDRESSES UNMET HEALTH NEEDS WITHIN THE CONTEXT OF OUR OVERALL APPROACH. SPECIFICALLY, TAKING INTO CONSIDERATION EACH HEALTH SYSTEM'S

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.

MISSION COMMITMENTS, INDIVIDUAL HOSPITAL KEY CLINICAL STRENGTHS, AS WELL

AS THE OVERARCHING GOALS ESTABLISHED BY OUR LOCAL HEALTH IMPROVEMENT

COALITION, HEALTHY MONTGOMERY. KEY FINDINGS FROM ALL DATA SOURCES WERE

REVIEWED, AND THE MOST PRESSING NEEDS WERE INCORPORATED INTO OUR

IMPLEMENTATION STRATEGY. THE CHNA IMPLEMENTATION STRATEGY REFLECTS THE

MCHC'S OVERALL APPROACH TO IMPROVING COMMUNITY HEALTH BY TARGETING THE

INTERSECTION BETWEEN THE IDENTIFIED NEEDS OF THE COMMUNITY AND THE KEY

STRENGTHS AND MISSION COMMITMENTS OF EACH ORGANIZATION TO HELP BUILD A

CONTINUUM OF CARE. EACH HEALTH SYSTEM HAS ESTABLISHED LEAD COMMUNITY

HEALTH IMPROVEMENT ACCOUNTABILITY LEVERS, WHICH INCLUDES AN ORGANIZATIONAL

STRUCTURE TO PROVIDE OVERSIGHT OF ONGOING PLANNING, BUDGETING, STRATEGIC

IMPLEMENTATION, AND MULTI-YEAR EVALUATION.

THE IMPLEMENTATION STRATEGY OUTLINES THE MAJOR ACTIVITIES THE MCHC ARE

IMPLEMENTING TO ADDRESS THE UNMET NEEDS IDENTIFIED IN THE 2022 COMMUNITY

HEALTH NEEDS ASSESSMENT. THE ACTIVITIES ARE SUMMARIZED BY PRIORITY AND KEY

FOCUS AREA. THE OBJECTIVES LISTED FOR EACH PRIORITY ARE DERIVED FROM

HEALTHY PEOPLE 2030. THE IMPLEMENTATION STRATEGY SHOULD BE CONSIDERED A

LIVING PLAN THAT IS UPDATED AND EVALUATED, AT A MINIMUM, EACH YEAR OR AS

EMERGING NEEDS ARISE.

A HIGHLIGHT OF SOME OF THE INITIATIVES BEING UNDERTAKEN:

ACCESS TO BEHAVIORAL HEALTH: BEHAVIORAL HEALTH SCREENINGS WITH LINKS TO

TREATMENT AND RESOURCES; INSERVICES FOR PRIMARY CARE PROVIDERS TO EQUIP

THEM WITH SKILLS AND KNOWLEDGE TO ADDRESS MENTAL HEALTH NEEDS IN THE

PRIMARY CARE SETTING; FREE MENTAL HEALTH AND WELLNESS WORKSHOPS, EVENTS,

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.

AND SUPPORT GROUPS IN THE COMMUNITY; BEHAVIORAL HEALTH INTERNSHIPS AND

MEDICAL ROTATIONS; AWARDING GRANT FUNDING TO LOCAL ORGANIZATIONS

ADDRESSING ACCESS TO MENTAL HEALTH SERVICES.

ACCESS TO PRIMARY CARE: GRANT AND IN-KIND SUPPORT FOR LOCAL CLINICS AND

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); SCREENINGS, REFERRALS, AND

LINKAGES TO COMMUNITY RESOURCES; ADDRESS ACCESS BARRIERS THROUGH

TRANSPORTATION AND LANGUAGE ASSISTANCE PROGRAMS; PARTNER WITH THE COUNTY

TO PROVIDE PERINATAL SERVICES AT A REDUCED COST FOR LOW INCOME AND

UNINSURED WOMEN.

HEALTHY BEHAVIORS: LINKAGES TO COMMUNITY AND SOCIAL SERVICES; AWARD GRANT

FUNDING TO ORGANIZATIONS ADDRESS SOCIAL SERVICE NEEDS SUCH AS FOOD ACCESS;

PROVIDE DIABETES EDUCATION AND CLASSES FOR THE COMMUNITY; PROVIDE HEALTHY

LIFESTYLE CLASSES FOR THE COMMUNITY.

EDUCATION, INCOME, JOB & ENVIRONMENT: WORKFORCE DEVELOPMENT PROGRAMS TO

ADVANCE IN HEALTH/ALLIED HEALTH CAREERS; AWARD GRANTS TO ORGANIZATIONS

ADDRESSING WORKFORCE DEVELOPMENT AND VOCATIONAL TRAINING; OFFER

INTERNSHIPS, FELLOWSHIPS, AND CLINICAL ROTATIONS ACROSS OUR ENTITIES;

AWARD GRANTS TO ORGANIZATIONS ADDRESSING HOUSING AND HOMELESSNESS.

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-REHABILITATION - ROCKVILLE:

PART V, SECTION B, LINE 11: A FUNDAMENTAL COMPONENT OF A COMMUNITY HEALTH

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.

NEEDS ASSESSMENT (CHNA), AS DESCRIBED BY THE CATHOLIC HEALTH ASSOCIATION,

IS THE PRIORITIZATION OF THE IDENTIFIED NEEDS. TO EFFECTIVELY ACHIEVE THIS

GOAL, THE MONTGOMERY COUNTY HOSPITAL COLLABORATIVE (MCHC) ENGAGED LOCAL

PUBLIC HEALTH LEADERS, SERVICE PROVIDERS, AND COMMUNITY ADVOCATES TO

PARTICIPATE IN THE PRIORITY-SETTING PROCESS (PLEASE REFER TO APPENDIX I OF

THE CHNA REPORT FOR A LIST OF COMMUNITY STAKEHOLDERS INVITED TO PARTAKE IN

THIS PROCESS). THE FOLLOWING THREE CRITERIA PRIORITIZED THE NEEDS

IDENTIFIED FROM THE PRIMARY AND SECONDARY DATA ANALYSIS: SEVERITY (HIGH

LEVEL OF SERIOUSNESS OR URGENCY IN THE COMMUNITY), FEASIBILITY (COULD

REALISTICALLY IMPROVE IN THE NEXT THREE YEARS), AND OUTCOME (POTENTIAL

IMPACT ON THE GREATEST NUMBER OF PEOPLE IDENTIFIED). USING THESE CRITERIA,

ALONG WITH INDIVIDUAL PROFESSIONAL EXPERTISE AND EXPERIENCE, MCHC

STAKEHOLDERS INFORMED NINE HEALTH FACTORS AS TOP UNMET NEEDS: ACCESS TO

CARE (ACCESS TO MENTAL HEALTH PROVIDERS, ACCESS TO PRIMARY CARE PROVIDERS,

LACK OF INSURANCE), HEALTHY BEHAVIORS (FOOD INSECURITY, ADULT OBESITY,

PHYSICAL INACTIVITY), AND EDUCATION, INCOME, JOB AND ENVIRONMENT

(WORKFORCE/LABOR SHORTAGES, INCOME INEQUALITY, HOUSING COST BURDEN).

THESE NINE HEALTH FACTORS ARE RECOGNIZED AS ROOT CAUSES THAT IMPACT A

PERSON'S HEALTH, WELLBEING, AND QUALITY OF LIFE. BY CONSIDERING THESE ROOT

CAUSES, MEANINGFUL CHANGES CAN BE MADE TO DECREASE RISK FOR THE TOP HEALTH

OUTCOMES IN OUR COMMUNITY: HEART DISEASE, DIABETES, MENTAL HEALTH, CANCER,

MATERNAL AND CHILD HEALTH, INFECTIONS, AND UNINTENTIONAL INJURIES (SEE

FIGURE 5). THROUGH A MULTI-SECTORAL COLLABORATION, THE MCHC WILL TACKLE

THE TOP HEALTH FACTORS BY LEVERAGING A COLLABORATIVE IMPLEMENTATION

STRATEGY, PAYING PARTICULAR ATTENTION TO THE MOST VULNERABLE POPULATIONS

IN OUR 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.

THE MCHC ADDRESSES UNMET HEALTH NEEDS WITHIN THE CONTEXT OF OUR OVERALL

APPROACH. SPECIFICALLY, TAKING INTO CONSIDERATION EACH HEALTH SYSTEM'S

MISSION COMMITMENTS, INDIVIDUAL HOSPITAL KEY CLINICAL STRENGTHS, AS WELL

AS THE OVERARCHING GOALS ESTABLISHED BY OUR LOCAL HEALTH IMPROVEMENT

COALITION, HEALTHY MONTGOMERY. KEY FINDINGS FROM ALL DATA SOURCES WERE

REVIEWED, AND THE MOST PRESSING NEEDS WERE INCORPORATED INTO OUR

IMPLEMENTATION STRATEGY. THE CHNA IMPLEMENTATION STRATEGY REFLECTS THE

MCHC'S OVERALL APPROACH TO IMPROVING COMMUNITY HEALTH BY TARGETING THE

INTERSECTION BETWEEN THE IDENTIFIED NEEDS OF THE COMMUNITY AND THE KEY

STRENGTHS AND MISSION COMMITMENTS OF EACH ORGANIZATION TO HELP BUILD A

CONTINUUM OF CARE. EACH HEALTH SYSTEM HAS ESTABLISHED LEAD COMMUNITY

HEALTH IMPROVEMENT ACCOUNTABILITY LEVERS, WHICH INCLUDES AN ORGANIZATIONAL

STRUCTURE TO PROVIDE OVERSIGHT OF ONGOING PLANNING, BUDGETING, STRATEGIC

IMPLEMENTATION, AND MULTI-YEAR EVALUATION.

THE IMPLEMENTATION STRATEGY OUTLINES THE MAJOR ACTIVITIES THE MCHC ARE

IMPLEMENTING TO ADDRESS THE UNMET NEEDS IDENTIFIED IN THE 2022 COMMUNITY

HEALTH NEEDS ASSESSMENT. THE ACTIVITIES ARE SUMMARIZED BY PRIORITY AND KEY

FOCUS AREA. THE OBJECTIVES LISTED FOR EACH PRIORITY ARE DERIVED FROM

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EMERGING NEEDS ARISE.

A HIGHLIGHT OF SOME OF THE INITIATIVES BEING UNDERTAKEN:

ACCESS TO BEHAVIORAL HEALTH: BEHAVIORAL HEALTH SCREENINGS WITH LINKS TO

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.

TREATMENT AND RESOURCES; INSERVICES FOR PRIMARY CARE PROVIDERS TO EQUIP

THEM WITH SKILLS AND KNOWLEDGE TO ADDRESS MENTAL HEALTH NEEDS IN THE

PRIMARY CARE SETTING; FREE MENTAL HEALTH AND WELLNESS WORKSHOPS, EVENTS,

AND SUPPORT GROUPS IN THE COMMUNITY; BEHAVIORAL HEALTH INTERNSHIPS AND

MEDICAL ROTATIONS; AWARDED GRANT FUNDING TO LOCAL ORGANIZATIONS

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FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); SCREENINGS, REFERRALS, AND

LINKAGES TO COMMUNITY RESOURCES; ADDRESS ACCESS BARRIERS THROUGH

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HEALTHY BEHAVIORS: LINKAGES TO COMMUNITY AND SOCIAL SERVICES; AWARD GRANT

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PROVIDE DIABETES EDUCATION AND CLASSES FOR THE COMMUNITY; PROVIDE HEALTHY

LIFESTYLE CLASSES FOR THE COMMUNITY.

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ADVANCE IN HEALTH/ALLIED HEALTH CAREERS; AWARD GRANTS TO ORGANIZATIONS

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INTERNSHIPS, FELLOWSHIPS, AND CLINICAL ROTATIONS ACROSS OUR ENTITIES;

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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)

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-REHABILITATION - TAKOMA PARK:

PART V, SECTION B, LINE 11: A FUNDAMENTAL COMPONENT OF A COMMUNITY HEALTH

NEEDS ASSESSMENT (CHNA), AS DESCRIBED BY THE CATHOLIC HEALTH ASSOCIATION,

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LACK OF INSURANCE), HEALTHY BEHAVIORS (FOOD INSECURITY, ADULT OBESITY,

PHYSICAL INACTIVITY), AND EDUCATION, INCOME, JOB AND ENVIRONMENT

(WORKFORCE/LABOR SHORTAGES, INCOME INEQUALITY, HOUSING COST BURDEN).

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PERSON'S HEALTH, WELLBEING, AND QUALITY OF LIFE. BY CONSIDERING THESE ROOT

CAUSES, MEANINGFUL CHANGES CAN BE MADE TO DECREASE RISK FOR THE TOP HEALTH

OUTCOMES IN OUR COMMUNITY: HEART DISEASE, DIABETES, MENTAL HEALTH, CANCER,

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FIGURE 5). THROUGH A MULTI-SECTORAL COLLABORATION, THE MCHC WILL TACKLE

Part V Facility Information *(continued)*

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STRATEGY, PAYING PARTICULAR ATTENTION TO THE MOST VULNERABLE POPULATIONS

IN OUR COMMUNITIES.

THE MCHC ADDRESSES UNMET HEALTH NEEDS WITHIN THE CONTEXT OF OUR OVERALL

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MISSION COMMITMENTS, INDIVIDUAL HOSPITAL KEY CLINICAL STRENGTHS, AS WELL

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INTERSECTION BETWEEN THE IDENTIFIED NEEDS OF THE COMMUNITY AND THE KEY

STRENGTHS AND MISSION COMMITMENTS OF EACH ORGANIZATION TO HELP BUILD A

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IMPLEMENTATION, AND MULTI-YEAR EVALUATION.

THE IMPLEMENTATION STRATEGY OUTLINES THE MAJOR ACTIVITIES THE MCHC ARE

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HEALTH NEEDS ASSESSMENT. THE ACTIVITIES ARE SUMMARIZED BY PRIORITY AND KEY

FOCUS AREA. THE OBJECTIVES LISTED FOR EACH PRIORITY ARE DERIVED FROM

HEALTHY PEOPLE 2030. THE IMPLEMENTATION STRATEGY SHOULD BE CONSIDERED A

LIVING PLAN THAT IS UPDATED AND EVALUATED, AT A MINIMUM, EACH YEAR OR AS

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Part V Facility Information *(continued)*

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A HIGHLIGHT OF SOME OF THE INITIATIVES BEING UNDERTAKEN:

ACCESS TO BEHAVIORAL HEALTH: BEHAVIORAL HEALTH SCREENINGS WITH LINKS TO TREATMENT AND RESOURCES; INSERVICES FOR PRIMARY CARE PROVIDERS TO EQUIP THEM WITH SKILLS AND KNOWLEDGE TO ADDRESS MENTAL HEALTH NEEDS IN THE PRIMARY CARE SETTING; FREE MENTAL HEALTH AND WELLNESS WORKSHOPS, EVENTS, AND SUPPORT GROUPS IN THE COMMUNITY; BEHAVIORAL HEALTH INTERNSHIPS AND MEDICAL ROTATIONS; AWARDED GRANT FUNDING TO LOCAL ORGANIZATIONS ADDRESSING ACCESS TO MENTAL HEALTH SERVICES.

ACCESS TO PRIMARY CARE: GRANT AND IN-KIND SUPPORT FOR LOCAL CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); SCREENINGS, REFERRALS, AND LINKAGES TO COMMUNITY RESOURCES; ADDRESS ACCESS BARRIERS THROUGH TRANSPORTATION AND LANGUAGE ASSISTANCE PROGRAMS; PARTNER WITH THE COUNTY TO PROVIDE PERINATAL SERVICES AT A REDUCED COST FOR LOW INCOME AND UNINSURED WOMEN.

HEALTHY BEHAVIORS: LINKAGES TO COMMUNITY AND SOCIAL SERVICES; AWARD GRANT FUNDING TO ORGANIZATIONS ADDRESS SOCIAL SERVICE NEEDS SUCH AS FOOD ACCESS; PROVIDE DIABETES EDUCATION AND CLASSES FOR THE COMMUNITY; PROVIDE HEALTHY LIFESTYLE CLASSES FOR THE COMMUNITY.

EDUCATION, INCOME, JOB & ENVIRONMENT: WORKFORCE DEVELOPMENT PROGRAMS TO ADVANCE IN HEALTH/ALLIED HEALTH CAREERS; AWARD GRANTS TO ORGANIZATIONS ADDRESSING WORKFORCE DEVELOPMENT AND VOCATIONAL TRAINING; OFFER INTERNSHIPS, FELLOWSHIPS, AND CLINICAL ROTATIONS ACROSS OUR ENTITIES; AWARD GRANTS TO ORGANIZATIONS ADDRESSING HOUSING AND HOMELESSNESS.

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.

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AHC FORT WASHINGTON MEDICAL CENTER INC.:

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

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

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

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

IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET

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

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

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

ADDRESSING NEEDS RELATED TO 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

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.

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.

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)

/

SHADY GROVE MEDICAL CENTER:

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 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 16B: SAME URL AS LISTED ON LINE 16A

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

WHITE OAK MEDICAL CENTER:

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

AHC-REHABILITATION - ROCKVILLE:

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

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

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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

AHC-REHABILITATION - TAKOMA PARK:

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

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

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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 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 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT

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PART V, SECTION B, LINE 16A:

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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 V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of facility (describe)
1 ADVENTIST HOME HEALTH SERVICES, INC. 12041 BOURNEFIELD WAY, SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
2 REGINALD S. LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE, MD 20852	NAME CONT.: AND YOUNG CHILDREN, INC. INFANT & CHILDREN DEVELOPMENT CARE CTR.
3 SHADY GROVE ADVENTIST RADIATION 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	NAME CONTINUED: ONCOLOGY CENTER. OUTPATIENT CANCER TREATMENT CENTER.
4 ADVENTIST HEALTHCARE URGENT CARE 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	NAME CONTINUED: CENTERS, INC. CENTERS ALSO IN GERMANTOWN, LAUREL, TAKOMA PARK

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.

AHC CONSIDERS THE NET MEDICAID DEFICIT ASSESSMENT AS A COMPONENT OF COMMUNITY BENEFIT. THIS ASSESSMENT IS CHARGED TO ALL MARYLAND HOSPITALS TO FUND THE STATE MEDICAID BUDGET SHORTFALL.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES INCLUDED PAYMENTS FOR NON-EMPLOYED BUT

Part VI Supplemental Information (Continuation)

HOSPITAL-BASED PHYSICIANS, NON-RESIDENT HOSPITAL STAFF, HOSPITALISTS,
EMERGENCY ON-CALL, OFF-CAMPUS EMERGENCY CENTER, AND WOMEN'S AND CHILDREN'S
SERVICES SUBSIDIES.

PART II, COMMUNITY BUILDING ACTIVITIES:

ADVENTIST HEALTHCARE, INC. CONTRIBUTED TO NUMEROUS COMMUNITY BUILDING
ACTIVITIES AS PART OF FULFILLING ADVENTIST HEALTHCARE'S MISSION.

ADVENTIST HEALTHCARE'S MISSION IS "WE EXTEND GOD'S CARE THROUGH THE
MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." ADVENTIST HEALTHCARE
GOES 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

Part VI Supplemental Information (Continuation)

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

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

Part VI Supplemental Information (Continuation)

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

2) PRINCE GEORGE'S HEALTHCARE ACTION COALITION:

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

THE COALITION WAS FORMED IN 2012 UNDER THE LEADERSHIP OF PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT (PGCHD), WITH HEALTH OFFICER 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

Part VI Supplemental Information (Continuation)

COUNTY, MARYLAND, INCLUDING ADVENTIST HEALTHCARE, HOLY CROSS HEALTH,
 MEDSTAR MONTGOMERY AND SUBURBAN HOSPITAL. THE PARTNERSHIP IS FOCUSED ON
 IMPROVING THE WELL-BEING OF PATIENTS AND COMMUNITY MEMBERS AND REDUCING
 POTENTIAL AVOIDABLE UTILIZATION (PAU)'S AND TOTAL COST OF CARE. EXAMPLES
 OF STRATEGIES AND PROGRAMS THAT THE PARTNERSHIP HAS WORKED ON INCLUDE:
 WELLNESS AND INDEPENDENCE FOR SENIORS AT HOME (WISH), HOSPITAL CARE
 TRANSITIONS, UNINSURED/PROJECT ACCESS AND SEVERELY MENTALLY ILL/BEHAVIORAL
 HEALTH. THE GOALS OF THESE PROGRAMS ARE TO: STABILIZE HEALTH OF OLDER
 ADULTS TO REDUCE HOSPITAL ADMISSIONS; IMPROVE TRANSITIONS FROM
 HOSPITAL-TO-HOME; CONNECT UNINSURED TO SPECIALTY CARE; 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.

Part VI Supplemental Information (Continuation)

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 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 VI Supplemental Information (Continuation)

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 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 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

Part VI Supplemental Information (Continuation)

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:

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 AS A SYSTEM CONTINUES 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

Part VI Supplemental Information (Continuation)

THROUGH BAD DEBT EXPENSE WHEN THE CORPORATION HAS EXHAUSTED ALL COLLECTION EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN PATIENT CREDIT WORTHINESS. PATIENT ACCOUNTS RECEIVABLE ALSO INCLUDES MANAGEMENT'S ESTIMATE OF THE IMPACT OF CERTAIN UNDERCHARGES TO BE RECOUPED OR OVERCHARGES TO BE PAID BACK FOR INPATIENT AND OUTPATIENT SERVICES IN SUBSEQUENT YEARS' RATES AS DISCUSSED EARLIER.

PART III, LINE 8:

ACUTE CARE HOSPITALS IN MARYLAND ARE EXEMPT FROM MEDICARE REIMBURSEMENT METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND MEDICAID) PAY HOSPITALS A CERTAIN PRESCRIBED PERCENTAGE OF CHARGES, WHICH ARE REGULATED BY THE STATE'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). SPECIFICALLY, MEDICARE IS AWARDED A DISCOUNT OF 7.7% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS, AS WELL AS A 2% REDUCTION FOR SEQUESTRATION. 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 VI Supplemental Information (Continuation)

PART III, LINE 9B:

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

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

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

ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE.

> WHEN A DEBTOR HAS AFFIRMED A DEBT AND HAS BEEN GIVEN AN OPPORTUNITY TO

APPLY FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE, AND HAS APPLIED FOR

AND BEEN GRANTED ASSISTANCE THAT REDUCED THE OUTSTANDING BALANCE BUT

LEAVING AN AMOUNT STILL OWED TO AN ADVENTIST HEALTHCARE FACILITY OR HAS

NOT APPLIED FOR ASSISTANCE IN THE ALLOTTED TIME PERIOD:

1) FOR EXISTING ACCOUNTS, THE COLLECTION AGENCY WILL RECEIVE "DAILY"

NOTIFICATION TO REDUCE THE OUTSTANDING BALANCE OF ANY DEBTOR WHO QUALIFIES

FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE. THE AGENCY WILL SEND A

LETTER TO THE DEBTOR, ACKNOWLEDGING THE NEW BALANCE WITHIN 15 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 THE OFFICE OF ADVENTIST

HEALTHCARE'S MANAGER OF COLLECTIONS / CUSTOMER SERVICE (301-315-3660).

THE COLLECTION AGENCY WILL PLACE THE ACCOUNT ON "HOLD" FOR 2 WEEKS TO

ALLOW THE DEBTOR AMPLE TIME TO COMPLETE A FINANCIAL ASSISTANCE

APPLICATION.

4) WHEN THE DEBTOR HAS COMPLETED THE APPLICATION FOR FINANCIAL ASSISTANCE

AND BEEN APPROVED, THE AGENCY WILL RECEIVE IMMEDIATE NOTIFICATION FROM THE

MANAGER OF COLLECTIONS/CUSTOMER SERVICE. NOTIFICATION WILL INCLUDE THE

Part VI Supplemental Information (Continuation)

AMOUNT OF DEBT REDUCTION THE DEBTOR QUALIFIED FOR. THE MANAGER OF
COLLECTIONS/CUSTOMER SERVICE WILL ADJUST THE DEBTOR'S BALANCE ON ADVENTIST
HEALTHCARE'S BOOKS.

PART VI, LINE 2:

IN ADDITION TO COMPLETING OUR CHNAS EVERY THREE YEARS, ADVENTIST
HEALTHCARE ASSESSES THE NEEDS OF THE COMMUNITY WE SERVE THROUGH SEVERAL
METHODS:

> REPRESENTATIVES FROM ADVENTIST HEALTHCARE SERVE ON THE LOCAL HEALTH
IMPROVEMENT COALITIONS IN OUR SERVICE AREA, HEALTHY MONTGOMERY, AND PRINCE
GEORGE'S HEALTH ACTION COALITION. BY PARTICIPATING IN THE STEERING
COMMITTEES AS WELL AS SEVERAL SUB-COMMITTEES AND WORKGROUPS, WE STAY
APPRISED OF EXISTING AND DEVELOPING HEALTH NEEDS IN THE COMMUNITY AND CAN
WORK WITH OTHER STAKEHOLDERS TO DEVELOP STRATEGIES FOR ADDRESSING THEM.

> WE ARE ALSO ABLE TO GATHER INFORMATION AROUND COMMUNITY NEEDS THROUGH
OUR NUMEROUS COMMUNITY PARTNERSHIPS AND OUTREACH EFFORTS. THROUGH OUR
OUTREACH EFFORTS, WE GATHER INFORMATION DIRECTLY FROM THE COMMUNITY
MEMBERS WE ARE SERVING. THROUGH OUR PARTNERSHIPS WITH COMMUNITY
ORGANIZATIONS, WE LEARN ABOUT THE NEEDS OF THE STAKEHOLDERS THOSE
ORGANIZATIONS REPRESENT. ONE EXAMPLE OF THIS IS OUR COMMUNITY PARTNERSHIP
FUND THROUGH WHICH WE DEVELOP COLLABORATIONS WITH OTHER ORGANIZATIONS AND
AWARD GRANT AND SPONSORSHIP FUNDING. ADDITIONALLY, SEVERAL OF OUR STAFF
AND LEADERS SERVE ON THE BOARDS OF LOCAL COMMUNITY ORGANIZATIONS AND
GATHER ADDITIONAL INSIGHT INTO THE NEEDS OF OUR COMMUNITY.

> ADDITIONALLY, ADVENTIST HEALTHCARE LEADS THE PHYSICIAN ALLIANCE, A

Part VI Supplemental Information (Continuation)

CLINICALLY INTEGRATED NETWORK MADE UP OF PRIMARY AND SPECIALTY CARE
 PHYSICIANS INCLUDING CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)
 IN OUR COMMUNITY. ADVENTIST HEALTHCARE HAS ALSO FORMED A CARE
 TRANSFORMATION ORGANIZATION AS PART OF THE MARYLAND PRIMARY CARE PROGRAM.
 THROUGH BOTH THESE INITIATIVES, WE MONITOR HEALTH NEEDS AND DATA ACROSS
 OUR COMMUNITY INCLUDING CLINICAL DATA, SOCIAL DETERMINANTS OF HEALTH
 (SDOH) DATA, AND DIRECT PATIENT FEEDBACK, BOTH ON A POPULATION AND
 INDIVIDUAL LEVEL.

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

Part VI Supplemental Information (Continuation)

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:

THE MONTGOMERY COUNTY HOSPITAL COLLABORATIVE (MCHC) SERVES PORTIONS OF MONTGOMERY, PRINCE GEORGE'S, FREDERICK, CAROL, AND HOWARD COUNTIES, AND THE DISTRICT OF COLUMBIA, SPANNING 86 ZIP CODES AND ALMOST 2.3 MILLION PEOPLE. HOWEVER, THE GOAL OF THIS CHNA IS TO IDENTIFY AND PRIORITIZE KEY AREAS AND COMMUNITIES OF FOCUS FOR MEANINGFUL ENGAGEMENT. IN ORDER TO DO THIS, THE MCHC IDENTIFIED ZIP CODES IN EACH HOSPITAL'S PRIMARY SERVICE AREA AS OUR COLLECTIVE COMMUNITY BENEFIT SERVICE AREA (CBSA) AND HIGHLIGHTED COMMUNITIES OF FOCUS WITHIN THE CBSA TO PROVIDE A VALUABLE SNAPSHOT OF THE HOSPITAL'S EXISTING COMMUNITIES SERVED AND NEW AREAS OF INTEREST.

DESCRIPTION OF SERVICE AREA:

THE MCHC CBSA COMPRISES 38 ZIP CODES THAT SPAN APPROXIMATELY 388 SQUARE MILES OF MONTGOMERY COUNTY AND NORTHERN PRINCE GEORGE'S COUNTY, WITH A TOTAL POPULATION OF 1,250,503 (CENTER FOR APPLIED RESEARCH AND ENGAGEMENT SYSTEMS, 2022). THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 3,218 PERSONS PER SQUARE MILE, IS GREATER THAN MONTGOMERY COUNTY (2,116 PERSONS PER SQUARE MILE), PRINCE GEORGE'S COUNTY (1,883 PERSONS PER SQUARE MILE), AND THE STATE (620 PERSONS PER SQUARE MILE). FOR A FULL LISTING OF THE ZIP CODES COMPRISING THE MCHC CBSA SEE APPENDIX E OF THE CHNA.

Part VI Supplemental Information (Continuation)

THE MCHC CBSA SERVES PORTIONS OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES,
TWO MAJORITY MINORITY COUNTIES RICH IN CULTURAL DIVERSITY. THE LARGEST
POPULATIONS BY RACE/ETHNICITY WITHIN THE SERVICE AREA ARE NON-HISPANIC
WHITES (37.3%), NON-HISPANIC BLACKS (22.6%), HISPANIC OR LATINO (22.5%)
AND NON-HISPANIC ASIAN (13.5%).

MORE THAN 33% OF THE MCHC CBSA POPULATION ARE OF FOREIGN BIRTH COMPARED TO
32% IN MONTGOMERY COUNTY, 23% IN PRINCE GEORGE'S COUNTY, AND 15.2% IN
MARYLAND. THE LANGUAGES SPOKEN IN THIS REGION ALSO REFLECT ITS DIVERSITY.
HOWEVER, APPROXIMATELY 16.5% OF THE CBSA POPULATION, AGED 5 AND OLDER,
SPEAK ENGLISH LESS THAN VERY WELL COMPARED TO 7% OF THE MARYLAND
POPULATION.

LIMITED ENGLISH PROFICIENCY (LEP), OR THE INABILITY TO SPEAK ENGLISH WELL,
CREATES BARRIERS TO HEALTH CARE ACCESS, PROVIDER COMMUNICATIONS, AND
HEALTH LITERACY/EDUCATION. THE HIGHEST PERCENTAGE OF LIMITED ENGLISH
PROFICIENCY BY LANGUAGE SPOKEN IN THE HOME IS SPANISH (UNITED STATES
CENSUS BUREAU, 2022). THE CBSA IS NOT ONLY RICH IN DIVERSITY BUT ALSO IN
RESOURCES. THE AREA HAS OVER 170 PRIVATE AND COUNTY-RUN FITNESS AND
RECREATION FACILITIES, ROUGHLY 75% OF RESIDENTS LIVE WITHIN HALF A MILE OF
A PARK, MORE THAN 240 GROCERY STORES SERVE THE AREA, AND THERE ARE MORE
THAN 100 SOCIAL AND PROFESSIONAL ORGANIZATIONS PER PERSON. THE AVERAGE
HOUSEHOLD INCOME OF \$138,054 FOR PERSONS IN THE MCHC CBSA IS HIGHER THAN
THE STATE AVERAGE OF \$111,417 AND THE PRINCE GEORGE'S COUNTY AVERAGE OF
\$102,593, BUT LOWER THAN THAT FOR MONTGOMERY COUNTY OVERALL (\$149,437).

HOWEVER, DESPITE THE PLETHORA OF RESOURCES AND ABOVE-AVERAGE INCOMES,
DISPARITIES EXIST, PARTICULARLY FOR POPULATIONS EXPERIENCING

Part VI Supplemental Information (Continuation)

VULNERABILITIES.

VULNERABLE POPULATIONS:

POPULATIONS EXPERIENCING VULNERABILITY (ALSO REFERRED TO AS VULNERABLE POPULATIONS) ARE GROUPS AND COMMUNITIES AT A HIGHER RISK FOR POOR HEALTH OUTCOMES BECAUSE OF THE BARRIERS THEY EXPERIENCE DUE TO STRUCTURAL AND SOCIETAL FACTORS THEY FACE, SUCH AS SYSTEMIC RACISM, DISCRIMINATION, STIGMA, AND POVERTY (BACIU, NEGUSSIE, GELLER, & ET AL., 2017). IN 2021, THE EQUITY DATA TEAM OF MONTGOMERY COUNTY'S PLANNING DEPARTMENT DEVELOPED A MAPPING TOOL TO IDENTIFY VULNERABLE POPULATIONS WITHIN MONTGOMERY COUNTY. THE TEAM IDENTIFIED 56 EQUITY FOCUS AREAS (EFAS) BY LOOKING AT DEMOGRAPHIC DATA AT THE CENSUS TRACT LEVEL (SEE APPENDIX F FOR A FULL LIST OF DEMOGRAPHIC DATA). THEY FOCUSED ON IDENTIFYING AREAS THAT HAD HIGH CONCENTRATIONS OF LOWER-INCOME HOUSEHOLDS, PEOPLE OF COLOR, AND INDIVIDUALS WHO MAY SPEAK ENGLISH LESS THAN VERY WELL (ZORICH, MUKHERJEE, & BLYTON, 2021). APPROXIMATELY ONE-QUARTER OF MONTGOMERY COUNTY'S POPULATION RESIDES IN THE EFAS. IN ADDITION TO POPULATIONS RESIDING IN THE EFAS, OTHER POPULATIONS EXPERIENCING VULNERABILITIES INCLUDE LOW-INCOME, RACIAL, AND ETHNIC MINORITIES, UNINSURED, SENIORS, PREGNANT WOMEN AND INFANTS, THE HOMELESS AND THOSE WITH DISABILITIES. FOR ADDITIONAL DETAILS REGARDING EACH OF THESE POPULATIONS, PLEASE SEE THE "DEFINING COMMUNITIES SERVED" SECTION OF THE CHNA.

PART VI, LINE 5:

IN KEEPING WITH OUR MISSION, ADVENTIST HEALTHCARE CONTINUES TO PROMOTE GOOD HEALTH IN THE COMMUNITY THROUGH A WIDE VARIETY OF HEALTH AND WELLNESS SERVICES OFFERED THROUGHOUT MONTGOMERY AND PRINCE GEORGE'S COUNTIES IN MARYLAND, AS WELL AS SOME AREAS IN WASHINGTON D.C. AND THE SURROUNDING

Part VI Supplemental Information (Continuation)

REGION. BELOW IS A SUMMARY OF THE HEALTH PROMOTION ACTIVITIES IN 2022,
 INCLUDING HEALTH EDUCATION/LECTURES, HEALTH SCREENINGS, SUPPORT GROUPS, AS
 WELL AS SERVING ON COMMUNITY BOARDS AND COMMITTEES AND SUPPORTING
 MONTGOMERY COUNTY'S SAFETY NET CLINICS FOR UNINSURED AND UNDERINSURED
 RESIDENTS. WE FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES
 PREVALENT IN THE COMMUNITIES WE SERVE, AS WELL AS OUTREACH AND CULTURALLY
 COMPETENT SERVICES TO VULNERABLE POPULATIONS.

> A VARIETY OF HEALTH EDUCATION LECTURES AND PROGRAMS WERE CONVERTED TO BE
 VIRTUAL TO CONTINUE TO BE A RESOURCE FOR COMMUNITY MEMBERS DURING COVID.
 MOST PROGRAMS HAVE REMAINED VIRTUAL, OR HYBRID BASED ON THE
 DEMAND/FEEDBACK FROM OUR PARTICIPANTS.

> MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED SUPPORT AND ASSISTANCE TO
 THOUSANDS OF NEW AND EXPERIENCED PARENTS AND CAREGIVERS THROUGH CLASSES
 AND SUPPORT GROUPS. THESE PROGRAMS WERE ALSO CONVERTED TO BE OFFERED
 VIRTUALLY. EXAMPLES OF PROGRAMS INCLUDED BREASTFEEDING SUPPORT GROUPS,
 DISCOVERING MOTHERHOOD, NAVIGATING FATHERHOOD, AND PERINATAL LOSS. WE ALSO
 OFFER A FREE WARM LINE THAT IS STAFFED BY A CERTIFIED LACTATION CONSULTANT
 WHO CAN ANSWER BREASTFEEDING QUESTIONS.

> 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.

> EACH OF THE HOSPITALS SUPPORTS ACCESS TO CARE BY PROVIDING FINANCIAL AND
 IN-KIND SUPPORT TO THE SAFETY NET CLINICS IN MONTGOMERY COUNTY. THIS

Part VI Supplemental Information (Continuation)

SUPPORT INCLUDES FINANCIAL CONTRIBUTIONS AND PROVISION OF LABORATORY AND RADIOLOGY SERVICES.

> TO MEET THE CONTINUING NEEDS OF OUR DIVERSE COMMUNITY, ADVENTIST HEALTHCARE PROVIDES CULTURAL AND LINGUISTIC COMPETENCY TRAINING TO MEDICAL AND SUPPORT STAFF. WE ALSO HAVE A QUALIFIED BILINGUAL STAFF PROGRAM THAT PROVIDES BILINGUAL STAFF WITH TRAINING AND CERTIFICATION TO PROVIDE CARE IN ANOTHER LANGUAGE AS WELL AS TO SERVE AS AN INTERPRETER. THIS PROGRAM COMPENSATES BILINGUAL STAFF FOR THEIR SKILLS AND WHILE INCREASING ACCESS TO INTERPRETER SERVICES FOR OUR PATIENTS, AND PROVIDING THEM WITH A HIGHER LEVEL OF CARE AND SATISFACTION.

> THROUGH ADVENTIST HEALTHCARE'S COMMUNITY PARTNERSHIP FUND (CPF), GRANT AND SPONSORSHIP FUNDING IS PROVIDED TO NON-PROFIT ORGANIZATIONS IN THE COMMUNITY ACROSS TWO FUNDING OBJECTIVES: HEALTH AND WELLNESS AND PARTNERSHIPS. FUNDING IS AWARDED TO ORGANIZATIONS ADDRESSING NEEDS IDENTIFIED IN ONE OF AHC'S COMMUNITY HEALTH NEEDS ASSESSMENTS. IN 2020, CPF PRIORITIES AND PROCESSES PIVOTED TO ADDRESS COVID 19. WE PROVIDED FUNDING TO ORGANIZATIONS TO ENABLE THEM TO EXPAND AND ADAPT THEIR SERVICES AND TO IMPLEMENT PROGRAMS ADDRESSING NEEDS EXACERBATED BY COVID. WE ALSO CHANGED OUR PROCESSES TO REDUCE APPLICANT BURDEN AND TURNAROUND TIME FOR FUNDING DECISIONS. IN 2021 WE RESUMED OUR REGULAR PROCESSES WITH A FOCUS ON BOTH THOSE NEEDS PRIORITIZED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT AS WELL AS NEEDS EXACERBATED BY THE PANDEMIC.

> IN 2020, 2021 AND 2022, ADVENTIST HEALTHCARE ALSO PARTNERED WITH THE STATE TO OPEN AN ALTERNATIVE CARE SITE AT OUR WASHINGTON ADVENTIST HOSPITAL SITE IN TAKOMA PARK TO PROVIDE DEDICATED, HIGH-QUALITY CARE FOR

Part VI Supplemental Information (Continuation)

COVID PATIENTS. THE ALTERNATIVE CARE SITE IS ONE OF SEVERAL INFUSION

CENTERS IN MARYLAND THAT ADMINISTERS MONOCLONAL ANTIBODY TREATMENTS.

ADVENTIST HEALTHCARE IS COMMITTED TO ENSURING THAT THE COMMUNITIES IT

SERVES THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE

BENEFITS OF HIGH QUALITY, EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL,

MENTAL, AND SPIRITUAL WELLBEING.

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

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

Part VI Supplemental Information (Continuation)

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

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

Part VI Supplemental Information (Continuation)

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

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

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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, INC. Employer identification number 52-1532556

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A WIDER CIRCLE 9159 BROOKVILLE ROAD SILVER SPRING, MD 20910	52-2345144	501-(C)-(3)	10,000.	0.			TO SUPPORT THE ESSENTIAL SUPPORT PROGRAM, WHICH ADDRESSES URGENT NEEDS BY PROVIDING BEDS, CRIBS,
ADVENTIST YOUNG PROFESSIONALS 8010 GRAMERCY BOULEVARD ROCKVILLE, MD 20855	86-3899763	501-(C)-(3)	12,000.	0.			TO SUPPORT IN THEIR MISSION TO FOSTER CHRIST-CENTERED COMMUNITY THROUGH FAITH
AMERICAN DIVERSITY GROUP 8815 CENTER PARK DRIVE, STE 430 COLUMBIA, MD 21045	47-3510206	501-(C)-(3)	15,000.	0.			TO SUPPORT THIS PROJECT (ADG) IN ORDER TO FOCUS ON SERVING INDIVIDUALS AND AMERICAN FAMILIES TO
BIOHEALTH INNOVATION INC 1 CHURCH STREET #801 ROCKVILLE, MD 20850	45-3824067	501-(C)-(3)	25,000.	0.			TO PROVIDE CONTRIBUTION TOWARDS RESEARCH.
CARE FOR YOUR HEALTH INC 12140 FLOWING WATER TRAIL CLARKSVILLE, MD 21029	26-3333964	501-(C)-(3)	23,795.	0.			TO SUPPORT THE DESIGN OF A PROGRAM THAT REMOVES BARRIERS AND ENHANCES ACCESS TO PRIMARY HEALTH
CASA OF MARYLAND INC. 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1322972	501-(C)-(3)	30,000.	0.			TO SUPPORT CASA'S ESOL PROGRAM, WHICH IS DESIGNED TO MEET THE LINGUISTIC AND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 35.

3 Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMPIONS FOR EDUCATION INC 3700 GLENEAGLES ROAD CHARLOTTE, NC 28210	02-0615986	501-(C)-(3)	105,000.	0.			TO HELP IN THEIR MISSION OF RAISING FUNDS TO PROVIDE GRANTS TO OTHER CHARITIES WHICH STRIVE TO
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	225,000.	0.			CONTRIBUTION TOWARDS PURPOSE OF MISSION WORK, YOUTH MINISTRY AND HEALTH AND WELLNESS OUTREACH.
COMMUNITY CLINIC INC 8630 FENTON STREET SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501-(C)-(3)	30,000.	0.			TO SUPPORT THEIR MISSION TO BRING HIGH-QUALITY, AFFORDABLE HEALTHCARE TO EVERY PATIENT DURING ALL
COMMUNITY HEALTH AND EMPOWERMENT INC - 8545 PINEY BRANCH RD, STE H - SILVER SPRING, MD 20910	27-3662468	501-(C)-(3)	25,000.	0.			TO SUPPORT THE LONG BRANCH HEALTHY FOOD ACCESS PROGRAM (LBHFAP), WHICH USES A FOOD IS
CROSSROADS COMMUNITY FOOD NETWORK INC - 6930 CARROLL AVE SUITE 426 - TAKOMA PARK, MD 20912	36-4635237	501-(C)-(3)	25,000.	0.			TO HELP IN THE REDUCTION OF FOOD INSECURITY EXACERBATED BY THE COVID-19 PANDEMIC IN THE
GENERAL CONFERENCE CORP OF SDA PO BOX 204661 DALLAS, TX 75320-4661	52-6037545	501-(C)-(3)	55,100.	0.			DONATION MADE TOWARDS MEDICAL REFERENCE MATERIALS FOR PHYSICIANS.
FEED THE FRIDGE 6901 RADNOR ROAD BETHESDA, MD 20817	36-4967718	501-(C)-(3)	35,000.	0.			TO SUPPORT THE DELIVERY OF 7,500 MEALS OVER 52 WEEKS TO THE OXON HILL FRIDGE.
FOOD & FRIENDS 219 RIGGS ROAD NE WASHINGTON, DC 20011	52-1648941	501-(C)-(3)	10,000.	0.			TO SUPPORT THE NEEDS AND HEALTH DISPARITIES THAT MANIFEST FROM FOOD INSECURITY AND THE
GENERATION HOPE 415 MICHIGAN AVE NE #250 WASHINGTON, DC 20017	27-3554088	501-(C)-(3)	20,000.	0.			TO SUPPORT GENERATION HOPE'S MISSION TO PROVIDES HOLISTIC, WRAP-AROUND SERVICES IN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY METRO MARYLAND - 8380 COLESVILLE ROAD - SILVER SPRING, MD 20910	52-1299516	501-(C)-(3)	25,000.	0.			TO SUPPORT IN THE REPAIR AND ACCESSIBILITY MODIFICATIONS FOR HOMES IN PRINCE GEORGE'S
HOWARD UNIVERSITY DIVISION OF ALLIED HEALTH SCIENCES ANNEX 1 ROOM 106 - WASHINGTON, DC 20059	53-0204707	501-(C)-(3)	30,000.	0.			TO SUPPORT IN THEIR MISSION TO EDUCATE STUDENTS, DEVELOP PROFESSIONALS, CONDUCT
IDENTITY 414 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	52-2120012	501-(C)-(3)	30,000.	0.			TO SUPPORT THE COMMUNITY MENTAL HEALTH PROGRAM, WHICH HELPS YOUNG PEOPLE AND FAMILIES MANAGE THE
INTERFAITH WORKS INC 114 W. MONTGOMERY AVENUE ROCKVILLE, MD 20850	52-1072684	501-(C)-(3)	25,000.	0.			TO SUPPORT IN THEIR COMMITMENT TO HELPING MONTGOMERY COUNTY RESIDENTS FACING ECONOMIC
MARY'S CENTER FOR MATERNAL & CHILD CARE - 2333 ONTARIO ROAD N.W - WASHINGTON, DC 20009	52-1594116	501-(C)-(3)	30,000.	0.			TO SUPPORT MARYS CENTER, WHERE THEY PROVIDE COMPREHENSIVE CARE TO COMMUNITIES WHO HAVE BEEN
MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501-(C)-(3)	25,000.	0.			TO SUPPORT IN THE REDUCTION TO HEALTHCARE DISPARITIES THAT EXIST WITHIN THE COUNTY BY
MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814	23-7022588	501-(C)-(3)	75,000.	0.			TO SUPPORT MOBILEMED IN SEEKING TO ADDRESS THE NEEDS OF THESE UNINSURED ADULTS, PROVIDING THEM
MONTGOMERY COUNTY COALITION 405 EAST GUDE DRIVE #209 ROCKVILLE, MD 20850	52-1735674	501-(C)-(3)	20,000.	0.			TO SUPPORT IN THE CONTINUATION OF THEIR PILOT MENTAL HEALTH AND SUBSTANCE USE PROGRAM.
MONTGOMERY COUNTY GOVERNMENT PO BOX 75549 BALTIMORE, MD 21275-5549	52-6000980		8,800.	0.			TO SUPPORT THE HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS, WHICH IS A

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAAHHR 1000 THIRD STREET TILLAMOOK, OR 97141	93-0622075	501-(C)-(3)	6,000.	0.			TO HELP ENHANCE ADVENTIST HEALTHCARE EMPLOYEE ENGAGEMENT.
REBUILDING TOGETHER MONTGOMERY COUNTY - 3925 PLYERS MIL ROAD SUITE 202 - KENSINGTON, MD 20895	52-1667026	501-(C)-(3)	25,000.	0.			TO SUPPORT IN HOME REPAIRS AND MODIFICATIONS FOR LOW-INCOME HOME OWNERS TO ENABLE THEM TO
SCOTLAND AFRICIAN METHODIST EPISCOPAL ZION CHURCH - 10902 SEVEN LOCKS ROAD - POTOMAC, MD 20854	52-1759384	501-(C)-(3)	100,000.	0.			TO SUPPORT THE REBUILDING AND RESTORATION PROJECT OF ITS HISTORIC SCOTLAND AFRICIAN ZION CHURCH.
SPENCERVILLE ADVENTIST ACADEMY 15930 GOOD HOPE ROAD SILVER SPRING, MD 20904	52-1714576	501-(C)-(3)	8,500.	0.			SPONSORSHIP OF SPENCERVILLE ADVENTIST ACADEMY'S 5TH ANNUAL 5K RUN AND THE MIDDLE SCHOOL
STARTING WITH TODAY INC 1523 PACIFIC AVE CAPITOL HEIGHTS, MD 20743	46-3385162	501-(C)-(3)	6,000.	0.			TO SUPPORT THE MENTAL HEALTH PROGRAMS AND RESOURCES ACCESSIBLE TO MAKE THE PROGRAMS FREE
STORY TAPESTRIES INC 19301 HEMPSTONE AVENUE POOLESVILLE, MD 20837	27-3352560	501-(C)-(3)	7,000.	0.			TO SUPPORT IN THE SOCIAL, EMOTIONAL, AND LEARNING SUPPORT PROGRAMS FOR MIDDLE SCHOOLERS THROUGH
STROKE COMBACK CENTER 145 PARK STREET SE VIENNA, VA 22180	54-2012975	501-(C)-(3)	20,000.	0.			TO SUPPORT SURVIVORS OF STROKE AND BRAIN TRAUMA AND THEIR FAMILIES ALONG THE ROAD TO RECOVERY.
TAKOMA ACADEMY 8120 CARROLL AVENUE TAKOMA PARK, MD 20912	52-0563186	501-(C)-(3)	75,000.	0.			TO HELP ENHANCE THE STEM PROGRAM AT TAKOMA ACADEMY.
THE HEALTHCARE COUNCIL 4061 POWDER MILL RD SUITE 100 CALVERTON, MD 20705	52-1425268	501-(C)-(3)	10,000.	0.			TO SUPPORT A SPONSORSHIP TO CELEBRATE THE 75TH YEAR OF THE HEALTHCARE COUNCIL SERVING HOSPITALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U S DREAM ACADEMY INC 8807 COLESVILLE RD, 5TH FLR SILVER SPRING, MD 20910	59-3514841	501-(C)-(3)	152,462.	0.			PROJECT TO SUPPORT DREAM KIDS IN A VIRUTAL MENTORING ENVIRONMENT TO BE SUCCESSFUL IN SCHOOL
CENTRE POINTE COUNSELING PO BOX 1278 LINCOLNTON, NC 28093	52-1288655	501-(C)-(3)	30,000.	0.			TO SUPPORT THE SAMARITAN FUND TO COVER COSTS FOR PATIENTS WHO CAN'T AFFORD COUNSELING SERVICES.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ADVENTIST HEALTHCARE (AHC) IS COMMITTED TO IDENTIFYING AND RESPONDING TO

PRIORITY HEALTH NEEDS AND OUTCOMES FOR THE PEOPLE AND COMMUNITIES WE SERVE.

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDES FUNDING

FOR ORGANIZATIONS WHOSE ACTIVITIES SUPPORT OUR MISSION TO PROMOTE HEALTH

EQUITY AND WELLNESS IN OUR COMMUNITY.

CPF AWARDS GRANTS AND EVENT SPONSORSHIPS TO 501(C)(3) ORGANIZATIONS WHOSE

ACTIVITIES ALIGN WITH OUR MISSION AND OUR FUNDING OBJECTIVES:

Part IV Supplemental Information

1. HEALTH & WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS

2. PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH

2022 FUNDING PRIORITIES:

OUR FUNDING PRIORITIES CHANGE OVER TIME TO ALIGN WITH THE FINDINGS OF OUR

COMMUNITY HEALTH NEEDS ASSESSMENTS.

IN 2022 WE CONTINUED TO FOCUS ON PRIORITIZED NEEDS IDENTIFIED THROUGH OUR

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AS WELL AS NEEDS EXACERBATED BY

COVID-19.

OUR FUNDING PRIORITIES INCLUDED:

1. ACCESS TO CARE

2. MENTAL HEALTH FOR ADULTS AND YOUTH

3. WORKFORCE DEVELOPMENT

4. SOCIAL SERVICES

5. EDUCATIONAL EQUITY FOR YOUTH

6. RACIAL EQUITY AND JUSTICE

7. REHABILITATION AND DISABILITY SERVICES

8. HIV & HEPATITIS C

ADDITIONALLY, FUNDING REQUESTS HAD TO:

1. BE DESIGNED TO ADDRESS DOCUMENTED HEALTH DISPARITIES OR INEQUITIES

2. HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED

3. ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION

4. INCLUDE MEANINGFUL PARTNERSHIPS (PREFERRED BUT NOT REQUIRED)

Part IV Supplemental Information

APPLICATION AND REVIEW PROCESS:

ALL PROSPECTIVE APPLICANTS ARE ASKED TO COMPLETE A GRANT APPLICATION OR EVENT SPONSORSHIP APPLICATION (E.G., FUNDRAISING GALAS AND SPORTING EVENTS). APPLICATIONS ARE REVIEWED BY THE COMMUNITY PARTNERSHIP FUND BOARD WHICH IS MADE UP OF REPRESENTATIVES FROM ACROSS THE AHC SYSTEM.

GRANT MONITORING:

ALL GRANT RECIPIENTS (GRANTS TYPICALLY RANGE FROM \$5,000-\$30,000) ARE ASKED TO COMPLETE BOTH A MID-YEAR PROGRESS REPORT AS WELL AS A FINAL END-OF-YEAR REPORT.

FOR THE MID-YEAR REPORT, GRANTEES ARE ASKED TO DESCRIBE THE FOLLOWING:

- NUMBER OF INDIVIDUALS WHO HAVE BEEN SERVED THUS FAR;
- OUTCOMES, TO DATE, OF THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL APPLICATION;
- DESCRIPTION OF THE WORK THAT HAS BEEN COMPLETED TO DATE;
- CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED;
- CHALLENGES OR DELAYS THAT HAVE BEEN ENCOUNTERED;
- EXPENDITURE OF FUNDS THUS FAR;
- ESTIMATED EXPENDITURES FOR THE DURATION OF THE GRANT PERIOD.

FOR THE FINAL REPORT, GRANTEES ARE ASKED TO DESCRIBE THE FOLLOWING:

- TOTAL NUMBER OF INDIVIDUALS SERVED WITH THE FUNDING THAT WAS PROVIDED;
- OUTCOMES FOR THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL APPLICATION AS WELL AS ANY OTHER OUTCOMES;
- DESCRIPTION OF THE WORK THAT WAS ACCOMPLISHED;
- CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED;
- CHALLENGES OR DELAYS THAT WERE ENCOUNTERED;
- EXPENDITURE OF GRANT FUNDS.

Part IV Supplemental Information

SPONSORSHIP MONITORING:

ALL SPONSORSHIP RECIPIENTS (SPONSORSHIPS ARE UP TO \$5,000) ARE ASKED TO

COMPLETE A FINAL REPORT AFTER THEIR EVENT TAKES PLACE. IN THE FINAL REPORT,

SPONSORSHIP RECIPIENTS ARE ASKED TO DESCRIBE THE FOLLOWING:

- NUMBER OF PARTICIPANTS

- EVENT/PROGRAM OUTCOMES

THE INFORMATION PROVIDED IN THESE REPORTS IS UTILIZED TO EVALUATE THE

OVERALL IMPACT OF THE GRANTEE AND THE FUNDING PROVIDED. IT IS ALSO USED TO

INFORM DECISION MAKING REGARDING FUTURE FUNDING AND PARTNERSHIP ENDEAVORS

WITH EACH GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A WIDER CIRCLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ESSENTIAL SUPPORT

PROGRAM, WHICH ADDRESSES URGENT NEEDS BY PROVIDING BEDS, CRIBS,

FURNITURE, AND HOME GOODS TO THOUSANDS OF CHILDREN AND ADULTS LIVING WITH

LOW INCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: ADVENTIST YOUNG PROFESSIONALS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN THEIR MISSION TO

FOSTER CHRIST-CENTERED COMMUNITY THROUGH FAITH DEVELOPMENT, AUTHENTIC

CONNECTIONS, AND MINISTRY ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN DIVERSITY GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THIS PROJECT (ADG) IN

ORDER TO FOCUS ON SERVING INDIVIDUALS AND AMERICAN FAMILIES TO IMPROVE

THE HEALTH AND WELL-BEING OF UNDERSERVED, MULTICULTURAL, ETHNIC, AND

MINORITY POPULATIONS BY CONDUCTING FREE HEALTH FAIRS, COMMUNITY OUTREACH,

Part IV Supplemental Information

AND HEALTH PROMOTION PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: CARE FOR YOUR HEALTH INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DESIGN OF A PROGRAM

THAT REMOVES BARRIERS AND ENHANCES ACCESS TO PRIMARY HEALTH CARE

PROVIDERS TO THE MOST DISENFRANCHISED POPULATION OF MONTGOMERY AND PRINCE

GEORGE'S COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF MARYLAND INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CASA'S ESOL PROGRAM,

WHICH IS DESIGNED TO MEET THE LINGUISTIC AND SOCIOECONOMIC NEEDS OF THE

LEP IMMIGRANT COMMUNITY BY PAIRING ENGLISH WITH PRACTICAL LIFE SKILLS

AIMED AT INCREASING PARTICIPANT FAMILIARITY WITH LOCAL RESOURCES AND

SOCIAL SAFETY NET SERVICES INCLUDING AMBULANCE, MEDICAL, AND PUBLIC

SAFETY. ADDITIONAL LIFE SKILLS SUCH AS TRANSPORTATION, HEALTH, AND CIVIC

ENGAGEMENT ARE ALSO ADDRESSED.

NAME OF ORGANIZATION OR GOVERNMENT: CHAMPIONS FOR EDUCATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP IN THEIR MISSION OF RAISING

FUNDS TO PROVIDE GRANTS TO OTHER CHARITIES WHICH STRIVE TO IMPROVE THE

QUALITY OF EDUCATION AROUND THE NATION.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CLINIC INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR MISSION TO BRING

HIGH-QUALITY, AFFORDABLE HEALTHCARE TO EVERY PATIENT DURING ALL STAGES OF

LIFE. ALSO, PROVIDED ONSITE PREVENTATIVE DENTAL PROGRAM AT FIVE WIC

(WOMEN, INFANTS, AND CHILDREN) LOCATIONS IN MONTGOMERY COUNTY AND PRINCE

GEORGE'S COUNTY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH AND EMPOWERMENT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LONG BRANCH HEALTHY

FOOD ACCESS PROGRAM (LBHFAP), WHICH USES A FOOD IS MEDICINE APPROACH TO

IMPROVE HEALTH AND WELL BEING AMONG THOSE WHO HAVE LOW ACCESS TO FOOD AND

MEDICAL CARE AND WHO HAVE THE GREATEST HEALTH VULNERABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS COMMUNITY FOOD NETWORK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP IN THE REDUCTION OF FOOD

INSECURITY EXACERBATED BY THE COVID-19 PANDEMIC IN THE TAKOMA/LANGLEY

CROSSROADS.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD & FRIENDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NEEDS AND HEALTH

DISPARITIES THAT MANIFEST FROM FOOD INSECURITY AND THE INEQUITABLE ACCESS

TO HEALTHY FOODS AND HEALTH CARE IN THE COMMUNITIES SERVED IN THE GREATER

WASHINGTON AREA.

NAME OF ORGANIZATION OR GOVERNMENT: GENERATION HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GENERATION HOPE'S MISSION

TO PROVIDES HOLISTIC, WRAP-AROUND SERVICES IN SUPPORT OF TEEN PARENTS AND

THEIR CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY METRO MARYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN THE REPAIR AND

ACCESSIBILITY MODIFICATIONS FOR HOMES IN PRINCE GEORGE'S COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: HOWARD UNIVERSITY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN THEIR MISSION TO EDUCATE STUDENTS, DEVELOP PROFESSIONALS, CONDUCT RESEARCH, AND SERVE PATIENTS THROUGH 13 SCHOOLS OF HIGHER EDUCATION AND AN ACADEMIC MEDICAL CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: IDENTITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COMMUNITY MENTAL HEALTH PROGRAM, WHICH HELPS YOUNG PEOPLE AND FAMILIES MANAGE THE TREMENDOUS MENTAL HEALTH IMPACTS OF TRAUMA (INCLUDING COVID-19 TRAUMAS AND THOSE SPECIFIC TO IMMIGRATION AND SEPARATION/REUNIFICATION).

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH WORKS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN THEIR COMMITMENT TO HELPING MONTGOMERY COUNTY RESIDENTS FACING ECONOMIC HARDSHIPS TO GAIN FINANCIAL STABILITY BY HELPING TO PLACE THEM IN LONG-TERM JOBS.

NAME OF ORGANIZATION OR GOVERNMENT:

MARY'S CENTER FOR MATERNAL & CHILD CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MARYS CENTER, WHERE THEY PROVIDE COMPREHENSIVE CARE TO COMMUNITIES WHO HAVE BEEN DISPROPORTIONATELY EXCLUDED FROM TRADITIONAL HEALTHCARE SYSTEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN THE REDUCTION TO HEALTHCARE DISPARITIES THAT EXIST WITHIN THE COUNTY BY INCREASING ACCESS TO HEALTHCARE.

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEDICAL CARE INC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MOBILEMED IN SEEKING TO ADDRESS THE NEEDS OF THESE UNINSURED ADULTS, PROVIDING THEM WITH HIGH QUALITY, COMPREHENSIVE HEALTHCARE, DELIVERED IN A CULTURALLY AND LINGUISTICALLY APPROPRIATE MANNER.

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY COUNTY GOVERNMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS, WHICH IS A COMMUNITY-BASED EFFORT TO IMPROVE THE HEALTH AND WELL-BEING OF MONTGOMERY COUNTY RESIDENTS WHO ARE SUPPORTED BY THE HEALTHY MONTGOMERY WEBSITE.

NAME OF ORGANIZATION OR GOVERNMENT: REBUILDING TOGETHER MONTGOMERY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN HOME REPAIRS AND MODIFICATIONS FOR LOW-INCOME HOME OWNERS TO ENABLE THEM TO AGE SAFELY IN PLACE.

NAME OF ORGANIZATION OR GOVERNMENT: SPENCERVILLE ADVENTIST ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF SPENCERVILLE ADVENTIST ACADEMY'S 5TH ANNUAL 5K RUN AND THE MIDDLE SCHOOL BASKETBALL TOURNAMENT, TO SUPPORT ITS MISSION OF PROVIDING "A DISTINCTIVE SEVENTH-DAY ADVENTIST CHRISTIAN EDUCATION PREPARING THE WHOLE PERSON FOR SERVICE TO GOD AND MAN AND FOR ETERNAL LIFE."

NAME OF ORGANIZATION OR GOVERNMENT: STARTING WITH TODAY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MENTAL HEALTH PROGRAMS AND RESOURCES ACCESSIBLE TO MAKE THE PROGRAMS FREE AND IN LOCATIONS WHERE PEOPLE ALREADY MEET BOTH IN-PERSON AND VIRTUALLY BY HOSTING 1-2 MONTHLY PROGRAMS ONLINE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STORY TAPESTRIES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN THE SOCIAL, EMOTIONAL,
AND LEARNING SUPPORT PROGRAMS FOR MIDDLE SCHOOLERS THROUGH ART.

NAME OF ORGANIZATION OR GOVERNMENT: THE HEALTHCARE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A SPONSORHIP TO CELEBRATE
THE 75TH YEAR OF THE HEALTHCARE COUNCIL SERVING HOSPITALS AND ALLIED
HEALTH GROUPS IN THE REGION.

NAME OF ORGANIZATION OR GOVERNMENT: U S DREAM ACADEMY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT TO SUPPORT DREAM KIDS IN A
VIRUTAL MENTORING ENVIRONMENT TO BE SUCCESSFUL IN SCHOOL WITH A COLLEGE
AND CAREER READINESS FOCUS. DONATION TO THE DREAM ACADEMY TO HELP OUR
NATION'S CHILDREN REACH FOR THEIR DREAMS. THROUGH ACADEMIC, SOCIAL, AND
VALUES ENRICHMENT, THE DREAM ACADEMY EMPOWERS THOSE CHILDREN MOST AT RISK
OF INCARCERATION TO BELIEVE IN THEMSELVES AND TO SUCCEED.

**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, INC.

Employer identification number

52-1532556

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
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 PRESIDENT & CEO, AHC	(i)	983,798.	342,201.	187,717.	27,000.	36,683.	1,577,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN BOYCE, MD PHYSICIAN	(i)	1,250,286.	171,597.	6,638.	27,000.	7,581.	1,463,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NIV AD, MD PHYSICIAN	(i)	849,095.	0.	357,700.	27,000.	605.	1,234,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN SACKETT EVP & COO, AHC	(i)	596,569.	170,553.	267,300.	27,000.	43,167.	1,104,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JONATHAN RHEE, MD PHYSICIAN	(i)	664,840.	333,208.	3,651.	20,500.	24,990.	1,047,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL L. COCHRAN PRESIDENT, SGM C	(i)	453,362.	110,730.	221,051.	167,162.	17,172.	969,477.	132,453.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHERIF SELIM, MD PHYSICIAN	(i)	555,437.	354,187.	1,742.	20,500.	21,280.	953,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KRISTEN PULIO SVP & CFO, AHC	(i)	524,682.	93,631.	133,066.	172,176.	7,675.	931,230.	78,950.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANITA JENKINS PRESIDENT, HOWARD UNIVERSITY HOSPITAL	(i)	504,363.	128,876.	191,843.	27,000.	16,372.	868,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANTHONY STAHL PRESIDENT, WOMC	(i)	405,527.	110,639.	174,869.	148,167.	22,458.	861,660.	85,274.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EUNMEE SHIM PRESIDENT, FVMC	(i)	379,781.	72,466.	239,638.	119,862.	30,605.	842,352.	98,494.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PATSY MCNEIL SVP, SYSTEM CHIEF MEDICAL OFFICER	(i)	510,401.	77,812.	102,126.	146,414.	1,401.	838,154.	86,642.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SVCS	(i)	471,287.	126,323.	172,248.	27,000.	15,454.	812,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DENNIS FRIEDMAN, MD PHYSICIAN	(i)	574,835.	122,492.	22,888.	23,874.	12,440.	756,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JAMES G. LEE EVP & CSO-GWTH, AHC-UNTIL MAY 2022	(i)	330,703.	154,714.	143,527.	12,198.	10,597.	651,739.	121,781.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MARISSA LESLIE, MD BOARD; SYSTEM MED DIR OF PSYCHIATRY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	332,625.	37,613.	1,721.	20,500.	10,141.	402,600.	0.

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 1A:

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

AS PART OF A RELOCATION PLAN TO THE WASHINGTON, DC AREA, ADVENTIST HEALTHCARE, INC. AND ANITA JENKINS, THE PRESIDENT OF HOWARD UNIVERSITY HOSPITAL, ENTERED INTO A JOINT OWNERSHIP ARRANGEMENT OF A RESIDENTIAL PROPERTY IN THE DISTRICT OF COLUMBIA TO BE USED AS MS. JENKINS'S RESIDENCE.

THIS ARRANGEMENT WAS ENTERED ON JUNE 1, 2020. ADVENTIST HEALTHCARE CONTRIBUTED HALF THE PROPERTY'S PURCHASE PRICE THROUGH A SINGLE MEMBER LIMITED LIABILITY COMPANY, AND MS. JENKINS PURCHASED THE OTHER HALF PERSONALLY.

FOR THE DURATION OF OCCUPANCY, ADVENTIST HEALTHCARE INCLUDES ON MS. JENKINS'S FORM W2, AS IMPUTED INCOME, THE FAIR MARKET RENTAL VALUE OF THE PROPERTY ATTRIBUTABLE TO ADVENTIST HEALTHCARE'S OWNERSHIP.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

ADVENTIST HEALTHCARE OWNS A CORPORATE MEMBERSHIP AT A LOCAL GOLF CLUB.

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.

THROUGH THE CORPORATE LEVEL MEMBERSHIP, FOUR ADVENTIST HEALTHCARE
EXECUTIVES ARE DESIGNATED TO USE THE MEMBERSHIP IN ORDER TO ADVANCE VARIOUS
ADVENTIST HEALTHCARE BUSINESS INTERESTS (RECRUITING, NETWORKING, ETC.).
ADVENTIST HEALTHCARE PAYS THE EXECUTIVES A MONTHLY ALLOWANCE AS ADDITIONAL
COMPENSATION TO COVER THE MONTHLY MEMBERSHIP DUES, WHICH THE EXECUTIVE PAYS
THEMSELVES. THE MONTHLY ALLOWANCES ARE REPORTED AS TAXABLE COMPENSATION.

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,

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.

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

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

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.

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).

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

THREE EXECUTIVES RECEIVED SUPPLEMENTAL RETIREMENT PAYMENTS UNDER THIS PLAN

FEATURE:

JOHN SACKETT: \$156,680 RETIREMENT AGE PAYMENT;

MARTA BRITO PEREZ: \$129,542 RETIREMENT AGE PAYMENT;

ANITA JENKINS: \$122,374 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,

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.

EMPLOYEE AND PATIENT ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL

PERFORMANCE, AMONG OTHER THINGS. THE ANNUAL INCENTIVE COMPENSATION APPLIES

TO DIRECTORS AND ABOVE.

SUPPLEMENTAL INFORMATION:

OTHER REPORTABLE COMPENSATION INCLUDES RETENTION PAYMENTS AND LUMP-SUM

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

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

REPORTABLE COMPENSATION ALSO INCLUDES LONG-TERM DISABILITY COVERAGE,

CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED PAID TIME OFF (PTO) HOURS,

IMPUTED VALUE OF LIFE INSURANCE 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

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.

INSURANCE, ETC.

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

ENTITY 1

OMB No. 1545-0047
2022
Open to Public
Inspection

Name of the organization **ADVENTIST HEALTHCARE, INC.** Employer identification number **52-1532556**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (2013)	52-0936091	NONEAVAIL	06/12/13	15,623,500.	SEE PART VI		X		X		X
B MHHEFA (2016A)	52-0936091	574218T37	12/14/16	280,619,392.	SEE PART VI		X		X		X
C MHHEFA (2016B) REISSUED IN 2018	52-0936091	NONEAVAIL	07/03/18	126,395,000.	SEE PART VI		X		X		X
D MHHEFA (2017) REISSUED IN 2018	52-0936091	NONEAVAIL	09/25/18	40,000,000.	SEE PART VI		X		X		X

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	11,025,877.		8,205,000.		8,185,000.		4,940,000.			
2 Amount of bonds legally defeased										
3 Total proceeds of issue	15,623,500.		276,936,325.		126,395,000.		40,000,000.			
4 Gross proceeds in reserve funds			15,287,371.							
5 Capitalized interest from proceeds			33,127,437.							
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds			3,004,524.							
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds			225,516,993.							
11 Other spent proceeds	15,623,500.				126,395,000.		40,000,000.			
12 Other unspent proceeds										
13 Year of substantial completion	1982		2019		2019		2019			
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2022

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

ENTITY 2

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization **ADVENTIST HEALTHCARE, INC.** Employer identification number **52-1532556**

Part I	Bond Issues											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MHHEFA (2020/2021)	52-0936091	57421CBT0	12/30/20	75,956,550.	SEE PART VI		X		X		X
B	MHHEFA (2021B)	52-0936091	57421CDC5	10/13/21	156,382,377.	SEE PART VI		X		X		X
C												
D												

Part II	Proceeds							
	A		B		C		D	
1	Amount of bonds retired		6,250,000.					
2	Amount of bonds legally defeased							
3	Total proceeds of issue		75,956,550.		153,926,740.			
4	Gross proceeds in reserve funds		9,363,998.					
5	Capitalized interest from proceeds				4,297,155.			
6	Proceeds in refunding escrows							
7	Issuance costs from proceeds		914,145.		1,174,751.			
8	Credit enhancement from proceeds							
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds				14,852,436.			
11	Other spent proceeds		75,042,405.					
12	Other unspent proceeds				133,602,398.			
13	Year of substantial completion		2015					
	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X			X		
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?			X		X		
16	Has the final allocation of proceeds been made?		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X			

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

Schedule K (Form 990) 2022

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?			X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?			X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?			X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...			X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%	.00	%	.00	%	.00	%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%	.00	%	.00	%	.00	%
6 Total of lines 4 and 5		%	.00	%	.00	%	.00	%
7 Does the bond issue meet the private security or payment test?				X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?			X		X		X	

Part IV Arbitrage

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

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...	X			X				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.23 %		.00 %		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		%		%	
6 Total of lines 4 and 5	1.23 %		.00 %		%		%	
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

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

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: MHHEFA (2013)

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/17/2023

(A) ISSUER NAME: MHHEFA (2016A)

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2021

(A) ISSUER NAME: MHHEFA (2016B) REISSUED IN 2018

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2021

(A) ISSUER NAME: MHHEFA (2017) REISSUED IN 2018

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2022

PART I, II, & IV:

BONDS A-D (ENTITY 1):

PART I BOND ISSUES:

BOND A (ENTITY 1):

COLUMN (A) ISSUER NAME:

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

MHHEFA 2013

COLUMN (F) DESCRIPTION OF PURPOSE:

ALL PROCEEDS WERE EXPENDED TO REFUND 2003A BONDS ISSUED ON FEBRUARY 27, 2003

PROCEEDS OF THE 2003A BONDS REFUNDED 1991A BONDS ISSUED FOR THE "1991 A-1 PROJECT" - PROJECTS FINANCED OR REFINANCED WITH THE PROCEEDS OF THE 1983 BONDS, INCLUDING CONSTRUCTION, RENOVATION AND EQUIPPING OF FACILITIES AT WAH.

BOND B (ENTITY 1):

COLUMN (A) ISSUER NAME:

MHHEFA 2016A

COLUMN (F) DESCRIPTION OF PURPOSE:

THE 2016A BONDS FINANCED THE CONSTRUCTION OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL. THE HOSPITAL WAS COMPLETED IN 2019 AND OPENED ON 8/25/2019. THE HOSPITAL IS APPROXIMATELY 440,000 SQUARE FEET AND 8 LEVELS.

BOND C (ENTITY 1):

COLUMN (A) ISSUER NAME:

MHHEFA 2016B (REISSUED IN 2018)

ON JULY 3, 2018, THE 2016B BOND WAS REISSUED AS THE 2018 BOND. THE 2016A BONDS WERE NOT AMENDED OR REISSUED ON THIS DATE.

COLUMN (F) DESCRIPTION OF PURPOSE:

THE 2016B BOND REFUNDED THE 2005A BONDS ISSUED ON DECEMBER 20, 2005, AND THE 2011 B BONDS, REISSUED ON SEPTEMBER 25, 2015, AND FUNDED THE TERMINATION FEE ASSOCIATED WITH THE 2005 A SWAP.

2005 A - SHADY GROVE ADVENTIST HOSPITAL (SGAH) EXPANSION PROJECT-SHADY GROVE (SG) TOWER; RENOVATION TO SURGERY DEPARTMENT, MEDICAL/ONCOLOGY NURSING, MEDICAL NURSING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEONATAL INTENSIVE CARE UNIT; POWER PLANT, ROAD AND ENTRANCEWAY; SIGNAGE AND PARKING; OTHER ROUTINE CAPITAL PROJECTS;
2011 B - REFUNDING OF 2004 A AND 2005 B BONDS. FINANCED AND REFINANCED EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCED OR REFINANCED CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCED OR

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

REFINANCED CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM; ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF ARHM AND WAH, RENOVATION TO WAH AND SG.

THE BOND ISSUING AUTHORITY DIRECTED A BLOCK TRADE ON THE RESERVE FUNDS, ON BEHALF OF AHC, IN WHICH A SINGLE TRANSACTION SETTLED INTO BOND ISSUE 2016 AND BOND ISSUE 2021. THE RESULT OF THE TRANSACTION WAS TO DECREASE THE GROSS PROCEEDS OF BOND ISSUE 2016 AND INCREASE THE PROCEEDS OF BOND ISSUE 2021.

BOND D (ENTITY 1):

COLUMN (A) ISSUER NAME:

MHHEFA 2017 (REISSUED IN 2018)

COLUMN (F) DESCRIPTION OF PURPOSE:

THE 2017 BOND FINANCED THE CONSTRUCTION OF A CENTRAL UTILITY PLANT ON THE SITE OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL. THE CENTRAL UTILITY PLANT PROVIDES CHILLED WATER, HEAT HOT WATER, DOMESTIC HOT WATER, EMERGENCY POWER AND A 1-MEGAWATT COGENERATION UNIT FOR WAH WHITE OAK.

ON SEPTEMBER 25, 2018, THE 2017 BOND WAS REISSUED.

PART II, PROCEEDS, COLUMNS C AND D:

SHOWN IS THE ISSUE PRICE OF THE REISSUED BONDS, WHICH WERE ISSUED IN EXCHANGE FOR THE ORIGINAL BONDS. NO PROCEEDS WERE GENERATED IN CONNECTION WITH THE REISSUANCES.

PART IV, ARBITRAGE, COLUMN A:

THE ARBITRAGE CALCULATION DATE FOR THE 2013 BONDS WAS JULY 17, 2023.

PART IV, ARBITRAGE, COLUMN B & C:

THE ARBITRAGE CALCULATION DATE FOR THE 2016 BONDS (INCLUDING SERIES A & B) WAS JULY 1, 2021.

PART IV, ARBITRAGE, COLUMN D:

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

THE ARBITRAGE CALCULATION DATE FOR THE 2017 BONDS WAS JULY 1, 2022.

BONDS A-B (ENTITY 2):

PART I BOND ISSUES:

BOND A (ENTITY 2):

COLUMN (A) ISSUER NAME:

MHHEFA 2020/2021

COLUMN (F) DESCRIPTION OF PURPOSE:

THE PROCEEDS OF THE 2020 BONDS REFUNDED THE 2014A BONDS ISSUED ON 02/26/2014, AND THE PROCEEDS OF THE 2021 BONDS WERE PLACED IN AN ESCROW TO REFUND THE 2011A BONDS ISSUED ON 09/01/2011. THE 2014A BONDS WERE REDEEMED ON 01/04/2021, AND THE 2011A BONDS WERE REDEEMED ON 01/01/2022.

THE 2014A PROJECT CONSISTED OF THE CONSTRUCTION, RENOVATION AND EQUIPPING OF FACILITIES AT THE WASHINGTON ADVENTIST HOSPITAL ("WAH") AND SHADY GROVE ADVENTIST HOSPITAL, INCLUDING THE ADDITION OF 25 BEDS AND THE ACQUISITION AND EQUIPPING OF CERTAIN RADIOLOGY EQUIPMENT AT WAH.

THE 2011A PROCEEDS WERE APPLIED TO REFUND THE 2003B BONDS, THE 2004A BONDS AND 2005B BONDS.

THE 2003B BONDS REFINANCED A SHORT-TERM LINE OF CREDIT, THE PROCEEDS OF WHICH WERE USED FOR THE ACQUISITION OF ABH FORMERLY KNOWN AS POTOMAC RIDGE BEHAVIORAL HEALTH; AS WELL AS THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF, AND OTHER IMPROVEMENTS TO THE FACILITIES OF WAH, SGAH, AND ABH.

THE 2004A BONDS FINANCED THE COST OF ACQUISITION OF APPROXIMATELY 45 ACRES OF LAND ON THE CAMPUS OF SHADY GROVE ADVENTIST HOSPITAL, AS WELL AS THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF, AND OTHER IMPROVEMENTS TO THE FACILITIES OF WAH, SGAH, AND ABH.

THE 2005B BONDS REFUNDED THE CITY OF GAITHERSBURG, SERIES 1991B BONDS AND THE CITY OF TAKOMA PARK SERIES 1991B BONDS.

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

BOND B (ENTITY 2):

COLUMN (A) ISSUER NAME:

MHHEFA 2021B

COLUMN (F) DESCRIPTION OF PURPOSE:

THE 2021B BONDS ARE FINANCING 1) THE CONSTRUCTION OF A NEW SIX-STORY, APPROXIMATELY 150,000 SQUARE FEET PATIENT TOWER AT SHADY GROVE ADVENTIST HOSPITAL AND 2) RENOVATIONS TO CERTAIN EXISTING FACILITIES OF SHADY GROVE HOSPITAL TO ENHANCE PATIENT SAFETY, PATIENT EXPERIENCE AND CLINICAL EFFICIENCY.

PART I, BOND ISSUE, LINE A:

THE 2020/2021 MHHEFA BONDS ARE PART OF A SINGLE ISSUE SINCE THEY WERE SOLD AT THE SAME TIME, BUT A SEPARATE ISSUE ALLOCATION WAS MADE. THE 2020 BONDS WERE DELIVERED ON 12/30/2020, AND THE 2021 BONDS WERE DELIVERED ON 10/07/2021.

PART II, PROCEEDS, COLUMN A:

THE 2011A BONDS HAD A RESERVE FUND THAT TRANSFERRED TO THE 2020/2021 BONDS IN CONNECTION WITH THE REFUNDING. THE RESERVE FUND WAS VALUED AT \$9,363,998 AS OF 12/31/22.

BECAUSE THE RESERVE FUND WAS NOT FUNDED WITH 2020/2021 BOND SALE PROCEEDS, ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-12 FOR THIS BOND ISSUE.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
TERRY FORDE	OFFICER	SEE PT.V		X	4,591,233.	4,676,507.		X	X		X	
Total						\$ 4,676,507.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARIJANE FORDE	SEE PART V.	56,507.	SEE PART V.		X
DWAYNE LESLIE	SEE PART V.	385,225.	SEE PART V.		X
BROOKLYNN JANKE	SEE PART V.	63,915.	SEE PART V.		X
JEREMY JANKE	SEE PART V.	129,606.	SEE PART V.		X
KEVIN JENKINS	SEE PART V.	55,092.	SEE PART V.		X
ANITA JENKINS	PRESIDENT, HUH	36,000.	SEE PART V.		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARIJANE FORDE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. WIFE OF TERRY FORDE.

(D) DESCRIPTION OF TRANSACTION: SEE PART V. MARIJANE FORDE WAS

EMPLOYED WITH ADVENTIST HEALTHCARE, INC. AS A HR INTERNATIONAL PROGRAMS

SPECIALIST DURING 2022 AND RECEIVED A SALARY OF \$56,507. MARIJANE'S

HUSBAND IS TERRY FORDE, WHO IS THE PRESIDENT & CEO OF ADVENTIST

HEALTHCARE, INC. AND SECRETARY OF ADVENTIST HEALTHCARE, INC.'S BOARD.

TERRY DOES NOT SUPERVISE MARIJANE, TERRY HAS NO CONTROL OVER MARIJANE'S

SALARY AND MARIJANE WAS COMPENSATED IN ACCORDANCE WITH NORMAL ADVENTIST

HEALTHCARE, INC. SALARY SCALES.

(A) NAME OF PERSON: DWAYNE LESLIE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. HUSBAND OF MARISSA LESLIE, MD.

(D) DESCRIPTION OF TRANSACTION: SEE PART V. DWAYNE LESLIE WAS EMPLOYED

WITH ADVENTIST HEALTHCARE, INC. AS VP, CHIEF COMPLIANCE/INTEGRITY OFFICER

AND DEPUTY GENERAL COUNSEL DURING 2022 AND RECEIVED A SALARY OF \$385,225.

DWAYNE'S WIFE IS MARISSA LESLIE, MD, WHO IS ADVENTIST HEALTHCARE, INC.'S

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SYSTEM MEDICAL DIRECTOR OF PSYCHIATRY AND A MEMBER OF ADVENTIST

HEALTHCARE INC.'S BOARD. DR. LESLIE DOES NOT SUPERVISE DWAYNE, DR.

LESLIE HAS NO CONTROL OVER DWAYNE'S SALARY AND DWAYNE WAS COMPENSATED IN

ACCORDANCE WITH NORMAL ADVENTIST HEALTHCARE, INC. SALARY SCALES.

(A) NAME OF PERSON: BROOKLYNN JANKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. DAUGHTER OF TERRY FORDE.

(D) DESCRIPTION OF TRANSACTION: SEE PART V. BROOKLYNN JANKE WAS

EMPLOYED WITH ADVENTIST HEALTHCARE, INC. AS A REGISTERED NURSE DURING

2022 AND RECEIVED A SALARY OF \$63,915. BROOKLYNN'S FATHER IS TERRY

FORDE, WHO IS THE PRESIDENT & CEO OF ADVENTIST HEALTHCARE, INC. AND

SECRETARY OF ADVENTIST HEALTHCARE, INC.'S BOARD. TERRY DOES NOT

SUPERVISE BROOKLYNN, TERRY HAS NO CONTROL OVER BROOKLYNN'S SALARY AND

BROOKLYNN WAS COMPENSATED IN ACCORDANCE WITH NORMAL ADVENTIST HEALTHCARE,

INC. RN SALARY SCALES.

(A) NAME OF PERSON: JEREMY JANKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. SON-IN-LAW OF TERRY FORDE.

(D) DESCRIPTION OF TRANSACTION: SEE PART V. JEREMY JANKE WAS EMPLOYED

WITH ADVENTIST HEALTHCARE, INC. AS AN OPERATIONAL EXCELLENCE, SENIOR

ADVISOR DURING 2022 AND RECEIVED A SALARY OF \$129,606. JEREMY'S

FATHER-IN-LAW IS TERRY FORDE, WHO IS THE PRESIDENT & CEO OF ADVENTIST

HEALTHCARE, INC. AND SECRETARY OF ADVENTIST HEALTHCARE, INC.'S BOARD.

TERRY DOES NOT SUPERVISE JEREMY, TERRY HAS NO CONTROL OVER JEREMY'S

SALARY AND JEREMY WAS COMPENSATED IN ACCORDANCE WITH NORMAL ADVENTIST

HEALTHCARE, INC. SALARY SCALES.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: KEVIN JENKINS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. HUSBAND OF ANITA JENKINS.

(D) DESCRIPTION OF TRANSACTION: SEE PART V. KEVIN JENKINS WAS EMPLOYED

WITH ADVENTIST HEALTHCARE, INC. AS A ELECTRONEURODIAGNOSTIC TECH DURING

2022 AND RECEIVED A SALARY OF \$55,092. KEVIN'S WIFE IS ANITA JENKINS,

WHO IS THE PRESIDENT OF HOWARD UNIVERSITY HOSPITAL. ANITA DOES NOT

SUPERVISE KEVIN, ANITA HAS NO CONTROL OVER KEVIN'S SALARY AND KEVIN IS

COMPENSATED IN ACCORDANCE WITH NORMAL ADVENTIST HEALTHCARE, INC. SALARY

SCALES.

(A) NAME OF PERSON: ANITA JENKINS

(D) DESCRIPTION OF TRANSACTION: SEE PART V. AS PART OF A RELOCATION

PLAN TO THE WASHINGTON, DC AREA, ADVENTIST HEALTHCARE, INC. AND ANITA

JENKINS, THE PRESIDENT OF HOWARD UNIVERSITY HOSPITAL, ENTERED INTO A

JOINT OWNERSHIP ARRANGEMENT OF A RESIDENTIAL PROPERTY IN THE DISTRICT OF

COLUMBIA TO BE USED AS MS. JENKINS'S RESIDENCE. THIS ARRANGEMENT WAS

ENTERED ON JUNE 1, 2020. ADVENTIST HEALTHCARE CONTRIBUTED HALF THE

PROPERTY'S PURCHASE PRICE THROUGH A SINGLE MEMBER LIMITED LIABILITY

COMPANY, AND MS. JENKINS PURCHASED THE OTHER HALF PERSONALLY.

FOR THE DURATION OF OCCUPANCY, ADVENTIST HEALTHCARE INCLUDES ON MS.

JENKINS'S FORM W2, AS IMPUTED INCOME, THE FAIR MARKET RENTAL VALUE OF THE

PROPERTY ATTRIBUTABLE TO ADVENTIST HEALTHCARE, INC.'S OWNERSHIP.

PART II LOANS

PART II, SUPPLEMENTAL RETIREMENT BENEFIT-COLLATERAL ASSIGNMENT SPLIT

DOLLAR (CASD)- TERRY FORDE, THE ORGANIZATION'S CEO, AGREED TO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

RELINQUISH BENEFITS TO WHICH HE WAS OTHERWISE ENTITLED IN EXCHANGE FOR

A SPLIT DOLLAR LIFE INSURANCE RETENTION AND LOAN PLAN (THE PLAN). THIS

EXCHANGE WAS DONE AT NO ADDED COST TO THE ORGANIZATION. THE PLAN

RECEIVED IN EXCHANGE ENABLES THE ORGANIZATION TO ACHIEVE SUBSTANTIAL

EXCISE TAX SAVINGS OTHERWISE APPLICABLE TO COMPENSATION, BECAUSE THE

PLAN SATISFIES REGULATIONS FOR TREATING THE ORGANIZATION'S PLAN

CONTRIBUTIONS AS LOANS RATHER THAN AS COMPENSATION. THE CEO OR HIS

ESTATE WILL FULLY REPAY THE ORGANIZATION'S LOAN, PLUS INTEREST. TO

ENSURE REPAYMENT, THE LOAN IS SECURED BY A COLLATERAL ASSIGNMENT ON THE

LIFE INSURANCE POLICY'S CASH VALUE AND DEATH PROCEEDS. IN ADDITION TO

EXCISE SAVINGS AND A RECOVERY OF THE ORGANIZATION'S CONTRIBUTIONS WITH

INTEREST, THE PLAN IS STRUCTURED TO PROVIDE THE ORGANIZATION WITH A

SIGNIFICANT RETENTION INCENTIVE. THE ORGANIZATION'S ADVISORS HAVE

OPINED THAT THIS PROGRAM SATISFIES ALL APPLICABLE LAWS, COMPENSATION

REASONABLENESS AND BEST PRACTICE STANDARDS.

**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, INC.

Employer identification number

52-1532556

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WE RESPOND PROACTIVELY TO VARIOUS HEALTH CARE NEEDS WITH A CONTINUUM OF

EXCELLENT PROGRAMS AND WIDE-RANGING SERVICES TO MEET DIVERSE

POPULATIONS AS WE STRIVE TO:

1. MAINTAIN AND GROW QUALITY HEALTH SERVICES

2. INCREASE ACCESS TO CARE

3. PROMOTE HEALTH EQUITY AND WELLNESS

1. MAINTAIN AND GROW QUALITY HEALTH SERVICES:

ADVENTIST HEALTHCARE IS GROWING EXISTING PROGRAMS IN ONCOLOGY, CARDIAC

AND VASCULAR CARE, NEUROSURGERY, PHYSICAL REHABILITATION, AND MENTAL

HEALTH. OUR HOSPITALS ALSO PROVIDE MATERNITY CARE AND VITAL EMERGENCY

SERVICES TO OUR COMMUNITIES. IN ADDITION, OUR SYSTEM ALSO IS DELIVERING

HEALTH SERVICES VIA PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

ALIGNED WITH OUR MISSION. OUR HEALTH SYSTEM CONTINUES TO EXPAND INTO

WASHINGTON, D.C. RESIDENTS IN OUR SERVICE AREAS BENEFIT FROM QUALITY

PROGRAMS THAT PROMOTE HEALTH AND WELLNESS FOR NEIGHBORS OF ALL AGES,

FROM INFANTS TO SENIOR CITIZENS, AND BUILD HEALTHIER COMMUNITIES IN A

HOLISTIC WAY.

OUR CANCER CARE OFFERINGS INCLUDE A JOINT VENTURE WITH ONCOLOGISTS AT

THE MEDICAL PAVILION AT ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER.

THE PARTNERSHIP HAS EXPANDED ACCESS TO ADVANCED RADIATION ONCOLOGY AND

OTHER CANCER TREATMENTS FOR RESIDENTS IN AND AROUND SILVER SPRING,

MARYLAND. MEANWHILE, THE AQUILINO CANCER CENTER AT ADVENTIST HEALTHCARE

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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SHADY GROVE MEDICAL CENTER IN ROCKVILLE, MARYLAND, CONTINUES TO HOST CUTTING-EDGE CLINICAL TRIALS AND WELLNESS PROGRAMS THAT AIM TO TREAT THE PSYCHOLOGICAL TOLL THAT CANCER HAS ON PATIENTS. EFFORTS LIKE THESE ARE PART OF ADVENTIST HEALTHCARE'S COMMITMENT TO PROVIDE THE LATEST DIAGNOSTIC AND TREATMENT SERVICES WITH COMPASSION, TO GAIN A DEEP UNDERSTANDING OF THE UNIQUE DEMANDS OF CANCER PATIENTS, AND TO ACCOMMODATE PATIENT NEEDS AND PREFERENCES. OUR WHOLE-PERSON CANCER CARE SERVICES ALSO INCLUDE NUTRITION COUNSELING, STRESS MANAGEMENT, FITNESS PROGRAMS AND SUPPORT GROUPS.

ADVENTIST HEALTHCARE'S TRADITION OF HOLISTIC CARE EXPANDED TO PRINCE GEORGE'S COUNTY, MARYLAND, IN 2019 WITH THE ACQUISITION OF FORT WASHINGTON MEDICAL CENTER. THE HOSPITAL, WHICH PROVIDED CRITICAL CARE TO RESIDENTS HARD-HIT BY COVID-19 THROUGHOUT THE PANDEMIC, CONTINUES TO PROVIDE ITS COMMUNITY WITH ACCESS TO HIGH QUALITY EMERGENCY SERVICES. ADVENTIST HEALTHCARE HAS ADDED PRIMARY CARE AND SPECIALTY PHYSICIAN OFFICES IN FORT WASHINGTON TO BETTER SERVE RESIDENTS. OFFERINGS NOW INCLUDE GENERAL AND BARIATRIC SURGERY, ORTHOPEDICS, IMAGING SERVICES AND CARDIAC CARE. CONSTRUCTION ON A MEDICAL PAVILION AT NATIONAL HARBOR IN OXON HILL, MARYLAND, NEAR WASHINGTON, D.C., IS NEARING COMPLETION. THE NEW FACILITY, ANTICIPATED TO OPEN IN SUMMER 2023, WILL HOUSE A SURGERY CENTER, PHYSICIAN OFFICES AND OTHER AMBULATORY SERVICES. THE CENTER WILL BE EASILY ACCESSIBLE FROM WASHINGTON, MARYLAND, AND VIRGINIA, JUST OFF AN EXIT FROM THE CAPITAL BELTWAY.

ADVENTIST HEALTHCARE CONTINUES TO DEVELOP A RELATIONSHIP WITH RESIDENTS IN WASHINGTON, D.C., THROUGH ITS MANAGEMENT SERVICES AGREEMENT WITH HOWARD UNIVERSITY HOSPITAL. IN APRIL 2023, ADVENTIST HEALTHCARE ALSO

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BEGAN SUPPORTING AND MANAGING ALL PRACTICE OPERATIONS AT THE HOWARD UNIVERSITY FACULTY PRACTICE PLAN, WHICH IS HOWARD'S EMPLOYED PHYSICIAN PRACTICE. OFFERING MULTIPLE SPECIALTIES, THE PRACTICE IS CLOSELY CONNECTED TO HOWARD'S COLLEGE OF MEDICINE AND HOWARD UNIVERSITY HOSPITAL, AND IT PROVIDES D.C. RESIDENTS WITH ACCESS TO NEEDED MEDICAL SERVICES. THE AGREEMENT BUILDS ON ADVENTIST HEALTHCARE'S WORK PROVIDING SENIOR LEADERSHIP AT HOWARD UNIVERSITY HOSPITAL TO HELP STRENGTHEN THE QUALITY OF ITS SERVICES.

THE HOWARD PARTNERSHIP IS BEGINNING TO PROVIDE ACCESS FOR MEDICAL TRAINEES, RESIDENTS, MEDICAL STUDENTS, AND GRADUATES TO TRAIN AND WORK WITHIN ADVENTIST HEALTHCARE'S NETWORK OF HOSPITALS. HOWARD UNIVERSITY HOSPITAL IS A PRIVATE, NONPROFIT INSTITUTION THAT HAS SERVED THE COMMUNITY FOR MORE THAN 150 YEARS. IT IS ONE OF THE MOST COMPREHENSIVE HEALTH SYSTEMS IN D.C., WITH A LEVEL 1 TRAUMA CENTER AND AN EMERGENCY DEPARTMENT THAT SEES APPROXIMATELY 50,000 PATIENTS ANNUALLY. IT IS RECOGNIZED AS A NATIONAL LEADER IN TRAINING FUTURE DOCTORS, NURSES, AND OTHER HEALTHCARE PROFESSIONALS, AND ESSENTIAL TO HELPING THE U.S. ADDRESS RACIAL DISPARITIES IN THE PHYSICIAN WORKFORCE.

IN THE AREA OF NEUROLOGICAL CARE, BOTH ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER AND ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER AGAIN RECEIVED NATIONAL RECOGNITION FROM THE AMERICAN STROKE ASSOCIATION IN 2022 FOR THEIR ONGOING COMMITMENT TO STROKE INTERVENTIONS THAT FOLLOW THE LATEST, EVIDENCE-BASED GUIDELINES. BOTH HOSPITALS EARNED THE GOLD PLUS ACHIEVEMENT AWARD IN THE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE PROGRAM. TO RECEIVE THIS AWARD, EACH HOSPITAL ACHIEVED 85 PERCENT OR HIGHER COMPLIANCE WITH THE PROGRAM'S

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STANDARDS FOR TWO OR MORE CONSECUTIVE 12-MONTH PERIODS. IN ADDITION,
 BOTH HOSPITALS ACHIEVED 75 PERCENT OR HIGHER COMPLIANCE WITH FIVE OF
 EIGHT QUALITY MEASURES.

ADDITIONALLY, SHADY GROVE MEDICAL CENTER RECEIVED TARGET: STROKE HONOR
 ROLL ELITE PLUS STATUS AND WHITE OAK MEDICAL CENTER RECEIVED TARGET:
 STROKE HONOR ROLL STATUS FOR MAINTAINING SHORT INTERVALS BETWEEN A
 PATIENT'S ARRIVAL AT THE HOSPITALS AND THEIR TREATMENT WITH A
 CLOT-DISSOLVING MEDICATION. PROVIDING MEDICATION WITHIN THE FIRST 4.5
 HOURS AFTER SYMPTOMS HAS BEEN SHOWN TO SIGNIFICANTLY REDUCE THE EFFECTS
 OF STROKE AND LESSEN THE CHANCE OF PERMANENT DISABILITY.

IN 2022, SHADY GROVE MEDICAL CENTER ALSO EARNED NATIONAL CERTIFICATION
 FROM THE JOINT COMMISSION FOR QUALITY IN PERFORMING AND CARING FOR
 PATIENTS AFTER MECHANICAL THROMBECTOMY, A MINIMALLY INVASIVE
 NEUROSURGICAL PROCEDURE THAT HAS BEEN SHOWN IN RECENT STUDIES TO
 IMPROVE OUTCOMES FOR STROKE PATIENTS. SHADY GROVE ACCEPTS TRANSFERS OF
 STROKE PATIENTS FROM OTHER LOCAL HOSPITALS WHO REQUIRE THE PROCEDURE
 AND THUS HAS EXPANDED ACCESS TO THE BREAKTHROUGH TREATMENT IN ITS
 REGION OF MARYLAND. SHADY GROVE IS DESIGNATED A THROMBECTOMY-CAPABLE
 PRIMARY STROKE CENTER BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL
 SERVICES SYSTEMS.

ALSO IN 2022, SHADY GROVE MEDICAL CENTER BEGAN INFRASTRUCTURE WORK
 NEEDED TO START CONSTRUCTION ON ITS NEW SIX-STORY PATIENT TOWER
 ADJACENT TO THE HOSPITAL. THE PROJECT, WHICH WON APPROVAL FROM THE
 STATE OF MARYLAND IN 2021, WILL CREATE A LARGER, UPDATED EMERGENCY
 DEPARTMENT WITH ADDITIONAL SPACES DEDICATED TO MENTAL HEALTH

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EMERGENCIES; A LARGER INTENSIVE CARE UNIT AND NEW MEDICAL-SURGICAL ROOMS THAT WILL ALLOW THE HOSPITAL TO COMPLETE ITS TRANSITION TO ALL-PRIVATE ROOMS. THE TOWER IS ONE OF THE FIRST HOSPITAL BUILDINGS IN THE COUNTRY DESIGNED IN THE WAKE OF COVID-19, ALLOWING ITS DESIGNERS TO INCORPORATE ELEMENTS INFORMED BY THE PANDEMIC.

ADVENTIST HEALTHCARE MARKED 60 YEARS OF OUTSTANDING CARDIAC CARE SERVICES IN 2022. THE HEALTH SYSTEM PIONEERED MANY CARDIAC FIRSTS IN THE GREATER D.C. AREA, INCLUDING MITRAL VALVULOPLASTY AND SEVERAL SOPHISTICATED TYPES OF ECHOCARDIOGRAPHY. CARRYING ON THAT LEGACY, WHITE OAK MEDICAL CENTER PERFORMS SUBSTANTIAL CARDIAC SURGERY AND PCI PROCEDURES, AND BACKS UP MULTIPLE HOSPITALS THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM FOR THEIR PRIMARY AND NONPRIMARY ELECTIVE PCI PROGRAMS.

WHITE OAK MEDICAL CENTER AND SHADY GROVE MEDICAL CENTER RECEIVED NATIONAL RECOGNITION IN 2022 FROM THE AMERICAN HEART ASSOCIATION FOR PROVIDING RAPID, RESEARCH-BASED, AND HIGH-QUALITY CARE TO HEART ATTACK PATIENTS. SHADY GROVE MEDICAL CENTER RECEIVED AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE STEMI RECEIVING CENTER GOLD PLUS AWARD AND WHITE OAK MEDICAL CENTER RECEIVED THE MISSION: LIFELINE STEMI & NSTEMI GOLD AWARDS.

THE FORMER WASHINGTON ADVENTIST HOSPITAL FACILITY IN TAKOMA PARK CONTINUED TO PLAY A CRITICAL ROLE IN MARYLAND'S COVID-19 RESPONSE. ADVENTIST HEALTHCARE PARTNERED WITH THE STATE OF MARYLAND TO OPERATE THE FACILITY AS AN ALTERNATE CARE SITE (ACS) FOR THE TREATMENT OF COVID-19 PATIENTS. THE ACS IN 2022 MADE IT POSSIBLE FOR COMMUNITY

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HOSPITALS IN ITS REGION TO TRANSFER HUNDREDS OF COVID-19 PATIENTS FOR
SPECIALIZED CARE, FREEING ACUTE-CARE BEDS FOR RESIDENTS. THE FACILITY
ALSO HAS HOUSED A REHABILITATION UNIT SPECIALIZING IN COVID RECOVERY
AND AN INFUSION SITE FOR THE ADMINISTRATION OF MONOCLONAL ANTIBODY
TREATMENTS FOR COVID-19.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED:

ADVENTIST HEALTHCARE REMAINS THE SECOND LARGEST MENTAL HEALTH CARE
PROVIDER IN MARYLAND. IT ESTABLISHED THE FIRST BEHAVIORAL HEALTH UNIT
IN MONTGOMERY COUNTY IN 1949. IT PROVIDES A SPECTRUM OF SERVICES AND
TREATMENT OPTIONS FOR CHILDREN, ADOLESCENTS, ADULTS, AND SENIORS:
HOSPITAL-BASED PROGRAMS, SCHOOL PROGRAMS, OUTPATIENT SERVICES AND
COMMUNITY-BASED SERVICES. ITS FACILITIES EMPLOY HIGHLY SKILLED,
MULTIDISCIPLINARY TEAMS OF PSYCHIATRISTS, SOCIAL WORKERS, CASE
MANAGERS, PSYCHIATRIC NURSES, EXPRESSIVE THERAPISTS, AND CHAPLAINS WHO
PROVIDE COMPASSIONATE BEHAVIORAL HEALTHCARE.

ADVENTIST HEALTHCARE ALSO OFFERS QUALITY POST-ACUTE CARE. ADVENTIST
HEALTHCARE REHABILITATION IS THE FIRST AND ONLY HOSPITAL IN A
FIVE-STATE AREA TO OBTAIN ACCREDITATIONS FROM THE COMMISSION ON
ACCREDITATION OF REHABILITATION FACILITIES INTERNATIONAL FOR CARE OF
HOSPITALIZED PATIENTS IN FOUR SPECIALTY AREAS - BRAIN INJURY, SPINAL
CORD INJURY, STROKE AND AMPUTATION. IN THE FALL OF 2022, REHAB RANKED
AMONG THE BEST INPATIENT REHABILITATION FACILITIES IN THE NATION AND
NO. 1 IN ITS REGION OF THE U.S. IN RATINGS BY NEWSWEEK AND STATISTA
INC. ADDITIONALLY, ADVENTIST HEALTHCARE'S HOME HEALTH CONTINUED TO
SERVE RESIDENTS IN EIGHT MARYLAND COUNTIES, WITH 79,189 ENCOUNTERS IN
2022.

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HERE IS A SNAPSHOT OF ADVENTIST HEALTHCARE IN 2022:

5 HOSPITALS (THREE ACUTE CARE AND TWO SPECIALTIES);

2,207 PHYSICIANS AND MEDICAL STAFF MEMBERS;

6,101 EMPLOYEES;

6,144 NEWBORNS DELIVERED;

13,494 OUTPATIENT SURGERIES;

132,111 EMERGENCY VISITS.

2. INCREASE ACCESS TO CARE:

ADVENTIST HEALTHCARE PARTNERS WITH SEVERAL ORGANIZATIONS TO BRING FREE SERVICES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN, AND LOW-INCOME, UNINSURED, AND MINORITY POPULATIONS.

ADVENTIST HEALTHCARE IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES.

ADVENTIST HEALTHCARE PARTNERS WITH LOCAL SAFETY NET CLINICS THAT OFFER PRIMARY CARE, OR A MEDICAL HOME, TO UNINSURED RESIDENTS OF MONTGOMERY COUNTY. THROUGH THESE PARTNERSHIPS, ADVENTIST HEALTHCARE HELPS ENSURE THAT UNINSURED PATIENTS HAVE COORDINATED CARE BETWEEN THE CLINIC THAT SERVES AS THEIR MEDICAL HOME AND THE HOSPITAL WHERE THEY RECEIVE ACUTE CARE AND EDUCATIONAL PROGRAMS. THE PARTNERSHIPS ALSO HELP TO DECREASE INAPPROPRIATE EMERGENCY DEPARTMENT UTILIZATION BY THIS PORTION OF THE POPULATION. OUR LOCAL SAFETY NET CLINIC PARTNERS INCLUDE MERCY HEALTH CLINIC, COMMUNITY CLINIC INC., MOBILE MEDICAL CARE INC., AND MARY'S CENTER, ALL OF WHICH IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDER-INSURED RESIDENTS. ADVENTIST HEALTHCARE'S SUPPORT

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INCLUDES BUT IS NOT LIMITED TO PROVIDING LAB WORK, X-RAY SERVICES AND FINANCIAL SUPPORT FOR CLINICAL OPERATIONS.

THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND PREVENTATIVE HEALTH SERVICES TO OVER 20,000 MEN, WOMEN, AND CHILDREN IN NEED. MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES. IN THE LONG BRANCH SECTION OF SILVER SPRING, OUR PARTNERSHIP WITH MARY'S CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE TO PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TO SOCIAL-SERVICES PROGRAMS. OUR WORK WITH MOBILE MED ENABLES REGULAR MEDICAL CARE, SUCH AS ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS.

IN ADDITION TO PARTNERING WITH CLINICS, ADVENTIST HEALTHCARE ALSO ADDRESSES COMMUNITY NEEDS THROUGH SPECIALIZED SERVICES IN ITS FACILITIES, SUCH AS THE SHADY GROVE MEDICAL CENTER FORENSIC MEDICAL UNIT. THE ONLY UNIT OF ITS KIND IN MONTGOMERY COUNTY, MARYLAND, ITS NURSES PROVIDE FORENSIC EVIDENCE COLLECTION AND SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT, ABUSE, NEGLECT, AND HUMAN TRAFFICKING. IN 2022, THE UNIT HAD 1,420 ENCOUNTERS, INCLUDING ASSAULT EXAMS AND PATIENT CONSULTS.

SHADY GROVE MEDICAL CENTER AND WHITE OAK MEDICAL CENTER ARE ALSO ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM, WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME, UNINSURED PREGNANT WOMEN. SHADY GROVE MEDICAL CENTER SPONSORS MARYLAND'S ONLY HOSPITAL-BASED MILK DEPOT, OFFERING BREASTFEEDING

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MOTHERS A SAFE, CONVENIENT WAY TO DONATE EXCESS MILK, AND FOR FAMILIES

WHOSE MOTHERS MAY NOT BE ABLE TO BUILD THEIR OWN SUPPLY TO SAFELY

ACCESS DONOR MILK FOR THEIR INFANT.

IN THE AREA OF MENTAL HEALTH, ADVENTIST HEALTHCARE OFFERS COMMUNITY

SUPPORT GROUPS FOCUSED ON TOPICS SUCH AS GRIEF AND LOSS, RESILIENCY AND

COPING WITH VARIOUS PHYSICAL HEALTH DIAGNOSES THAT TAKE A MENTAL TOLL

ON PATIENTS. ADDITIONALLY, ADVENTIST HEALTHCARE PARTNERS ON EDUCATION

INITIATIVES WITH EVERYMIND INC.

FOR 14 YEARS, THE ADVENTIST HEALTHCARE GERMANTOWN EMERGENCY CENTER IN

GERMANTOWN, MARYLAND, HAS BROUGHT VITAL EMERGENCY SERVICES TO A DIVERSE

COMMUNITY. THE EMERGENCY CENTER'S MEDICAL CAMPUS ALSO HAS A PRIMARY

CARE CLINIC FOR UNINSURED RESIDENTS, A PRENATAL CLINIC FOR LOW-INCOME

WOMEN, OUTPATIENT RADIOLOGY SERVICES AND PHYSICIAN OFFICES.

GERMANTOWN IS ALSO HOME TO THE SHADY GROVE ADVENTIST RADIATION ONCOLOGY

CENTER (LEGALLY KNOWN AS ADVENTIST CANCER CARE, LLC), WHICH DELIVERS

CONVENIENT AND INTEGRAL CARE TO CANCER PATIENTS IN UPPER MONTGOMERY

COUNTY. RADIATION ONCOLOGY IS PART OF THE TREATMENT FOR 60-65% OF

PATIENTS WITH CANCER.

3. PROMOTE HEALTH EQUITY AND WELLNESS:

ADVENTIST HEALTHCARE IS THE LARGEST PROVIDER OF COMMUNITY BENEFIT IN

MONTGOMERY COUNTY, MARYLAND, AND CONTRIBUTES TO SOCIETAL WELL-BEING

THROUGH COMMUNITY HEALTH IMPROVEMENT PROGRAMS AND COLLABORATIVE

PARTNERSHIPS. OUR ORGANIZATION WORKS WITH MANNA FOOD CENTER, IDENTITY,

AND MONTGOMERY COUNTY COALITION FOR THE HOMELESS TO ADDRESS SOCIAL

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NEEDS SUCH AS HUNGER, HOMELESSNESS, LITERACY, AND ACCESS TO CARE. IN ADDITION, ADVENTIST HEALTHCARE PARTNERS WITH SAFETY-NET CLINICS LIKE CCI HEALTH AND WELLNESS SERVICES, MOBILE MED, MERCY HEALTH CLINIC AND MANSFIELD KASEMAN CLINIC, PROVIDING MATERIAL SUPPORT AND EXPERTISE IN HEALTH EDUCATION, IT, AND HEALTH AWARENESS CAMPAIGNS.

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDES FINANCIAL SUPPORT TO THESE AND OTHER ORGANIZATIONS ALIGNED WITH OUR COMMUNITY-BASED MISSION TO IMPROVE HEALTH OUTCOMES. ADVENTIST HEALTHCARE FOCUSES SPECIFICALLY ON COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITY AREAS, OR POPULATIONS IN OUR SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED.

SEVERAL TEAMS ACROSS OUR SYSTEM CARRY OUT OUR GOAL OF IMPROVING THE HEALTH AND WELL-BEING OF PEOPLE AND COMMUNITIES. THE LIFEWORX STRATEGIES (LWS) TEAM PROVIDES EMPLOYEE HEALTH AND WELLNESS PROGRAMS, EMPLOYEE ASSISTANCE PROGRAMS, OCCUPATIONAL SCREENINGS, AND ONGOING HEALTH ASSESSMENT AND WELLNESS-TRACKING SERVICES.

NURSES AND EMPLOYEES ON ADVENTIST HEALTHCARE'S POPULATION HEALTH MANAGEMENT TEAMWORK WITH PATIENTS TO ADDRESS ONGOING NEEDS FOR HEALTH RESOURCES. THE POPULATION HEALTH TEAM CONNECTS PATIENTS WITH PRIMARY CARE PHYSICIANS AND OTHER CAREGIVERS TO ENSURE NUTRITIONAL NEEDS ARE MET, AND THAT PATIENTS HAVE ACCESS TO AND ARE TAKING MEDICATIONS APPROPRIATELY. DURING THE COVID-19 PANDEMIC, THE CARE TRANSITIONS TEAM HAS CONNECTED PATIENTS WITH TESTING, EDUCATION, AND DISEASE MANAGEMENT.

ADVENTIST HEALTHCARE SPONSORS A CLINICALLY INTEGRATED NETWORK, A GROUP

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OF PHYSICIANS FOCUSED ON IMPROVING QUALITY OF CARE. ADDITIONALLY,
 ADVENTIST HEALTHCARE IS A MEMBER OF NEXUS MONTGOMERY, A COLLABORATIVE
 EFFORT AMONG THE SIX MONTGOMERY COUNTY HOSPITALS AND A NETWORK OF
 COMMUNITY-BASED ORGANIZATIONS WHOSE INITIATIVES IMPROVE THE HEALTH OF
 THOSE AT RISK OF AVOIDABLE HOSPITALIZATION. THE TARGET POPULATION
 INCLUDES MEDICARE SENIORS, THE MEDICALLY FRAIL, THOSE WITH SEVERE
 BEHAVIORAL HEALTH CONDITIONS AND THOSE WHO ARE NOT ELIGIBLE FOR HEALTH
 INSURANCE.

FINALLY, AS ALREADY NOTED, ADVENTIST HEALTHCARE PLAYED A VITAL ROLE IN
 CARING FOR OUR COMMUNITIES DURING THE COVID-19 PANDEMIC. IN ADDITION TO
 COVID CRITICAL CARE, EMERGENCY CARE, VACCINATIONS, TREATMENTS AND
 POST-DISEASE SERVICES, THE HEALTH SYSTEM ALSO HAS USED DIGITAL AND
 PRINT COMMUNICATIONS TO EDUCATE COMMUNITY MEMBERS ABOUT PUBLIC HEALTH
 MEASURES AND EMPHASIZE THE SAFETY OF VACCINATION AND BOOSTERS. WHILE
 TACKLING THE CHALLENGES OF COVID-19, ADVENTIST HEALTHCARE FACILITIES
 CONTINUED TO DELIVER OTHER VITAL EMERGENCY AND MEDICAL SERVICES SAFELY
 AND SEAMLESSLY FOR THOSE WHO NEEDED THEM. THE HEALTH SYSTEM REMAINS
 PREPARED TO SERVE ALL THOSE WHO NEED CARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SHADY GROVE MEDICAL CENTER PROVIDES A BROAD RANGE OF BEHAVIORAL HEALTH
 SERVICES SUCH AS ACUTE CARE, SPECIAL AND GENERAL EDUCATION PROGRAMS,
 CHEMICAL DEPENDENCY PROGRAMS, OUTPATIENT PROGRAMS, PARTIAL
 HOSPITALIZATION PROGRAMS, INTENSIVE OUTPATIENT SERVICES AND AN
 OUTPATIENT WELLNESS CLINIC.

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SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH FACILITIES INCLUDE 117

ACUTE-CARE INPATIENT BEDS. AMONG THEM ARE THE SPECIALIZED MAGNOLIA

UNIT, A 10-BED UNIT DEDICATED TO SERVING GERIATRIC ADULTS. THE UNIT

PROVIDES CRITICAL STABILIZATION AND SHORT-TERM INPATIENT TREATMENT FOR

OLDER ADULTS WHO EXPERIENCE SUDDEN LIFE CHANGES AND STRESSORS THAT

TRIGGER DEPRESSION, ANXIETY AND OTHER CHALLENGES THAT IMPACT THEIR

DAILY ACTIVITIES. SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH TEAM

MEMBERS CARED FOR APPROXIMATELY 2,442 PATIENTS IN 2022.

SERVICES ALSO INCLUDE THE RIDGE SCHOOL, A SPECIAL AND GENERAL EDUCATION

DAY SCHOOL FOR STUDENTS IN GRADES 6 THROUGH 12 WITH EMOTIONAL AND

LEARNING DISABILITIES OR OTHER BEHAVIORAL HEALTH IMPAIRMENTS THAT IS

APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION.

SHADY GROVE MEDICAL CENTER ALSO OFFERS 16 ASSISTED LIVING BEDS AND A

FULL CONTINUUM OF OUTPATIENT SERVICES.

THE BEHAVIORAL HEALTH UNIT AT ADVENTIST HEALTHCARE WHITE OAK MEDICAL

CENTER:

THE BEHAVIORAL HEALTH UNIT AT WHITE OAK MEDICAL CENTER OFFERS 26 ADULT

INPATIENT BEDS IN ADDITION TO PARTIAL HOSPITALIZATION AND INTENSIVE

OUTPATIENT PROGRAMS IN SILVER SPRING, MARYLAND. THE BEHAVIORAL HEALTH

UNIT WAS OPEN FROM APRIL TO OCTOBER OF 2022 AND SERVED 232 PATIENTS.

COMMUNITY-BASED RESIDENTIAL SERVICES:

THE MANOR IS AN ASSISTED LIVING FACILITY IN TAKOMA PARK, MARYLAND, FOR

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INDIVIDUALS WITH CHRONIC AND SEVERE MENTAL ILLNESS WHO ARE UNABLE TO
 LIVE INDEPENDENTLY. THE FACILITY PROVIDES A SAFE AND SUPPORTIVE
 RESIDENTIAL ENVIRONMENT AS AN ALTERNATIVE TO LONG-TERM PSYCHIATRIC
 HOSPITALIZATION.

COMMUNITY SERVICE:

SHADY GROVE MEDICAL CENTER IS COMMITTED TO SERVING AS A MENTAL HEALTH
 RESOURCE TO FAMILIES AND BEHAVIORAL HEALTH SPECIALISTS IN THE
 COMMUNITIES IT SERVES. THE ORGANIZATION HAS DEDICATED SIGNIFICANT
 RESOURCES TO PROVIDING CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS
 AS WELL AS FREE MENTAL HEALTH SUPPORT GROUPS TO THE COMMUNITY.

SHADY GROVE MEDICAL CENTER SPONSORS AND SUPPORTS COMMUNITY
 ORGANIZATIONS SUCH AS THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION
 AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS OF MONTGOMERY COUNTY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THESE PHYSICIANS PRIMARILY SERVE PATIENTS IN MONTGOMERY COUNTY AND
 PRINCE GEORGE'S COUNTY.

FOR BOTH GROUPS OF PHYSICIANS, ADVENTIST HEALTHCARE UNDER ITS
 EMPLOYMENT CONTRACTS, PROVIDES ADMINISTRATIVE, FINANCIAL MANAGEMENT,
 TECHNICAL AND BUSINESS SUPPORT SERVICES THAT ARE ESSENTIAL FOR
 PHYSICIANS TO PROVIDE QUALITY CARE AND OPERATE SUCCESSFUL PRACTICES.

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

THE GOVERNING BODY HAS DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE

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DURING SUCH TIMES WHEREBY IT IS IMPRACTICAL 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, 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:
 MID-ATLANTIC ADVENTIST HEALTHCARE, INC. IS THE SOLE MEMBER OF ADVENTIST
 HEALTHCARE, INC.

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

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

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

THE FOLLOWING ACTIONS SHALL BE RESERVED TO THE MEMBERSHIP:

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

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

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CORPORATION;

C. APPOINTMENT OF MEMBERS OF THE BOARD OF TRUSTEES FROM NOMINEES SUBMITTED

BY THE BOARD OF TRUSTEES;

D. REMOVAL OF MEMBERS OF THE BOARD OF TRUSTEES

E. APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE OFFICER ("CEO") OF THE

CORPORATION, IN CONSULTATION WITH THE BOARD OF TRUSTEES.

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, EXECUTIVE MANAGEMENT TEAM, AND THE

ORGANIZATION'S OUTSIDE TAX ADVISORS. 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

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DEFINED AS ANY PERSON WHO IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE
 RELATIONSHIP WITH THE COVERED PERSON IS SIMILAR TO THAT OF PERSONS WHO ARE
 RELATED BY BLOOD OR MARRIAGE.

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

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

FORM 990, PART VI, SECTION B, LINE 15:
 AS A TAX EXEMPT ORGANIZATION, ADVENTIST HEALTHCARE, INC. IS SUBJECT TO IRS
 RULES AND REGULATIONS THAT ENSURE THAT ANY ORGANIZATION THAT IS EXEMPT FROM
 TAX IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES, AND THAT
 NO INDIVIDUAL INAPPROPRIATELY BENEFITS FROM THE NET EARNINGS OF THE
 ORGANIZATION. THE INTENT OF THIS PROVISION IS GENERALLY CONSTRUED TO GUARD
 AGAINST INDIVIDUALS BENEFITING AT THE ORGANIZATION'S EXPENSE BY, FOR
 EXAMPLE, RECEIVING COMPENSATION AND BENEFITS BEYOND AN AMOUNT WHICH IS FAIR

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AND REASONABLE (AN "EXCESS BENEFIT").

> TO ASSIST TAX-EXEMPT ORGANIZATIONS IN AVOIDING EXCESS BENEFIT

TRANSACTIONS, THE IRS HAS ESTABLISHED GUIDELINES WHICH NEED TO BE FOLLOWED

WHEN SETTING COMPENSATION FOR ITS OFFICERS AND DIRECTORS.

> IRS GUIDELINES SET FORTH THAT A COMPENSATION ARRANGEMENT BETWEEN AN

EXEMPT ORGANIZATION AND ITS OFFICER OR DIRECTOR SHALL BE PRESUMED TO BE

REASONABLE IF THE FOLLOWING THREE CONDITIONS ARE SATISFIED:

1. THE COMPENSATION ARRANGEMENT IS APPROVED BY THE ORGANIZATION'S

GOVERNING BODY OR A COMMITTEE OF THE GOVERNING BODY COMPOSED ENTIRELY OF

INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE

ARRANGEMENT;

2. THE GOVERNING BODY, OR COMMITTEE THEREOF, OBTAINED AND RELIED UPON

APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION; AND

3. THE GOVERNING BODY OR COMMITTEE THEREOF ADEQUATELY DOCUMENTED THE BASIS

FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION.

> WHEN SETTING EXECUTIVE COMPENSATION, ADVENTIST HEALTHCARE, INC. FULLY

COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBODIED IN IRS REGULATIONS.

> EXECUTIVE COMPENSATION FOR ADVENTIST HEALTHCARE, INC. IS ENTIRELY SET BY

A COMMITTEE OF ADVENTIST HEALTHCARE, INC.'S GOVERNING BOARD;

> IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET

COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION

CONSULTANT; AND

> TO FURTHER ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH

PERCENTILE (OR MEDIAN) OF THE MARKET.

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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 VII, SECTION A:

ADVENTIST HEALTHCARE MAINTAINS A BOARD LEADER WELLNESS POLICY.

PURSUANT TO THIS POLICY, ELIGIBLE MEMBERS OF THE ADVENTIST HEALTHCARE

BOARD OF TRUSTEES ARE ENTITLED TO RECEIVE REIMBURSEMENT (UP TO \$12,000)

FOR QUALIFYING HEALTH CARE OR WELLNESS EXPENSES INCURRED BY THEM.

REIMBURSEMENTS ARE TAXABLE TO THE BOARD MEMBER. THE AMOUNT SET FORTH

IN PART VII, SECTION A, COLUMN (D) FOR DR. DAVID E. WEIGLEY AND

EMMANUEL ASIEDU REPRESENTS REIMBURSEMENTS RECEIVED UNDER THIS POLICY

DURING 2022.

ADVENTIST HEALTHCARE ALSO PROVIDES ITEMS THAT COULD BE CATEGORIZED AS

DE MINIMIS BENEFITS TO BOARD MEMBERS AND TREATS THIS AS TAXABLE

COMPENSATION. AMOUNTS REPORTED AS 1099 INCOME ARE SHOWN.

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

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES 173,843,049.

MANAGEMENT AND GENERAL EXPENSES 2,829,401.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 176,672,450.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 49,581,298.

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MANAGEMENT AND GENERAL EXPENSES 2,720,796.

FUNDRAISING EXPENSES 279,076.

TOTAL EXPENSES 52,581,170.

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES 590,752.

MANAGEMENT AND GENERAL EXPENSES 2,452,655.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,043,407.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 232,297,027.

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

OTHER RESTRICTED NET ASSETS ACTIVITY 13,221,109.

NET ORGANIZATION TRANSFER -30,135.

DISCONTINUED OPERATIONS -980,678.

DEFERRED COMPENSATION PLAN LIABILITY ADJUSTMENT -71,594.

OTHER UNRESTRICTED NET ASSETS ACTIVITY -13,375,987.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS &

CHARITABLE GIFT ANNUITY -336,829.

DONATIONS USED FOR PURCHASE OF EQUIPMENT 250,000.

TOTAL TO FORM 990, PART XI, LINE 9 -1,324,114.

**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 <p align="center">ADVENTIST HEALTHCARE, INC.</p>	Employer identification number <p align="center">52-1532556</p>
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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
ADVENTIST CANCER CARE, LLC - 26-2515407 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	OUTPATIENT CANCER CARE	MARYLAND	1,518,498.	1,357,555.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY ALLIANCE, LLC - 52-1532556, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	INTEGRATED PHYSICIAN GROUP	MARYLAND	1,355,648.	42,446.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY ACO, LLC - 47-4070973 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MEDICARE SHARED SAVINGS PLAN ACCOUNTABLE CARE ORGANIZATION	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY CTO, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MEDICARE CARE MANAGEMENT TEAM	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, 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 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	
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC. - 20-1486678, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	REHABILITATION HOSPITAL	MARYLAND	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE, INC.	X	

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

Schedule R (Form 990) 2022

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
BLACKWELL PHYSICIANS, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
BLACKWELL PARTNER, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
BLACKWELL AMBULATORY SURGERY CENTER, LLC - 52-1532556, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
WHITE OAK TENANT, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MANAGE REAL PROPERTY AT THE MEDICAL PAVILION OF WHITE OAK MEDICAL CENTER	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
AHC WHITE OAK MEMBER, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MANAGE PARTICIPATION OF MEDICAL OFFICE BUILDING PARTNERSHIP	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
AHC HOLDINGS, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	REAL ESTATE HOLDING	DISTRICT OF COLUMBIA	0.	0.	ADVENTIST HEALTHCARE, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ADVENTIST REHABILITATION, INC. - 30-0780513 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	REHABILITATION SERVICES	MARYLAND	501(C)(3)	LINE 10	ADVENTIST REHABILITATION HOSPITAL OF	X	
MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION - 52-1884153, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOLDING COMPANY	MARYLAND	501(C)(3)	LINE 10	N/A		X
ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC. - 84-2670875, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	ACUTE CARE HOSPITAL	MARYLAND	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE, INC.	X	
REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC. - 52-1255870, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD	BEHAVIORAL CARE	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.	X	
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC. - 52-1216429, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 12A, I	N/A	X	
WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC. - 52-1692158, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 12A, I	ADVENTIST HEALTHCARE, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHADY GROVE MEDICAL BUILDING, LLC - 27-4599411, 1650 TYSONS BOULEVARD, STE 820, MCLEAN, VA 22102	MEDICAL OFFICE BUILDING	MD	N/A	RELATED	462,369.	-3,633,673.		X	N/A	X		50.00%
NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC - 81-5410250, 820 WEST DIAMOND AVE. SUITE 600, GAITHERSBURG, CORELIFE ADVENTIST, LLC - 84-1813204, 821 WEST BENFIELD ROAD, SUITE 5, SEVERNA PARK, MD 21146	HEALTHCARE & COMMUNITY SERVICE FOR IMPROVED HEALTH PROVIDES WELLNESS AND WEIGHT MANAGEMENT	MD	N/A	RELATED	0.	0.		X	N/A	X		25.00%
ADVENTIST HEALTHCARE SURGERY CENTER AT NATIONAL HARBOR LLC - 85-2814304, 251 NATIONAL HARBOR BOULEVARD, SUITE 200,	AMBULATORY SURGICAL SERVICES	MD	N/A	RELATED	-1,536,087.	-2,366,632.		X	N/A	X		50.00%
					0.	0.		X	N/A	X		35.00%

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MID-ATLANTIC RADIATION ONCOLOGY, LLC - 84-4560643, 10101 WOODLOCH FOREST DR, THE WOODLANDS, TX 77380	RADIATION ONCOLOGY SERVICES	MD	N/A	RELATED	199,199.	3,046,940.		X	N/A	X		50.00%

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) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC.	C	1,595,407.	COST
(2) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	C	259,393.	COST
(3) ADVENTIST HEALTHCARE URGENT CARE CENTERS, INC.	L	24,327.	COST
(4) ADVENTIST HOME HEALTH SERVICES, INC.	L	875,479.	COST
(5) ADVENTIST PHYSICIAN SERVICES, INC.	L	151,067.	COST
(6) REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC.	L	338,708.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	L	1,417,193.	COST
(8) ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC	Q	955,262.	COST
(9) ADVENTIST HOME HEALTH SERVICES, INC.	Q	760,991.	COST
(10) ADVENTIST PHYSICIAN SERVICES, INC.	Q	119,394.	COST
(11) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Q	2,519,426.	COST
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

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

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ADVENTIST 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

EIN: 85-2814304

251 NATIONAL HARBOR BOULEVARD, SUITE 200

OXEN HILL, MD 20745

Type and Entity: LABORATORY SERVICES POST-2017 NOL F
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
			_____	_____	_____	_____	_____	_____	_____	_____	_____
A	2018	191,775.									
B	2019	120,883.									
C	2020	181,666.									
D	2021	260,768.									
E	2022	376,549.									
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2006	134,340.										
B	2007	189,158.										
C	2009	114,155.										
D	2010	81,032.										
E	2011	8,919.										
F	2012	237,980.										
G	2014	121,602.										
H	2015	100,745.										
I	2016	140,744.										
J	2017	147,720.										
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: INVESTMENT IN ADVANTAG POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover												
			Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for			
2022	1,628.														

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2022, or tax year beginning _____, 2022,
and ending _____, 20 _____

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Go to www.irs.gov/Form8453TE for the latest information.

2022

Department of the Treasury
Internal Revenue Service

Name of filer

ADVENTIST HEALTHCARE, INC.

EIN or SSN

52-1532556

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

		SVP & CFO
Signature of officer or person subject to tax	Date	Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P01880959
	Firm's name (or yours if self-employed), address, and ZIP code	ADVENTIST HEALTHCARE, INC. 820 WEST DIAMOND AVE. SUITE 600 GAITHERSBURG, MD 20878			EIN 521532556
					Phone no. 3013153030

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00760402
	Firm's name	BAKER TILLY US LLP			Firm's EIN 38-0859910
	Firm's address	1570 FRUITVILLE PIKE, STE. 400, LANCASTER,			Phone no. 717-740-4863

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

Form **8453-TE** (2022)

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

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

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

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ADVENTIST HEALTHCARE, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 820 WEST DIAMOND AVE., 600</p> <p>City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878-1419</p>	<p>D Employer identification number 52-1532556</p> <p>E Group exemption number (see instructions) 1071</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 1,644,205,703.</p>			
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) 2</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. MID ATLANTIC ADVENTIST 52-1884153</p>			
<p>L The books are in care of KRISTEN PULIO, SVP & CFO Telephone number 301 315 3030</p>			

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

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

LHA For Paperwork Reduction Act Notice, see instructions.

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

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>SWITZERLAND</u>		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____			
4 Enter available pre-2018 NOL carryovers here \$ <u>1,276,395.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
621500	\$ 755,092.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	SVP & CFO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KERRI N. BOGDA, CPA				P00760402
	Firm's name	Firm's EIN		Firm's address	
BAKER TILLY US LLP	38-0859910		1570 FRUITVILLE PIKE, STE. 400		
Firm's address	Phone no.		LANCASTER, PA 17601		
	717-740-4863				

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

<u>CORPORATION'S NAME</u>	<u>IDENTIFYING NO</u>
MID ATLANTIC ADVENTIST HEALTHCARE CORPORATION	52-1884153

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 2

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
12/31/06	134,340.	0.	134,340.	134,340.
12/31/07	189,158.	0.	189,158.	189,158.
12/31/09	114,155.	0.	114,155.	114,155.
12/31/10	81,032.	0.	81,032.	81,032.
12/31/11	8,919.	0.	8,919.	8,919.
12/31/12	237,980.	0.	237,980.	237,980.
12/31/14	121,602.	0.	121,602.	121,602.
12/31/15	100,745.	0.	100,745.	100,745.
12/31/16	140,744.	0.	140,744.	140,744.
12/31/17	147,720.	0.	147,720.	147,720.
NOL CARRYOVER AVAILABLE THIS YEAR			1,276,395.	1,276,395.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

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

Table with 4 columns: A Name of the organization, B Employer identification number, C Unrelated business activity code, D Sequence.

E Describe the unrelated trade or business LABORATORY SERVICES

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

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

Table with 3 columns: Description, 7, 8a, 8b, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

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

Part V Unrelated Debt-Financed Income (see instructions)

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

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

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

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

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

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

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

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

Part IX Advertising Income

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

- A B C D

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

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

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

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

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

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

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
PHYSICIAN PROFESSIONAL FEE	641,758.
MEDICAL SUPPLIES	249,324.
GENERAL & ADMINISTRATIVE	105,869.
PURCHASED SERVICES	320,350.
OTHER OPERATING EXPENSES	110,773.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,428,074.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	191,775.	0.	191,775.	191,775.
12/31/19	120,883.	0.	120,883.	120,883.
12/31/20	181,666.	0.	181,666.	181,666.
12/31/21	260,768.	0.	260,768.	260,768.
NOL CARRYOVER AVAILABLE THIS YEAR			755,092.	755,092.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

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

Table with 4 columns: A Name of the organization, B Employer identification number, C Unrelated business activity code, D Sequence.

E Describe the unrelated trade or business INVESTMENT IN ADVANTAGE ADVISORS XANTHUS FUND, L.L.C.

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain, etc.

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

Table with 4 columns: Line number, Description, Sub-column (7, 8a, 8b), Total. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

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

Part V Unrelated Debt-Financed Income (see instructions)

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			0.	0.

Totals

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		0.		0.

Totals

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

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

Schedule A (Form 990-T) 2022

Part IX Advertising Income

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

- A B C D checkboxes

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

Table with 4 columns (A, B, C, D) for Gross advertising income and a total row.

Table with 4 columns (A, B, C, D) for Direct advertising costs by periodical and a total row.

Table with 4 columns (A, B, C, D) for Advertising gain (loss) and related rows 5-8.

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

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

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

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes Total row.

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information.

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 5

DESCRIPTION	NET INCOME OR (LOSS)
INVESTMENT IN ADVANTAGE ADVISORS XANTHUS FUND, L.L.C. - OTHER INCOME (LOSS)	-245.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-245.

FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED STATEMENT 6
SCHEDULE A BUSINESS ACTIVITY

INVESTMENT IN ADVANTAGE ADVISORS XANTHUS FUND, L.L.C.

TO FORM 990-T, SCHEDULE A, LINE E

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-19,627.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-19,627.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				18,244.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	18,244.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

ADVENTIST HEALTHCARE, INC.

52-1532556

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes entry for ADVANTAGE ADVISORS XANTHUS FUND, L.L.C. with a gain of 18,244.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 18,244.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-19,627.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-19,627.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				18,244.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	18,244.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or
taxpayer identification no.

ADVENTIST HEALTHCARE, INC.

52-1532556

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	ADVANTAGE ADVISORS XANTHUS FUND, L.L.C.							<19,627.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)							<19,627.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

ADVENTIST HEALTHCARE, INC.

52-1532556

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	ADVANTAGE ADVISORS XANTHUS FUND, L.L.C.							18,244.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								18,244.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **5471**

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

OMB No. 1545-0123

(Rev. December 2022)

Go to www.irs.gov/Form5471 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **121**

Name of person filing this return ADVENTIST HEALTHCARE, INC. Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 820 WEST DIAMOND AVE., 600 City or town, state, and ZIP code GAITHERSBURG, MD 20878-1419	A Identifying number 52-1532556 B Category of filer (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %
Filer's tax year beginning JAN 1 , 2022 , and ending DEC 31 , 2022	

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

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

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

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

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

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

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

1a Name and address of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA COURS DE RIVE 13, C/O PESTALOZZI AVOCATS SA GENEVE 1204 SWITZERLAND	b(1) Employer identification number, if any b(2) Reference ID number (see instructions) CHE205514224 c Country under whose laws incorporated SWITZERLAND			
d Date of incorporation 05/06/21	e Principal place of business GENEVE SWITZERLAND	f Principal business activity code number 622000	g Principal business activity HEALTHCARE	h Functional currency code CHF

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

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				

c Name and address of foreign corporation's statutory or resident agent in country of incorporation PESTALOZZI AVOCATS SA COURS DE RIVE 13 GENEVE 1204 SWITZERLAND	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different ADVENTIST HEALTHCARE, INC. 820 WEST DIAMOND AVENUE, SUITE 600 GAITHERSBURG MD 20878
---	--

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100	100

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

SEE STATEMENT 7

Schedule B Shareholders of Foreign Corporation

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

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
ADVENTIST HEALTHCARE INC 820 WEST DIAMOND AVENUE GAITHERSBURG MD 20878 52-1532556	COMMON	100	100	100.00%

Part II Direct Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
ADVENTIST HEALTHCARE INC 820 WEST DIAMOND AVENUE GAITHERSBURG MD 20878 52-1532556	COMMON	100	100

Schedule C Income Statement

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

		Functional Currency	U.S. Dollars	
Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends	4		
	5 Interest	5	16.	
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
8a Foreign currency transaction gain or loss - unrealized	8a			
	b Foreign currency transaction gain or loss - realized	8b		
9 Other income (attach statement)	9			
10 Total income (add lines 3 through 9)	10	16.	17.	
Deductions	11 Compensation not deducted elsewhere	11		
	12a Rents	12a		
	b Royalties and license fees	12b		
	13 Interest	13		
	14 Depreciation not deducted elsewhere	14		
	15 Depletion	15		
	16 Taxes (exclude income tax expense (benefit))	16	664.	707.
	17 Other deductions (attach statement - exclude income tax expense (benefit))	17	22,965.	24,461.
18 Total deductions (add lines 11 through 17)	18	23,629.	25,168.	
Net Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19	-23,613.	-25,151.
	20 Unusual or infrequently occurring items	20		
	21a Income tax expense (benefit) - current	21a		
	b Income tax expense (benefit) - deferred	21b		
22 Current year net income or (loss) per books (combine lines 19 through 21b)	22	-23,613.	-25,151.	
Other Comprehensive Income	23a Foreign currency translation adjustments	23a		
	b Other	23b		
	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24		

Form **5471** (Rev. 12-2022)

Schedule F Balance Sheet

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

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	109,690.	100,043.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b	()	()
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement)	5		
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement)	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a		
b Less accumulated depreciation	9b	()	()
10a Depletable assets	10a		
b Less accumulated depletion	10b	()	()
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	()
13 Other assets (attach statement)	13		
14 Total assets	14	109,690.	100,043.
Liabilities and Shareholders' Equity			
15 Accounts payable	15	0.	6,638.
16 Other current liabilities (attach statement)	16	SEE STATEMENT 9	8,503.
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement)	19		
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b	109,690.	110,053.
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22		-25,151.
23 Less cost of treasury stock	23	()	()
24 Total liabilities and shareholders' equity	24	109,690.	100,043.

Schedule G Other Information

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

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

NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
ADVENTIST HEALTHCARE, INC. 820 WEST DIAMOND AVENUE, SUITE GAITHERSBURG		100

FORM 5471 OTHER DEDUCTIONS STATEMENT 8

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
OTHER OPERATING EXPENSES	13,552.	1.065144	14,434.
FINANCIAL EXPENSES	9,413.	1.065144	10,027.
TOTAL TO 5471, SCHEDULE C, LINE 17	22,965.		24,461.

FORM 5471 OTHER CURRENT LIABILITIES STATEMENT 9

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ACCRUED EXPENSES	0.	8,503.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	0.	8,503.

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No' and rows 6a through 19b. Rows 6a, 7, 8, 9a, 10, 11, 12, 14, 15, 16, 17a, 18, 19a, and 19b(1) have 'X' in the 'No' column. Other rows are blank.

Schedule I Summary of Shareholder's Income From Foreign Corporation

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

Name of U.S. shareholder ADVENTIST HEALTHCARE, INC. Identifying number 52-1532556

Table with columns for line numbers (1a-6) and descriptions of income items such as 'Section 964(e)(4) Subpart F dividend income', 'Section 245A(e)(2) Subpart F income', etc.

Table with columns for questions (7a-9) and Yes/No columns. Questions include 'Was any income of the foreign corporation blocked?' and 'Did this U.S. shareholder have an extraordinary disposition (ED) account...'

**SCHEDULE E
(Form 5471)**

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

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

▶ **Attach to Form 5471.**

OMB No. 1545-0123

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA		EIN (if any)
		Reference ID number (see instructions) CHE205514224
a Separate Category (Enter code - see instructions.) ▶		GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶		
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶		

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspected Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1	ADVENTIST HEALTHCARE INTERNATIONAL	CHE205514224	<input type="checkbox"/>	SZ	2022/12/31	2022/12/31
2			<input type="checkbox"/>			
3			<input type="checkbox"/>			
4			<input type="checkbox"/>			

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	-23,613.	<input type="checkbox"/>	CHF		1.065144240		0.
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶						
6	Total (combine lines 1 through 4 of column (m)) ▶						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224
---	--------------	---

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

Part II Election

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

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

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

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

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

IMPORTANT: Enter amounts in U.S. dollars.

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

Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224
---	--------------	---

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

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

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

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

**SCHEDULE H
(Form 5471)**

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

Current Earnings and Profits

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instr.) CHE205514224

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

1	Current year net income or (loss) per foreign books of account		1	-23,613.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions	
a	Capital gains or losses	2a		
b	Depreciation and amortization	2b		
c	Depletion	2c		
d	Investment or incentive allowance	2d		
e	Charges to statutory reserves	2e		
f	Inventory adjustments	2f		
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i))	2g		
h	Foreign currency gains or losses	2h		
i	Other (attach statement)	2i		
3	Total net additions	3		
4	Total net subtractions	4		
5a	Current earnings and profits (line 1 plus line 3 minus line 4)		5a	-23,613.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)		5b	
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines		5c	-23,613.
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(i)		-23,613.
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(ii)		
	(iii) Section 901(j) category:			
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(A)		
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(B)		
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(C)		
	(D) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(D)		
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))		5d	-25,151.
e	Enter exchange rate used for line 5d ▶ _____			.938840

LHA For Paperwork Reduction Act Notice, see instructions.

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

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

Information for Global Intangible Low-Taxed Income

OMB No. 1545-0123

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 5471.**

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224
Separate Category (Enter code - see instructions)		▶ GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1	16.		
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3			
4 Gross income less total exclusions (line 1 minus line 3) (see instructions) ...	4	16.		
5 Deductions properly allocable to amount on line 4	5	23,629.		
6 Tested income (loss) (line 4 minus line 5)	6	-23,613.	.938840	-25,151.
7 Tested foreign income taxes	7		.938840	
8 Qualified business asset investment (QBAI)	8		.938840	
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d		.938840	
10a Interest income included in line 4	10a	16.		
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c	16.	.938840	17.

LHA For Paperwork Reduction Act Notice, see instructions.

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

**SCHEDULE J
(Form 5471)**

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

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

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

ADVENTIST HEALTHCARE, INC.

52-1532556

Name of foreign corporation

EIN (if any)

Reference ID number

ADVENTIST HEALTHCARE INTERNATIONAL SA

CHE205514224

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

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

Part I Accumulated E&P of Controlled Foreign Corporation

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

Important: Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)						
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)						
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	- 23,613.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	- 23,613.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	- 23,613.					

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

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

	(e) Previously Taxed E&P (see instructions)			(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	
1a				
b				
c				
2a				
b				
3				-23,613.
4				
5a				
b				
6				
7				-23,613.
8				
9				
10				
11				
12				
13				
14				-23,613.

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

Important: Enter amounts in functional currency.

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

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

**SCHEDULE M
(Form 5471)**

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

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.	Identifying number 52-1532556
--	--------------------------------------

Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number CHE205514224
---	--------------	---

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **SWITZERLAND, FRANC** .925228

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received ...					
9 Hybrid dividends received (see instr.) ...					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance					
13 Loan guarantee fees received					
14 Other amounts received (att. statement)					
15 Add lines 1 through 14					
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade					
18 Purchases of property rights (patents, trademarks, etc.)					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid					
21 Compensation paid for technical, managerial, engineering, construction, or like services					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid					
29 Other amounts paid (attach statement)					
30 Add lines 16 through 29					

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

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

Name of person filing Form 5471

Identifying number

ADVENTIST HEALTHCARE, INC.

52-1532556

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable	6,638.				
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

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

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 5471.**

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of U.S. shareholder ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224
a Separate Category (Enter code - see instructions.)		▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶

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

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

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

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

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

**SCHEDULE Q
(Form 5471)**

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

CFC Income by CFC Income Groups

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224

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

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

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

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

Complete a separate Schedule Q for FOGEI or FORI income.

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

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							STMT 10
(1) Unit name: _____							
(2) Unit name: _____							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
d Net Foreign Currency Gain (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
e Income Equivalent to Interest (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
f Other							
(1) Unit name: _____							
(2) Unit name: _____							
g Foreign Base Company Sales							
Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							

Important: See Computer-Generated Schedule Q in instructions.

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

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

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
j Insurance Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		16.	23,629.				
(1) Unit name: AHC INT'L SA	SZ	16.	23,629.	0.	0.	0.	0.
(2) Unit name: _____							
4 Residual Income Group (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
5 Total		16.	23,629.				

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

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
(1)									
(2)									
k									
l									
m									
2									
3				-23,613.					-23,613.
(1)	0.	0.	0.	-23,613.	0.	0.		0.	-23,613.
(2)									
4									
(1)									
(2)									
5				-23,613.					-23,613.

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

FORM 5471

SCHEDULE Q OTHER EXPENSES

STATEMENT 10

LINE NUMBER

DESCRIPTION

AMOUNT

LINE 3(1)

OTHER OPERATING, FINANCIAL, AND DIRECT TAXES

0.

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ **Attach to Form 5471.**

OMB No. 1545-0123

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471
ADVENTIST HEALTHCARE, INC.

Identifying number
52-1532556

Name of foreign corporation
ADVENTIST HEALTHCARE INTERNATIONAL SA

EIN (if any)
Reference ID number (see instructions)
CHE205514224

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NO DISTRIBUTIONS	12/31/2022	0.	0.
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**Asset Acquisition Statement
Under Section 1060**

▶ Attach to your income tax return.

▶ Go to www.irs.gov/form8594 for instructions and the latest information.

Name as shown on return ADVENTIST HEALTHCARE, INC.	Identifying number as shown on return 52-1532556
---	---

Check the box that identifies you:

Purchaser Seller

Part I General Information

1 Name of other party to the transaction SUBURBAN ORTHOPEDIC TOTAL JOINT & SPORTS CLINIC PC	Other party's identifying number 52-1451467
--	--

Address (number, street, and room or suite no.)
11701 LIVINGSTON ROAD, SUITE 105

City or town, state, and ZIP code
FORT WASHINGTON, MD 20744

2 Date of sale 04/13/22	3 Total sales price (consideration) 250,000.
----------------------------	---

Part II Original Statement of Assets Transferred

4 Assets	Aggregate fair market value (actual amount for Class I)	Allocation of sales price
Class I	\$	\$
Class II	\$	\$
Class III	\$	\$
Class IV	\$	\$
Class V	\$ 51,136.	\$ 51,136.
Class VI and VII	\$ 198,864.	\$ 198,864.
Total	\$ 250,000.	\$ 250,000.

5 Did the purchaser and seller provide for an allocation of the sales price in the sales contract or in another written document signed by both parties? Yes No

If "Yes," are the aggregate fair market values (FMV) listed for each of asset Classes I, II, III, IV, V, VI, and VII the amounts agreed upon in your sales contract or in a separate written document? Yes No

6 In the purchase of the group of assets (or stock), did the purchaser also purchase a license or a covenant not to compete, or enter into a lease agreement, employment contract, management contract, or similar arrangement with the seller (or managers, directors, owners, or employees of the seller)? Yes No

If "Yes," attach a statement that specifies (a) the type of agreement and (b) the maximum amount of consideration (not including interest) paid or to be paid under the agreement. See instructions.

ADVENTIST HEALTHCARE, INC., THE BUYER, AND SUBURBAN ORTHOPEDIC TOTAL JOINT & SPORTS CLINIC PC, THE SELLER, ENTERED INTO AN ASSET PURCHASE AGREEMENT ON JANUARY 7, 2022. THE MAXIMUM AMOUNT OF CONSIDERATION PAID WAS \$250,000.

Part III **Supplemental Statement** - Complete only if amending an original statement or previously filed supplemental statement because of an increase or decrease in consideration.

7 Tax year and tax return form number with which the original Form 8594 and any supplemental statements were filed.

8 Assets	Allocation of sales price as previously reported	Increase or (decrease)	Redetermined allocation of sales price
Class I	\$	\$	\$
Class II	\$	\$	\$
Class III	\$	\$	\$
Class IV	\$	\$	\$
Class V	\$	\$	\$
Class VI and VII	\$	\$	\$
Total	\$		\$

9 Reason(s) for increase or decrease. Attach additional sheets if more space is needed.

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Financial Statements
and Supplementary Information

December 31, 2022 and 2021

Adventist HealthCare, Inc. and Controlled Entities

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December 31, 2022 and 2021

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Consolidated Balance Sheets	3
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Consolidated Statements of Changes in Net Assets	6
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	9
Supplementary Information	
Consolidating Schedule, Balance Sheet	39
Consolidating Schedule, Statement of Operations	41

Independent Auditors' Report

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

Opinion

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

Basis for Opinion

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

Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern within one year after the date that the 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 will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information located on pages 39-41 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 audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
April 27, 2023

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2022 and 2021

(In Thousands)

	<u>2022</u>	<u>2021</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 23,110	\$ 37,017
Medicare advance and accelerated payments	-	85,080
Short-term investments	289,021	254,738
Assets whose use is limited	22,337	18,718
Patient accounts receivable	127,995	125,171
Other receivables	48,772	89,085
Inventories	10,670	10,328
Prepaid expenses and other current assets	12,192	11,917
	<u>534,097</u>	<u>632,054</u>
Total current assets	534,097	632,054
Property and Equipment, Net	781,596	778,129
Finance Lease Right-of-Use Assets	22,354	19,990
Operating Lease Right-of-Use Assets	87,719	81,512
Assets Whose Use is Limited		
Under trust indentures and mortgage loan agreement, held by trustees and banks	161,232	182,561
Professional liability fund	13,394	14,528
Deferred compensation fund	2,023	1,977
Cash and Cash Equivalents Restricted for Capital Acquisitions	1,334	1,673
Investments and Investments in Unconsolidated Subsidiaries	20,693	29,438
Land Held for Healthcare Development	8,908	5,177
Intangible Assets, Net	7,325	7,513
Deposits and Other Noncurrent Assets	8,199	7,387
Assets Held for Sale	12,054	12,054
	<u>12,054</u>	<u>12,054</u>
Total assets	<u>\$ 1,660,928</u>	<u>\$ 1,773,993</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2022 and 2021

(In Thousands)

	<u>2022</u>	<u>2021</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 171,409	\$ 159,269
Accrued compensation and related items	54,125	62,324
Interest payable	9,927	8,311
Deferred revenues	3,678	9,019
Due to third-party payors	35,066	20,727
Medicare advance and accelerated payments	-	85,080
Estimated self-insured professional liability	2,466	2,519
Current maturities of:		
Long-term obligations	16,395	13,832
Finance lease obligations	4,058	3,373
Operating lease obligations	15,280	14,587
	<u>312,404</u>	<u>379,041</u>
Total current liabilities		
	312,404	379,041
Construction Payable	6,424	9,707
Long-Term Obligations, Net		
Bonds payable	699,343	715,656
Notes payable	4,430	6,857
Finance Lease Obligations	18,683	15,174
Operating Lease Obligations	75,421	69,478
Other Liabilities	8,636	9,515
Estimated Self-Insured Professional Liability	17,696	17,818
	<u>1,143,037</u>	<u>1,223,246</u>
Total liabilities		
	1,143,037	1,223,246
Net Assets		
Net assets without donor restrictions	505,651	537,796
Net assets with donor restrictions	12,240	12,951
	<u>517,891</u>	<u>550,747</u>
Total net assets		
	517,891	550,747
Total liabilities and net assets	<u>\$ 1,660,928</u>	<u>\$ 1,773,993</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Operations
Years Ended December 31, 2022 and 2021
(In Thousands)

	<u>2022</u>	<u>2021</u>
Revenues		
Net patient service revenue	\$ 951,923	\$ 914,726
Other revenues	175,918	163,282
COVID-19 grant income	23,741	76,268
Total revenues	<u>1,151,582</u>	<u>1,154,276</u>
Expenses		
Salaries and wages	471,005	428,251
Employee benefits	76,112	81,799
Contract labor	199,690	187,907
Medical supplies	129,899	133,024
General and administrative	122,155	139,161
Building and maintenance	58,123	83,785
Insurance	5,420	13,579
Interest	25,753	25,152
Depreciation and amortization	62,159	48,674
Total expenses	<u>1,150,316</u>	<u>1,141,332</u>
Income from operations	<u>1,266</u>	<u>12,944</u>
Other (Expense) Income		
Investment (loss) income	(6,641)	11,410
Other loss	(8,182)	(6)
Loss on extinguishment of debt	-	(750)
Total other (expense) income	<u>(14,823)</u>	<u>10,654</u>
Revenues (less than) in excess of expenses from continuing operations	(13,557)	23,598
Change in Net Unrealized Gains and Losses on Investments in Debt Securities	(21,815)	(5,489)
Net Assets Released From Restrictions for Purchases of Property and Equipment	3,145	5,697
Deferred Compensation Plan Liability Adjustment	(72)	112
Other Net Asset Activity	<u>1,135</u>	<u>701</u>
(Decrease) increase in net assets without donor restrictions from continuing operations	(31,164)	24,619
Loss From Discontinued Operations	<u>(981)</u>	<u>(225)</u>
(Decrease) increase in net assets without donor restrictions	<u>\$ (32,145)</u>	<u>\$ 24,394</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2022 and 2021

(In Thousands)

	<u>2022</u>	<u>2021</u>
Net Assets Without Donor Restrictions		
Revenues (less than) in excess of expenses from continuing operations	\$ (13,557)	\$ 23,598
Change in net unrealized gains and losses on investments in debt securities	(21,815)	(5,489)
Net assets released from restrictions for purchase of property and equipment	3,145	5,697
Deferred compensation plan liability adjustment	(72)	112
Other net asset activity	<u>1,135</u>	<u>701</u>
(Decrease) increase in net assets without donor restriction from continuing operations	(31,164)	24,619
Loss from discontinued operations	<u>(981)</u>	<u>(225)</u>
(Decrease) increase in net assets without donor restrictions	<u>(32,145)</u>	<u>24,394</u>
Net Assets With Donor Restrictions		
Restricted gifts and donations	7,898	13,081
Net assets released from restrictions for purchase of property and equipment	(3,145)	(5,697)
Net assets released from restrictions used for operations	(5,149)	(1,765)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	(332)	(13)
Change in discount of pledges receivable and provision for doubtful pledges	<u>17</u>	<u>(41)</u>
(Decrease) increase in net assets with donor restrictions	<u>(711)</u>	<u>5,565</u>
(Decrease) increase in net assets	(32,856)	29,959
Net Assets, Beginning	<u>550,747</u>	<u>520,788</u>
Net Assets, Ending	<u><u>\$ 517,891</u></u>	<u><u>\$ 550,747</u></u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows
Years Ended December 31, 2022 and 2021
(In Thousands)

	<u>2022</u>	<u>2021</u>
Cash Flows From Operating Activities		
(Decrease) increase in net assets	\$ (32,856)	\$ 29,959
Adjustments to reconcile (decrease) increase in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	62,159	48,674
Change in operating lease right-of-use assets and obligations	18,275	18,322
Termination of operating lease right-of-use assets and obligations	-	(227)
Payments on operating lease obligations	(17,846)	(18,346)
Amortization of deferred financing costs and bond premium	(1,018)	(229)
Deferred compensation plan liability adjustment	72	(112)
Loss on extinguishment of debt	-	750
Restricted contributions and grants	(7,898)	(13,081)
Losses recognized on investments in unconsolidated subsidiaries	6,508	912
Impairment of land held for healthcare development	-	26,108
Net realized and unrealized gains and losses on investments	13,452	(5,786)
Change in net unrealized gains and losses on investments in debt securities	21,815	5,489
Change in value of beneficial interest in trusts and charitable gift obligation	332	13
Change in discount on pledges receivable and provision for doubtful pledges	(17)	41
Changes in assets and liabilities:		
Patient accounts receivable	(2,824)	(7,355)
Other receivables	40,313	(47,511)
Inventories, prepaid expenses and other current assets	(617)	(589)
Accounts payable and accrued expenses	12,140	34,595
Accrued compensation and related items	(8,199)	6,974
Interest payable	1,616	(1,001)
Deferred revenues	(5,341)	(43,493)
Estimated self-insured professional liability	(175)	400
Due to third-party payors	14,339	(170)
Medicare advance and accelerated payments	(85,080)	(55,032)
Other noncurrent assets and liabilities	(2,078)	(1,136)
Net cash provided by (used in) operating activities	<u>27,072</u>	<u>(21,831)</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows
 Years Ended December 31, 2022 and 2021
 (In Thousands)

	<u>2022</u>	<u>2021</u>
Cash Flows From Investing Activities		
Purchases of property and equipment	\$ (62,631)	\$ (90,620)
Change in investments and investments in unconsolidated subsidiaries	15,530	51,093
Purchases of land held for healthcare development	(4,031)	-
Proceeds from the sale of land for healthcare development	300	18,145
Distributions from investments in unconsolidated subsidiaries	2,334	824
Purchase of investment in unconsolidated subsidiary	(97)	(2,620)
Change in assets whose use is limited and restricted cash	22,834	(139,799)
	<u>(25,761)</u>	<u>(162,977)</u>
Net cash used in investing activities		
Cash Flows From Financing Activities		
Payment of financing costs	-	(2,019)
Proceeds from issuance of long-term obligations	-	187,354
Repayments on long-term obligations	(15,159)	(15,762)
Repayment of finance lease obligations	(4,260)	(2,517)
Proceeds from restricted contributions and grants	7,898	13,081
	<u>(11,521)</u>	<u>180,137</u>
Net cash (used in) provided by financing activities		
Net decrease in cash, cash equivalents and restricted cash and cash equivalents	(10,210)	(4,671)
Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Beginning	<u>79,155</u>	<u>83,826</u>
Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Ending	<u>\$ 68,945</u>	<u>\$ 79,155</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 28,575</u>	<u>\$ 26,464</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Finance lease obligation incurred for equipment	<u>\$ 8,454</u>	<u>\$ 10,795</u>
Operating lease obligations incurred for right-of-use asset	<u>\$ 21,680</u>	<u>\$ 4,360</u>
Construction payable for property and equipment	<u>\$ 6,424</u>	<u>\$ 9,707</u>
Long-term debt refinanced	<u>\$ -</u>	<u>\$ 93,570</u>
Reconciliation of Cash, Cash Equivalents and Restricted Cash and Cash Equivalents		
Cash and cash equivalents	\$ 23,110	\$ 37,017
Cash and cash equivalents restricted for capital acquisitions	1,334	1,673
Cash and cash equivalents included in the current portion of assets whose use is limited	22,337	18,718
Cash and cash equivalents included in the noncurrent portion of assets whose use is limited	<u>22,164</u>	<u>21,747</u>
Total cash, cash equivalents and restricted cash and cash equivalents	<u>\$ 68,945</u>	<u>\$ 79,155</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2022 and 2021
(In Thousands)

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

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

Shady Grove Medical Center (SGMC) is a 371-bed acute care hospital located in Rockville, Maryland. Behavioral Health & Wellness Services (BH&WS) is a department of SGMC and as a result is reimbursed under SGMC's Global Budget Revenue Agreement. BH&WS is comprised of BH&WS - Rockville, a 117-bed psychiatric hospital.

White Oak Medical Center (WOMC) is a 213-bed acute care hospital located in Silver Spring, Maryland, which opened in August 2019.

Rehabilitation (Rehab) operates two inpatient hospitals and five outpatient locations in Maryland. The two inpatient hospitals consist of Rehab-Rockville, a 55-bed rehabilitation facility and Rehab-WOMC (relocated from Takoma Park in December 2021), a 42-bed rehabilitation facility.

Adventist HealthCare Imaging (Imaging) operates seven clinical sites and provides inpatient and outpatient imaging services at SGMC, WOMC and Adventist HealthCare Fort Washington Medical Center, Inc. (FWMC).

Adventist HealthCare Physician Enterprise (APE), formerly known as Clinical Integration Services (CIS) is comprised of Adventist Medical Group (AMG). AMG is a not-for-profit entity that provides primary care and specialty care physician professional health services to the communities it serves. AHC contracted with Medical Faculty Associates, Inc. (MFA) to employ the AMG employees, through a wholly owned affiliate of MFA, in exchange for certain economic support to facilitate the growth by MFA of the AMG physician practices. In December 2017, however, AHC terminated its contract with MFA as it relates to the primary care, physiatry and endocrinology practices. The termination was effective July 2018, at which time AHC began operating the primary care, physiatry and endocrinology practices. The remaining specialty care practices transitioned back to AHC during 2021 and the contract with MFA ended. The respective operating results of the specialist practices are recorded in SGMC, WOMC and FWMC. APE also includes the administration needed to facilitate the coordination of patient care across conditions, providers and settings.

The Other Health Services (OHS) operating division is comprised of two entities. Lifework Strategies (LWS) provides employee assistance and employee wellness programs to client employees. LWS's mission is to help individuals live healthier, happier and more productive lives. Capital Choice Pathology Lab (CCPL) provides full pathology production services to client hospitals.

In May 2020, an alternate care site (ACS) opened to increase the number of beds available in the State of Maryland to care for COVID-19 patients as a result of the following sequence of events. In March 2020, the Secretary of Health within the State of Maryland identified the Takoma Park campus as a potential location for the treatment, isolation and quarantining of COVID-19 patients. On April 4, 2020, the Maryland Health Care Commission approved an Emergency Certificate of Need to establish a 200 bed ACS. In accordance with the terms of the agreement with the State of Maryland, all costs to open, operate and close and decommission the campus will be reimbursed.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2022 and 2021
(In Thousands)

The Corporation has amounts due from the State of Maryland of \$20,401 and \$38,883 as of December 31, 2022 and 2021, respectively, which is included in other receivables in the accompanying consolidated balance sheets. Any reimbursement received by the Corporation for services provided to patients is required to be remitted to the State of Maryland. The Corporation has amounts due to the State of Maryland of \$19,476 and \$23,183 as of December 31, 2022 and 2021, respectively, which is included in accounts payable and accrued expenses in the accompanying consolidated balance sheets. The agreement will remain in effect until the earlier of the determination by the State of Maryland and the Corporation that the ACS is no longer needed or the termination of the State of Emergency and a Catastrophic Health Emergency proclamation by the Governor of Maryland. The agreement is scheduled to terminate on April 30, 2023. The financial results of the ACS are included in OHS.

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

FWMC is a 31-bed acute care hospital located in Fort Washington, Maryland.

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

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

Adventist HealthCare Urgent Care Center, Inc. (Urgent Care) was comprised of three urgent care centers located in Germantown, Laurel and Rockville, Maryland. These centers provided ambulatory services to patients without life threatening conditions, as well as occupational health screenings to the community. On December 3, 2021, Urgent Care entered into an asset purchase agreement with an unrelated party for the purchase of the Germantown, Laurel and Rockville urgent care centers which closed on February 1, 2022. AHC entered into an affiliation agreement with the unrelated party as of February 1, 2022 to become the exclusive health system affiliate for the urgent care centers through One Health Quality Alliance (OHQA).

OHQA is a physician-led clinically integrated network designed to deliver value to payors, employers and consumers through the highest quality care at a lower cost. Through this alliance, participating physicians gain access to resources to support the transition to value-based care, while maintaining their independence. Through this collaboration, OHQA aims to improve the health of patient populations and communities, while enhancing the patient experience and reducing the costs of health care. The OHQA currently has over 1,970 physician members, most of whom are on the medical staff of AHC, including primary care, orthopedics and other community and hospital-based specialists.

The Foundations operating division is comprised of Washington Adventist Hospital Foundation, Inc., d/b/a White Oak Medical Center Foundation Inc. and Shady Grove Medical Center Foundation, Inc. (collectively, the Foundations). Each are separate nonstock corporations that operate for the furtherance of each named hospital's health care objectives primarily through the solicitation of contributions, gifts and bequests. The Foundations also exist to help fund new equipment purchases and capital improvement projects for their respective hospitals.

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2022 and 2021
(In Thousands)

Principles of Consolidation

The consolidated financial statements include the accounts of AHC, the controlling parent, SGMC, WOMC, Rehab, Imaging, APE, LWS, CCPL, ACS, the Support Center, FWMC, the Lourie Center, AHCS, Urgent Care, OHQA and the Foundations, which include their majority-owned subsidiaries and controlled affiliates (collectively, the Corporation). All significant intercompany balances and transactions have been eliminated in the consolidated financial statements of the Corporation.

Reclassification

Certain 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 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.

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).

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(In Thousands)

In 2014, AHC entered into GBR Agreements with the HSCRC for SGMC, WOMC and Shady Grove Germantown Emergency Center. FWMC also entered into a GBR agreement with the HSCRC in 2014 - prior to its affiliation with AHC. The agreements set an initial fixed amount of revenue for each entity for the period July 1, 2013 through June 30, 2014, and they have 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 increases in the following year's rate order. Similarly, overcharges must be removed through a reduction in the next year's GBR award. The Corporation reported net overcharges of \$24,279 and \$11,010 as of December 31, 2022 and 2021, respectively. These price variances reflect the variance between actual patient charges and the pro-rata share of approved rate orders (adjusted for certain revenue adjustments expected to be made in a future period). The net amounts are reported as a component of net patient service revenue and patient accounts receivable in the accompanying consolidated financial statements. Since the HSCRC's rate year extends from July 1 through June 30, these amounts will continue to fluctuate until the end of the rate year as actual patient charges deviate from the total approved charging authority. At the conclusion of each rate year (June 30), the value of any overcharge liability (or undercharge asset) is amortized on the straight-line basis over the following rate year when the price variance adjustments are actually built into each entity's rate order.

Under Maryland law, charges of specialty hospitals such as Rehab are subject to review and approval by the HSCRC. The HSCRC regulations also include a provision whereby a hospital may apply for an exemption from the requirements to charge for services in accordance with the HSCRC regulations. Certain conditions regarding the percentage of revenue related to Medicare and Medicaid patients and must be met to receive the initial exemption and must be met each year thereafter. Reporting requirements as established by the HSCRC continue even if an exemption regarding charging for services is received. The Corporation's management believes Rehab met the conditions for exemption during 2022 and 2021.

Cash and Cash Equivalents

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

Patient Accounts Receivable

The Corporation assesses collectability on patient contracts prior to the recognition of net patient service revenue. Patient accounts receivable are reported at their net realizable value. Accounts are written off through 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.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2022 and 2021
(In Thousands)

Other Receivables

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients, pledges from donors reported at their net realizable value and amounts obligated by the Federal Emergency Management Agency (FEMA) for eligible costs as a result of the Corporation's COVID-19 response. These services include, but are not limited to, fees from educational programs, rental of health care facility space, interest earned and management services provided to unconsolidated subsidiaries. Other receivables from FEMA as of December 31, 2022 and 2021 are \$8,859 and \$28,572, respectively. Other receivables are written off when they are determined to be uncollectible based on management's assessment of individual accounts.

Assets Whose Use Is Limited

Assets whose use is limited includes assets held by bond trustees under trust indentures, assets set aside as required by the Corporation's self-funded professional liability fund, assets set aside for deferred compensation agreements and those set aside in accordance with the United States Department of Housing and Urban Development (HUD) mortgage loan payable. Amounts available to meet current liabilities of the Corporation have been reclassified as current assets in the accompanying consolidated balance sheets.

Investments and Investment Risk

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the accompanying consolidated balance sheets. Cash and cash equivalents and certificates of deposit are carried at cost which approximates fair value. The Corporation has alternative investments that represent ownership interests in managed funds. The alternative investments are stated a fair value based on the Corporation's percentage of the net asset value (NAV) of the funds and represents a practical expedient of fair value. Investments in joint ventures are accounted for using the equity method of accounting. Investment income or loss (including realized and unrealized gains and losses on investments, write-downs of the cost basis of investments in debt securities due to an other-than-temporary decline in fair value, interest and dividends) is included in the determination of revenues (less than) in excess of expenses from continuing operations unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments in debt securities are excluded from the determination of revenues (less than) in excess of expenses from continuing operations. Donor restricted investment income is reported as an increase in net assets with donor restrictions. Investments available for current operations have been classified as short-term investments in the accompanying consolidated balance sheets.

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

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

Inventories

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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(In Thousands)

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 (less than) in excess of expenses from continuing operations as they are determined. The Corporation reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, the Corporation calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, an impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. There were no impairment losses on property and equipment recognized in 2022 or 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 or equipment through the end of the lease term. Optional renewal periods are initially not included in the lease term unless they are deemed to be reasonably certain of being exercised at lease commencement.

Intangible Assets

The Corporation's intangible assets primarily include costs in excess of net assets acquired related to certain business acquisitions. The Corporation is amortizing certain intangible assets over a period not to exceed 40 years. Amortization of these intangible assets was \$188 in 2022 and \$204 in 2021. Accumulated amortization of intangible assets was \$4,651 and \$4,463 as of December 31, 2022 and 2021, respectively.

Goodwill, which is included in intangible assets in the accompanying consolidated balance sheets, is reviewed annually for impairment or more frequently if events or circumstances indicate the carrying amount of the goodwill will not be recoverable.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2022 and 2021
(In Thousands)

Deferred Financing Costs

Costs incurred in connection with the issuance of long-term obligations have been deferred and are being amortized over the term of the related obligation using the straight-line method. Deferred financing costs remaining as of December 31, 2022 and 2021 totaled \$5,763 and \$6,039, respectively, and are included in the consolidated balance sheets as a reduction of bonds payable. Amortization expense was \$276 and \$254 in 2022 and 2021, respectively, and is included as a component of interest expense in the consolidated statements of operations.

Due to Third-Party Payors

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

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 \$140,112 in advance payments under this program, of which \$85,080 was classified as a current liability in the accompanying consolidated balance sheets as of December 31, 2021. The proceeds received were invested in short-term investments and are separately classified on 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.

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Estimated Self-Insured Professional Liability

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

Net Assets

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

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

Net Assets With Donor Restrictions - Net assets with donor restrictions include amounts subjected to donor imposed restrictions which are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing or purpose of the related expenditures or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions. Net assets were released from donor restriction by satisfying their restricted purposes in the amount of \$8,294 in 2022 and \$7,462 in 2021.

Net assets with donor restrictions includes those whose use by the Corporation has been limited by donors to specific purposes in the amount of \$12,240 and \$12,951 as of December 31, 2022 and 2021, respectively.

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

Measure of Operations

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

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Revenues (Less than) in Excess of Expenses From Continuing Operations

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

Net Patient Service Revenue

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

Performance obligations are determined based on the nature of the services provided by the Corporation. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected (or actual) charges, ultimately adjusted in accordance with the charging authority awarded at the beginning of every year by the HSCRC. The Corporation believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in our hospitals receiving services over multiple days. The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenues for performance obligations satisfied at a point in time are generally recognized when goods or services are provided and the Corporation does not believe it is required to provide additional services to the patient. Generally, performance obligations satisfied at a point in time relate to patients receiving outpatient services in a single day. The Corporation measures the performance obligation from the commencement of the outpatient service, to the point when it is no longer required to provide services to that patient, which is generally the completion of the outpatient service.

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.

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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 PRF, the Corporation could apply the funding against lost revenues and eligible expenses not reimbursed from other sources. The Company received \$70 and \$4,596 in the years ended December 31, 2022 and 2021, respectively, related to this funding. FEMA obligated \$14,078 and \$28,572 for eligible costs in the years ended December 31, 2022 and 2021, respectively. The Corporation also received funding from various state and other funding sources of \$4,996 in 2022 and \$849 in 2021 to offset eligible expenses in accordance with the terms and conditions of the respective funding sources.

The Corporation incurred lost revenues and eligible expenses of \$23,741 in 2022 and \$76,268 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 \$3,784 in 2021 and is included in net assets released from restrictions for purchase of property and equipment in the accompanying consolidated statements of operations. No portion of the funding was applied to eligible capital expenditures in 2022.

Deferred revenues include \$4,597 as of December 31, 2021 of amounts received which the Corporation has determined the recognition criteria was not met as of year-end. These amounts were recognized in the year ended December 31, 2022 when the recognition criteria was met. No funding was deferred as of December 31, 2022.

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

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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 or 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 \$23,153 and \$16,446 in 2022 and 2021, respectively.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

2. Accounting Standards

Reference Rate Reform

During March 2020, the FASB issued ASU No. 2020-04, *Reference Rate Reform (Topic 848): Facilitation of the Effects of Reference Rate Reform on Financial Reporting*. ASU No. 2020-04 provides optional expedients and exceptions for applying accounting principles generally accepted in the United States of America to contracts, hedging relationships and other transactions that reference London Interbank Offered Rate (LIBOR) or another reference rate expected to be discontinued because of reference rate reform, if certain criteria are met. Entities may elect the optional expedients and exceptions included in ASU No. 2020-04 as of March 12, 2020 and through December 31, 2022. During December 2022, the FASB issued ASU No. 2022-06, *Reference Rate Reform (Topic 848): Deferral of the Sunset Date of Topic 848*. These amendments defer the sunset date of Topic 848 from December 31, 2022 to December 31, 2024. The Corporation elected the optional expedient included in ASU No. 2020-04 during 2022 that allowed for a modification to the reference rate in the Corporation's line of credit (Note 10) to be accounted for as if the modification was not substantial, and therefore, would not be accounted for as a debt extinguishment. The adoption of the practical expedient has not and is not expected to have a material effect on the consolidated financial statements.

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Financial Instruments - Credit Losses

During June 2016, the FASB issued 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 its results of operations, financial position and cash flows.

3. Discontinued Operations and Assets Held for Sale

In July 2019, AHC entered into an agreement to sell the Takoma Park campus to an unrelated third-party for \$12,000. The opportunities for growth and expansion at the Takoma Park campus were limited, and the Corporation wanted to expand access to care throughout the Washington DC region, leading to the decision to sell the campus. The closing of the sale was delayed due to the use of the Takoma Park campus for the ACS (see Note 1). The ACS is expected to close in April 2023 and discussions are underway to determine the timing of the closing for the sale of the Takoma Park campus.

The operations on the Takoma Park Campus consisted of a walk-in clinic, which began in August 2019 and ceased operations in August 2022. The operations of the walk-in clinic is included in the loss from discontinued operations in the accompanying consolidated statements of operations.

Assets held for sale in the accompanying consolidated balance sheets is comprised of land and improvements of \$264 and building and improvements of \$11,790 at both December 31, 2022 and 2021, that will be sold as part of the agreement. No gain or loss on sale has been recognized for the sale in 2022 or 2021.

The loss on discontinued operations was \$981 and \$225 for the years ended December 31, 2022 and 2021, respectively.

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4. 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 Management Care Organizations and commercial insurance carriers. Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of payment arrangements with third-party payors, by service type, is as follows:

- Global Budget Revenue - SGMC, WOMC and FWMC have entered into agreements by which the third-party payors pay a percentage of approved HSCRC charges. A reduced percentage can be obtained if the payor advances a certain amount of working capital.
- Rehabilitation services - Rehab has entered into agreements by which the third-party payors pay at a contract rate per day or visit.
- Physician practice services - AMG has entered into agreements by which the third-party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.
- Imaging services - Imaging has entered into agreements by which the third-party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.
- Home health services - AHCS has entered into agreements by which the third-party payors pay negotiated rates on a per visit basis.

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

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

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

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Net patient service revenue disaggregated by service type for the years ended December 31, 2022 and 2021 are as follows:

	<u>2022</u>	<u>2021</u>
Global budget revenue	\$ 790,404	\$ 761,918
Rehabilitation services	60,275	55,318
Physician practice services	41,172	26,359
Imaging services	32,686	32,833
Home health services	23,013	26,994
Other health services	4,373	11,304
	<u> </u>	<u> </u>
Total	<u>\$ 951,923</u>	<u>\$ 914,726</u>

Net patient service revenue disaggregated by payor for the years ended December 31, 2022 and 2021 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>\$ 344,849</u>	<u>\$ 77,123</u>	<u>\$ 471,376</u>	<u>\$ 58,575</u>	<u>\$ 951,923</u>
December 31, 2021	<u>\$ 329,931</u>	<u>\$ 71,531</u>	<u>\$ 475,667</u>	<u>\$ 37,597</u>	<u>\$ 914,726</u>

5. Investments

Short-Term Investments

The Corporation's short-term investments at December 31, 2022 and 2021 are comprised of the following:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 3,230	\$ 9,444
Corporate bonds	90,813	100,070
Asset backed securities	89,801	112,419
Marketable equity securities	22,247	27,715
U.S. government securities:		
U.S. treasury notes	56,779	75,758
Mutual funds:		
Fixed income, short-term	-	1,381
Equity, balanced	5,120	6,634
Equity, growth	5,103	6,397
Alternative investments	15,928	-
	<u> </u>	<u> </u>
Total	289,021	339,818
Less Medicare advance and accelerated payments	<u>-</u>	<u>(85,080)</u>
	<u> </u>	<u> </u>
Total short-term investments	<u>\$ 289,021</u>	<u>\$ 254,738</u>

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Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2022 and 2021 is set forth in the following tables:

	<u>2022</u>	<u>2021</u>
Under trust indentures and mortgage loan agreement, held by trustees and banks:		
Cash and cash equivalents	\$ 39,641	\$ 37,960
U.S. government securities:		
U.S. treasury notes	126,044	150,197
U.S. government agency notes	15,419	10,699
Total	181,104	198,856
Less funds held for current liabilities	19,872	16,295
Noncurrent portion of assets held under trust indentures and mortgage loan agreement, held by trustees and banks	<u>\$ 161,232</u>	<u>\$ 182,561</u>
	<u>2022</u>	<u>2021</u>
Professional liability fund:		
Cash and cash equivalents	\$ 4,860	\$ 2,505
Mutual funds:		
Equity, large value	2,791	3,231
Equity, growth	1,245	3,074
Fixed income, intermediate	2,287	2,882
Fixed income, multi-sector	2,130	2,475
Fixed income, short-term	2,546	2,784
Total	15,859	16,951
Less funds held for current liabilities	2,465	2,423
Noncurrent portion of professional liability fund	<u>\$ 13,394</u>	<u>\$ 14,528</u>
	<u>2022</u>	<u>2021</u>
Deferred compensation fund:		
Mutual funds:		
Equity, growth	\$ 178	\$ 294
Equity, large value	257	282
Equity, midcap value	67	98
Equity, other	490	183
Equity, international	221	300
Fixed income, multi-sector	215	267
Fixed income, intermediate	595	553
	<u>\$ 2,023</u>	<u>\$ 1,977</u>

The indenture requirements of certain tax-exempt financings provide for the establishment and maintenance of various accounts with a trustee (Note 11). These arrangements require the trustee to control the payment of interest and the ultimate repayment of respective debt to bondholders.

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The composition of assets whose use is limited under trust indentures and mortgage loan agreement, held by trustees and banks at December 31, 2022 and 2021 is as follows:

	<u>2022</u>	<u>2021</u>
Debt service reserve funds	\$ 24,619	\$ 25,329
Principal and interest funds	30,675	31,570
Project fund	124,436	140,258
Mortgage reserve funds	<u>1,374</u>	<u>1,699</u>
Total	<u>\$ 181,104</u>	<u>\$ 198,856</u>

Investment (loss) income and gains and losses for investments, assets whose use is limited and cash and cash equivalents without donor restrictions are comprised of the following in 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Investment (loss) income:		
Interest and dividends, net	\$ 6,489	\$ 5,058
Interest on trustee held funds	322	566
Net realized and unrealized gains and losses on investments	<u>(13,452)</u>	<u>5,786</u>
Total	<u>\$ (6,641)</u>	<u>\$ 11,410</u>

	<u>2022</u>	<u>2021</u>
Other changes in net assets without donor restrictions:		
Change in net unrealized gains and losses on investments in debt securities	\$ (21,815)	\$ (5,489)

6. Fair Value Measurements and Financial Instruments

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

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

The levels of the fair value hierarchy are as follows:

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

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

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

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

	2022			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value				
Assets:				
Mutual funds:				
Fixed income, intermediate	\$ 2,882	\$ 2,882	\$ -	\$ -
Fixed income, multi-sector	2,345	2,345	-	-
Fixed income, short-term	2,546	2,546	-	-
Equity, international	221	221	-	-
Equity, growth	6,526	6,526	-	-
Equity, large value	3,048	3,048	-	-
Equity, balanced	5,120	5,120	-	-
Equity, midcap value	67	67	-	-
Equity, other	490	490	-	-
Marketable equity securities	22,247	22,247	-	-
U.S. government securities:				
U.S. treasury notes	182,823	-	182,823	-
U.S. government notes	15,419	-	15,419	-
Asset backed securities	89,801	-	89,801	-
Corporate bonds	90,813	-	90,813	-
Beneficial interest in trusts	229	-	-	229
	.			
Total assets measured at fair value	424,577	\$ 45,492	\$ 378,856	\$ 229
Cash and cash equivalents	48,598			
Alternative investments measured at net asset value	15,928			
Total	\$ 489,103			

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	2021			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value				
Assets:				
Mutual funds:				
Fixed income, intermediate	\$ 3,435	\$ 3,435	\$ -	\$ -
Fixed income, multi-sector	2,742	2,742	-	-
Fixed income, short-term	4,165	4,165	-	-
Equity, international	300	300	-	-
Equity, growth	9,765	9,765	-	-
Equity, large value	3,513	3,513	-	-
Equity, balanced	6,634	6,634	-	-
Equity, midcap value	98	98	-	-
Equity, other	183	183	-	-
Marketable equity securities	27,715	27,715	-	-
U.S. government securities:				
U.S. treasury notes	225,955	-	225,955	-
U.S. government notes	10,699	-	10,699	-
Asset backed securities	112,419	-	112,419	-
Corporate bonds	100,070	-	100,070	-
Beneficial interest in trusts	566	-	-	566
Total assets measured at fair value	508,259	<u>\$ 58,550</u>	<u>\$ 449,143</u>	<u>\$ 566</u>
Cash and cash equivalents	50,803			
Total	<u>\$ 559,062</u>			

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

	2022	2021
Short-term investments (Note 5)	\$ 289,021	\$ 254,738
Medicare advance and accelerated payments (Note 5)	-	85,080
Assets whose use is limited (Note 5):		
Current portion	22,337	18,718
Under trust indentures and mortgage loan agreement, held by trustees and banks	161,232	182,561
Professional liability fund	13,394	14,528
Deferred compensation fund	2,023	1,977
Investments held by foundations, included in deposits and other noncurrent assets and investments and investments in unconsolidated subsidiaries	867	894
Beneficial interest in trusts, included in deposits and other noncurrent assets	229	566
	<u>\$ 489,103</u>	<u>\$ 559,062</u>

Adventist HealthCare, Inc. and Controlled Entities

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The following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in methodologies used at December 31, 2022 and 2021.

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

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

Beneficial interest in trusts are valued based on the fair value of the trusts underlying assets which represents a proxy for discounted present value of future cash flows. Beneficial interest in trusts are included in deposits and other noncurrent assets in the accompanying consolidated balance sheets.

The Corporation has investment in alternative investments in Blackstone Real Estate Income Trust (Blackstone) and Ares Real Estate income Trust, Inc. (Ares) (collectively, the Funds) with values of \$7,856 and \$8,072, respectively, as of December 31, 2022. The Funds are valued based on the NAV per share of the fund which is based on the fair value of their underlying assets derived principally from or corroborated by observable market data by correlation or other means. In regard to the Funds, there are no unfunded purchase commitments as of December 31, 2022. In regard to redemption, the shares of Blackstone can be redeemed through a request for repurchase, however Blackstone limits these redemptions to no more than 2% of Blackstone's NAV per month and no more than 5% of their aggregate value per calendar quarter on the last business day of each calendar month provided that written notice of redemption is provided five business days prior. In regard to redemption of Ares, the Corporation can make a request to redeem through a request for repurchase, however Ares is not obligated to redeem any shares and may choose to redeem only some, or even none, of the shares in any particular month. If Ares approves the redemption, they will only do so on the last day of the calendar month and the redemption is limited to no more than 2% of Ares' NAV per month and no more than 5% of their aggregate value per calendar quarter. The following represents the investment strategy of each fund:

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

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

Adventist HealthCare, Inc. and Controlled Entities

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7. Property and Equipment, Net

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

	<u>2022</u>	<u>2021</u>
Land and improvements	\$ 44,111	\$ 42,987
Buildings and improvements	800,481	773,389
Office furniture and equipment	205,559	213,886
Computer software and hardware	135,354	138,669
Total	1,185,505	1,168,931
Less accumulated depreciation	(475,458)	(453,864)
Total	710,047	715,067
Construction in progress	71,549	63,062
Property and equipment, net	<u>\$ 781,596</u>	<u>\$ 778,129</u>

Depreciation expense on property and equipment was \$55,881 and \$47,304 in 2022 and 2021, respectively, and is included in depreciation and amortization in the accompanying consolidated statements of operations. Interest incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. During 2022 and 2021, the Corporation capitalized \$3,420 and \$659, respectively.

Construction in progress as of December 31, 2022 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were \$115,677 at December 31, 2022. The cost of these projects is expected to be funded through operations, borrowed funds, as well as transfers from the Corporation's related foundations.

8. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries include the following at December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Investment in healthcare entities	\$ 19,845	\$ 28,589
Investments held by foundations	848	849
Total	<u>\$ 20,693</u>	<u>\$ 29,438</u>

Investment in Healthcare Entities

The Corporation recognized losses of \$6,508 and \$912 during 2022 and 2021, respectively, related to its ownership interest in the healthcare entities accounted for under the equity method. A brief description of these investments is presented below:

Chesapeake Potomac Regional Cancer Center (CPRCC) - CPRCC provides outpatient radiation oncology services to patients in Maryland. The Corporation had a 20% ownership interest in CPRCC. The Corporation's ownership interest in CPRCC was sold on December 31, 2021.

Adventist HealthCare, Inc. and Controlled Entities

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Doctors Regional Cancer Center (DRCC) - DRCC provides outpatient radiation oncology services to patients in Bowie and Lanham, Maryland. The Corporation had a 20% ownership interest in DRCC. The Corporation's ownership interest in DRCC was sold on August 1, 2022.

Shady Grove Medical Building, LLC (SGMB) - SGMB was organized for the purpose of developing and constructing a cancer care center on the campus of SGMC. The Corporation has a 50% ownership interest in SGMB.

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

The Corporation had invested \$259 in Advanced Health Collaborative, LLC for a 25% ownership interest. This organization was formed to share ideas and explore opportunities to enhance quality of healthcare in the state of Maryland. Advanced Health Collaborative, LLC was dissolved in 2021.

The Corporation has invested \$3,885 in Advanced Health Collaborative II, LLC (AHC II) for a 25% interest. AHC II was formed to hold a 24% interest in Maryland Health Advantage, LLC which is a Medicare preferred provider network providing health services to its members. Advanced Health Collaborative II, LLC (AHC II) merged into Advanced Health Collaborative III, LLC (AHC III) effective June 3, 2022.

The Corporation has invested \$450 in CoreLife Adventist, LLC (CoreLife) for a 50% interest. CoreLife was formed to provide weight loss services. The Corporation determined the value of this investment was impaired during 2022, and therefore, the remaining investment of \$1,773 was written-off and is included in other revenues in the accompanying consolidated statements of operations.

The Corporation has invested \$6,000 in CoreLife Management Services, Inc. (CoreLife Management) for a 15% interest. CoreLife Management was formed to develop, manage and coordinate the provision of a comprehensive scope of integrated medical, nutrition, behavioral and exercise services to treat obesity and its related chronic illnesses. The Corporation determined that the value of this investment was impaired during 2022, and therefore, \$3,345 of the investment was written-off and is included in other revenues in the accompanying consolidated statements of operations.

Summarized financial information related to these entities is presented below:

	<u>2022</u>	<u>2021</u>
Net revenue	\$ 7,519	\$ 26,258
Revenues in excess of expenses	205	607
Total assets	76,497	93,463
Total liabilities	59,361	67,451

Investments Held by Foundations

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

Adventist HealthCare, Inc. and Controlled Entities

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9. Land Held for Healthcare Development

From 2002 through 2011, the Corporation acquired various parcels of land in Clarksburg, Maryland totaling approximately 200 acres. Several parcels of the land are fully owned by the Corporation, and the remainder is owned by Cabin Branch Commons, LLC (Cabin Branch), of which the Corporation owns 45%.

In May 2013, the Corporation and Cabin Branch entered into a purchase and sale agreement with an unrelated third party to sell 48.8 acres of the land located in Clarksburg. In June 2015, the Corporation and Cabin Branch closed on the sale of the land at a purchase price of \$28,250. The Corporation's portion of the proceeds was \$25,102.

In April 2017, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 1.6 acres of the land located in Clarksburg. The Corporation closed on the sale of the land in April 2017 at a purchase price of \$1,330 and the proceeds were received in April 2017.

In April 2017, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 9.95 acres of the land located in Clarksburg at a purchase price of \$7,251. The Corporation's share of \$4,565 was received in November and December 2018.

In December 2018, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 62.81 acres of the land located in Clarksburg at a purchase price of \$18,800 and the proceeds of \$18,145 were received in April and June 2021.

In May 2020, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 5.44 acres of the land located in Clarksburg at a purchase price of \$2,100 which closed in 2022. Proceeds of \$300 were received in September 2022, while the remaining proceeds were received in March 2023.

The total proceeds received related to the parcels of Clarksburg land sold by the Corporation through December 31, 2022 was \$49,442. No gain or loss was recognized on the sale of the parcels of land as of December 31, 2022 and 2021. In 2021, the Corporation obtained an independent appraisal to assess the fair value of the remaining developable acres in Clarksburg, and as a result an impairment loss of \$26,108 was recognized within building and maintenance expense on the consolidated statements of operations for the year ended December 31, 2021. The total remaining land held for healthcare development in Clarksburg as of December 31, 2022 and 2021, was \$5,189 and \$5,177, respectively.

In January 2022, the Corporation entered into a purchase and sale agreement with an unrelated third party to purchase 44.06 acres of land located in Fort Washington, Maryland. The Corporation closed on the purchase of the land in July 2022 at a purchase price of \$3,200. The total value of this land held for healthcare development as of December 31, 2022 was \$3,719.

10. Short-Term Financing

The Corporation has a \$20,000 unsecured line of credit with a commercial bank, with interest at LIBOR plus 1.50% through October 2022. In October 2022, the interest rate was modified to SOFR plus 1.25% (5.38% at December 31, 2022). There were no borrowings outstanding under this line of credit as of December 31, 2022 or 2021.

Adventist HealthCare, Inc. and Controlled Entities

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11. Long-Term Obligations

Long-term obligations as of December 31, 2022 and 2021 are comprised of the following:

	<u>2022</u>	<u>2021</u>
Fixed Rate Revenue Bonds	\$ 686,268	\$ 698,787
Mortgage loan payable	4,992	5,727
Other long-term liabilities	753	2,658
	<u>692,013</u>	<u>707,172</u>
Total obligations	692,013	707,172
Plus bond premium	33,918	35,212
Less:		
Current maturities	(16,395)	(13,832)
Deferred financing costs	(5,763)	(6,039)
	<u>(22,158)</u>	<u>(19,871)</u>
Noncurrent portion of long-term obligations, net	<u>\$ 703,773</u>	<u>\$ 722,513</u>

Fixed Rate Revenue Bonds

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

	<u>Par Amounts</u>	<u>Interest Rates</u>	<u>2022</u>	<u>2021</u>
Adventist Healthcare, Inc.:				
Series 2013	\$ 15,623	3.21%	\$ 4,598	\$ 6,037
Series 2016A	269,750	5.00%	261,545	261,845
Series 2016B	126,395	3.72%	118,210	120,280
Series 2017	40,000	2.77%	35,060	36,350
Series 2020	18,725	4.00%	16,910	17,660
Series 2021A	48,120	5.00%	43,685	48,120
Series 2021B	138,660	4.00%-5.00%	138,660	138,660
Series 2021C	69,835	0.70%-3.76%	67,600	69,835
			<u>686,268</u>	<u>698,787</u>
Total			<u>\$ 686,268</u>	<u>\$ 698,787</u>

In October 2021, the Maryland Health and Higher Educational Facilities Authority issued \$48,120 of Hospital Revenue Bonds on behalf of the Corporation (Series 2021A). The proceeds of the Series 2021A Bonds were used for the purpose of refunding the Series 2011A and expenses incurred in connection with the issuance. The Bonds are due in varying annual installments of principal and interest through January 2036.

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In September 2021, the Maryland Health and Higher Educational Facilities Authority issued \$138,600 (Series 2021B) and \$69,835 (Series 2021C) of Hospital Revenue Bonds on behalf of the Corporation. The proceeds of the Series 2021B Bonds were used for the purpose of setting up a construction fund for an addition and renovations to SGMC and expenses incurred in connection with the issuance. The 2021C Bonds were used to refund the Series 2014B and 2014 term loan and expenses incurred in connection with the issuance. The Series 2021B and C Bonds are due in varying annual installments of principal and interest through January 2051. In conjunction with the refunding, a \$750 loss on extinguishment of debt was recognized in the accompanying consolidated statements of operations for the year ended December 31, 2021, which represents the write-off of unamortized deferred financing costs related to the Series 2014B Variable Rate Bonds and 2014 term loan.

The above bond issues are subject to trust indentures which impose various covenants on SGMC, WOMC, Rehab, Imaging, PE, Other Health Services and the Support Center (collectively, the Obligated Group) which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities and the achievement of certain pre-established financial indicators. Management believes it has complied with these required financial covenants for the years ended December 31, 2022 and 2021. Debt service reserve funds are required on the Series 2016A Bonds.

Mortgage Loan Payable

On December 23, 2004, FWMC entered into an \$11,055 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.

As of December 31, 2022 and 2021, the outstanding balance on the loan was \$4,992 and \$5,727, respectively, and payable in monthly installments, including interest at 3.95%. 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.

Other long-term obligations consist of various obligations with interest rates on these other long-term liabilities range from 2.70% to 3.40%.

Adventist HealthCare, Inc. and Controlled Entities

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Scheduled principal repayments of long-term obligations, excluding finance and operating lease obligations at December 31, 2022 are as follows:

Years ending December 31:		
2023	\$	16,395
2024		16,245
2025		16,672
2026		17,278
2027		18,020
Thereafter		<u>607,403</u>
Total	\$	<u>692,013</u>

12. Leases

The Corporation leases office space and equipment used in operations. For many of these leases, the Corporation is responsible for paying property taxes, insurance, as well as maintenance and repair costs. The Corporation's real estate leases generally have initial lease terms of 3 to 20 years or more and typically include one or more options to renew, with renewal terms that generally extend the lease term for an additional 5 to 10 years or more. The Corporation assesses renewal options using a "reasonably certain" threshold, which is understood to be a high threshold, and therefore, the majority of its leases' terms do not include renewal periods for accounting purposes. For leases where the Corporation is reasonably certain to exercise its renewal option, the option periods are included within the lease term, and therefore, the measurement of the right-of-use asset and lease liability. The payment structure of the Corporation's leases generally include annual escalation clauses that are either fixed or variable in nature, some of which are dependent upon published indices. Leases with an initial term of 12 months or less are not recorded on the consolidated balance sheets and expenses for these leases are recognized on a straight-line basis over the lease term as an operating expense.

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

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

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

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

Years ending December 31:		
2023	\$	4,656
2024		4,456
2025		4,425
2026		4,249
2027		4,249
Thereafter		<u>2,628</u>
Total		24,663
Less amount representing interest		<u>1,922</u>
Total finance lease obligations		22,741
Less current portion		<u>4,058</u>
Long-term obligations	\$	<u><u>18,683</u></u>

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

Years ending December 31:		
2023	\$	17,921
2024		12,121
2025		10,969
2026		9,826
2027		8,476
Thereafter		<u>47,627</u>
Total		106,940
Lease amount representing interest		<u>16,239</u>
Total operating lease obligations		90,701
Less current portion		<u>15,280</u>
Long-term obligations	\$	<u><u>75,421</u></u>

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	\$ 6,090	\$ 1,166
Interest on lease obligations	676	356
Operating lease cost	<u>18,275</u>	<u>18,322</u>
Total lease cost	<u><u>\$ 25,041</u></u>	<u><u>\$ 19,844</u></u>

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Other supplemental information as of and for the years ended December 31, 2022 and 2021 is as follows:

	<u>2022</u>	<u>2021</u>
Weighted-average remaining lease term:		
Finance lease obligations	5.55 years	5.89 years
Operating lease obligations	9.76 years	8.41 years
Weighted-average discount rate:		
Finance lease obligations	2.92 %	2.71 %
Operating lease obligations	3.41 %	3.45 %

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.

13. Retirement, Health Plan and Life Insurance

Defined Contribution Retirement Plan

The Corporation sponsors a 401(a) defined contribution retirement plan, which covers substantially all full-time employees. After 12 months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2% of eligible employees' compensation, plus a matching employer contribution equal to 50% of employee contributions (to the 403(b) plan) up to 6% of base salary. The Corporation also has a 403(b) retirement savings plan for employees. Employee contributions are made to the 403(b) retirement savings plan. Retirement plan expense was \$14,104 and \$12,755 in 2022 and 2021, respectively.

Supplemental Executive Retirement Plan

The Corporation also has a Supplemental Executive Retirement Plan (SERP) that became effective in 2015 and covers a group of key executives. SERP expense was \$(354) in 2022 and \$686 in 2021. In addition, a SERP liability adjustment was recorded for \$72 in 2022 and (\$112) in 2021, which was recognized in net assets without donor restrictions in the consolidated statements of changes in net assets. At December 31, 2022 and 2021, the Corporation's liability for the SERP was \$1,918 and \$2,200, respectively, which is included in other liabilities in the consolidated balance sheets.

Executive Retention 457(F) Plan

Effective January 1, 2015, the Corporation established the Executive Retention 457(F) Plan (the 457(F) Plan). The 457(F) Plan is a tax-deferred plan offered to key executives, whereby annual employer contributions are made to the Plan. Plan participants become vested in the contributions and receive plan payments in the second calendar year after the contribution is made, if the participant is still employed. The final contribution will be made to the Plan for the year in which the plan participant becomes 62. The 457(F) Plan expense was \$2,083 in 2022 and \$2,385 in 2021. The Corporation's liability for the 457(F) Plan at December 31, 2022 and 2021 was \$4,050 and \$4,098, respectively, which is included in other liabilities in the consolidated balance sheets.

Salary Deferral (457(b)) Plan

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

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Health Plan

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

Life Insurance

Full-time and part-time employees are insured, through a third-party carrier, for an amount equal to one times their base salary at time of enrollment up to \$450,000 for full-time employees and \$10,000 for part-time employees. In addition, if death is caused by accident, the employee is insured for an additional benefit equal to the amount of their life insurance.

14. Commitments and Contingencies

Litigation and Claims

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

Insurance

The Corporation's primary coverage for professional liability is provided through a self-funded insurance retention fund (the Fund) established on January 1, 1993. 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 carriers, with stacked limits of \$10,000,000 per occurrence and in aggregate, for a total 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 \$20,162 and \$20,337 at December 31, 2022 and 2021, respectively. The discount rate used in determining these liabilities was 2.5% at both December 31, 2022 and 2021.

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

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.

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15. 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 %	19 %
Medicaid	10	11
Other third-party payors	50	48
Self-pay and others	<u>24</u>	<u>22</u>
	<u>100 %</u>	<u>100 %</u>

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

16. 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 and cash equivalents	\$ 23,110	\$ 37,017
Medicare advance and accelerated payments (Note 1)	-	85,080
Short-term investments	289,021	254,738
Patient accounts receivable	127,995	125,171
Other receivables	48,772	89,085
Assets whose use is limited:		
Professional liability fund	<u>15,859</u>	<u>16,951</u>
Total	<u>\$ 504,757</u>	<u>\$ 608,042</u>

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

As part of the Corporation's liquidity management plan, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. In addition, the Corporation invests excess cash in short-term investments.

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17. Functional Expenses

A summary of the Corporation's operating expenses by function for the year ended December 31, 2022 is as follows:

	Hospital Acute and Ambulatory Services	Home Care Services	Other Health Care Services	Other, Including General and Administrative	Fundraising	Total
Salaries and wages	\$ 290,179	\$ 13,616	\$ 109,852	\$ 57,358	\$ -	\$ 471,005
Employee benefits	48,977	2,290	16,588	8,257	-	76,112
Contract labor	90,645	767	106,040	2,238	-	199,690
Medical supplies	115,527	361	13,629	382	-	129,899
General and administrative	60,980	3,447	31,181	26,544	3	122,155
Building and maintenance	42,101	586	14,727	709	-	58,123
Insurance	4,355	62	511	492	-	5,420
Interest	20,675	1	1,455	3,622	-	25,753
Depreciation and amortization	41,379	157	10,013	10,610	-	62,159
Total	<u>\$ 714,818</u>	<u>\$ 21,287</u>	<u>\$ 303,996</u>	<u>\$ 110,212</u>	<u>\$ 3</u>	<u>\$ 1,150,316</u>

In 2022, the Corporation also incurred other health care services expenses of \$981 related to the Takoma Park campus that were included in the loss from discontinued operations in the consolidated statements of operations. These expenses were comprised of miscellaneous other operating expenses related to the operations of the walk-in clinic.

A summary of the Corporation's operating expenses by function for the year ended December 31, 2021 is as follows:

	Hospital Acute and Ambulatory Services	Home Care Services	Other Health Care Services	Other, Including General and Administrative	Fundraising	Total
Salaries and wages	\$ 262,218	\$ 15,466	\$ 95,837	\$ 54,730	\$ -	\$ 428,251
Employee benefits	51,301	2,687	16,355	11,456	-	81,799
Contract labor	88,927	838	97,286	856	-	187,907
Medical supplies	119,439	389	13,774	(578)	-	133,024
General and administrative	64,599	3,421	39,515	31,319	307	139,161
Building and maintenance	39,811	735	15,281	27,958	-	83,785
Insurance	9,031	117	1,417	3,014	-	13,579
Interest	20,925	(3)	2,018	2,212	-	25,152
Depreciation and amortization	34,646	243	4,985	8,800	-	48,674
Total	<u>\$ 690,897</u>	<u>\$ 23,893</u>	<u>\$ 286,468</u>	<u>\$ 139,767</u>	<u>\$ 307</u>	<u>\$ 1,141,332</u>

In 2021, the Corporation also incurred other health care services expenses of \$225 related to the Takoma Park campus that were included in the loss from discontinued operations in the consolidated statements of operations. These expenses were comprised of miscellaneous other operating expenses related to the operations of the walk-in clinic.

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet

December 31, 2022

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Imaging Services	Adventist HealthCare Physician Enterprise	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Urgent Care	One Health Quality Alliance	Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Assets																	
Current Assets																	
Cash and cash equivalents	\$ 269,387	\$ (120,146)	\$ 16,849	\$ (35,520)	\$ (58,459)	\$ 35,032	\$ (85,928)	\$ -	\$ 21,215	\$ (3,237)	\$ 590	\$ 13,425	\$ (11,780)	\$ (5,445)	\$ 8,342	\$ -	\$ 23,110
Short-term investments	-	-	-	-	-	-	289,021	-	289,021	-	-	-	-	-	-	-	289,021
Assets whose use is limited	-	7,731	-	-	-	-	14,501	-	22,232	105	-	-	-	-	-	-	22,337
Patient accounts receivable	69,989	36,771	7,199	4,928	1,196	(9)	425	-	120,499	4,084	60	2,607	745	-	-	-	127,995
Other receivables	2,615	2,787	422	-	140	20,970	23,168	(1,374)	48,728	2,031	1,418	(6)	-	-	1,673	(5,072)	48,772
Inventories	4,920	4,332	121	-	-	147	-	-	9,520	1,150	-	-	-	-	-	-	10,670
Prepaid expenses and other current assets	1,452	967	138	165	16	78	9,055	-	11,871	276	-	3	-	42	-	-	12,192
Total current assets	348,363	(67,558)	24,729	(30,427)	(57,107)	56,218	250,242	(1,374)	523,086	4,409	2,068	16,029	(11,035)	(5,403)	10,015	(5,072)	534,097
Property and Equipment, Net	195,563	439,830	21,217	11,020	2,581	211	81,842	-	752,264	26,163	864	555	1,750	-	-	-	781,596
Finance Lease Right-of-Use Assets	10,891	2,817	911	4,333	-	232	3,058	-	22,242	84	-	28	-	-	-	-	22,354
Operating Lease Right-of-Use Assets	18,538	33,965	332	5,311	1,314	74	-	-	59,534	20,797	447	1,027	5,914	-	-	-	87,719
Assets Whose Use is Limited																	
Under trust indentures and mortgage loan agreement, held by trustees and banks	135,624	16,474	710	-	-	-	7,050	-	159,858	1,374	-	-	-	-	-	-	161,232
Professional liability fund	-	-	-	-	-	-	10,068	-	10,068	3,326	-	-	-	-	-	-	13,394
Deferred compensation fund	-	-	-	-	-	-	2,023	-	2,023	-	-	-	-	-	-	-	2,023
Cash and Cash Equivalents Restricted for Capital Acquisitions	-	-	225	-	-	-	-	-	225	-	347	-	-	-	762	-	1,334
Investments and Investments in Unconsolidated Subsidiaries	(2,348)	14,975	-	-	-	-	19,783	-	32,410	-	-	-	-	-	848	(12,565)	20,693
Land Held for Healthcare Development	-	-	-	-	-	-	8,908	-	8,908	-	-	-	-	-	-	-	8,908
Intangible Assets, Net	1,079	-	684	5,435	-	-	-	-	7,198	-	-	127	-	-	-	-	7,325
Deposits and Other Noncurrent Assets	261	65	54	42	18	33	5,672	-	6,145	37	-	27	63	-	1,927	-	8,199
Assets Held for Sale	-	-	-	-	-	12,054	-	-	12,054	-	-	-	-	-	-	-	12,054
Total assets	\$ 707,971	\$ 440,568	\$ 48,862	\$ (4,286)	\$ (53,194)	\$ 68,822	\$ 388,646	\$ (1,374)	\$ 1,596,015	\$ 56,190	\$ 3,726	\$ 17,793	\$ (3,308)	\$ (5,403)	\$ 13,552	\$ (17,637)	\$ 1,660,928

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet

December 31, 2022

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Imaging Services	Adventist HealthCare Physician Enterprise	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Urgent Care	One Health Quality Alliance	Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Liabilities and Net Assets (Deficit)																	
Current Liabilities																	
Accounts payable and accrued expenses	\$ 46,119	\$ 25,442	\$ 2,140	\$ (3,749)	\$ 1,172	\$ 51,444	\$ 38,176	\$ -	\$ 160,744	\$ 14,879	\$ 70	\$ 417	\$ 286	\$ 73	\$ 12	\$ (5,072)	\$ 171,409
Accrued compensation and related items	14,616	9,740	3,329	1,959	1,258	332	20,200	(1,374)	50,060	2,078	693	1,210	2	82	-	-	54,125
Interest payable	-	-	-	-	-	-	9,927	-	9,927	-	-	-	-	-	-	-	9,927
Deferred revenues	2,635	39	-	-	276	-	(298)	-	2,652	15	1,011	-	-	-	-	-	3,678
Due to third-party payors	14,640	19,938	(221)	-	-	-	68	-	34,425	641	-	-	-	-	-	-	35,066
Estimated self-insured professional liability	-	-	-	-	-	-	2,361	-	2,361	105	-	-	-	-	-	-	2,466
Current maturities of:																	
Long-term obligations	3,835	4,996	572	10	-	-	6,420	-	15,833	562	-	-	-	-	-	-	16,395
Finance lease obligations	1,874	470	160	846	-	41	600	-	3,991	62	-	5	-	-	-	-	4,058
Operating lease obligations	8,073	2,756	265	1,081	354	78	-	-	12,607	1,272	417	331	653	-	-	-	15,280
Total current liabilities	91,792	63,381	6,245	147	3,060	51,895	77,454	(1,374)	292,600	19,614	2,191	1,963	941	155	12	(5,072)	312,404
Construction Payable	5,825	281	9	-	-	-	295	-	6,410	14	-	-	-	-	-	-	6,424
Long-Term Obligations, Net																	
Bonds payable	269,339	350,855	3,438	-	-	-	75,711	-	699,343	-	-	-	-	-	-	-	699,343
Notes payable	-	-	-	-	-	-	-	-	-	4,430	-	-	-	-	-	-	4,430
Finance Lease Obligations	9,239	2,398	771	3,523	-	196	2,503	-	18,630	29	-	24	-	-	-	-	18,683
Operating Lease Obligations	11,504	32,285	69	4,559	1,031	-	-	-	49,448	19,653	47	760	5,513	-	-	-	75,421
Other Liabilities	1,485	27	-	-	338	-	6,743	-	8,593	-	-	-	-	-	43	-	8,636
Estimated Self-Insured Professional Liability	-	-	-	-	-	-	14,370	-	14,370	3,326	-	-	-	-	-	-	17,696
Total liabilities	389,184	449,227	10,532	8,229	4,429	52,091	177,076	(1,374)	1,089,394	47,066	2,238	2,747	6,454	155	55	(5,072)	1,143,037
Net Assets (Deficit)																	
Net assets (deficit) without donor restrictions	318,437	(9,418)	37,843	(12,515)	(57,623)	16,731	210,264	-	503,719	8,757	1,196	15,038	(9,762)	(5,558)	4,719	(12,458)	505,651
Net assets with donor restrictions	350	759	487	-	-	-	1,306	-	2,902	367	292	8	-	-	8,778	(107)	12,240
Total net assets (deficit)	318,787	(8,659)	38,330	(12,515)	(57,623)	16,731	211,570	-	506,621	9,124	1,488	15,046	(9,762)	(5,558)	13,497	(12,565)	517,891
Total liabilities and net assets (deficit)	\$ 707,971	\$ 440,568	\$ 48,862	\$ (4,286)	\$ (53,194)	\$ 68,822	\$ 388,646	\$ (1,374)	\$ 1,596,015	\$ 56,190	\$ 3,726	\$ 17,793	\$ (3,308)	\$ (5,403)	\$ 13,552	\$ (17,637)	\$ 1,660,928

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Statement of Operations

Year Ended December 31, 2022

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Imaging Services	Adventist HealthCare Physician Enterprise	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Urgent Care	One Health Quality Alliance	Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Revenues																	
Net patient service revenue	\$ 461,982	\$ 301,143	\$ 63,810	\$ 32,687	\$ 9,087	\$ 5	\$ -	\$ -	\$ 868,714	\$ 58,601	\$ 994	\$ 23,013	\$ 603	\$ -	\$ -	\$ (2)	\$ 951,923
Other revenues	9,450	7,352	472	1,395	1,033	142,237	1,345	(10,693)	152,591	534	14,622	15	7,003	1,356	2,950	(3,153)	175,918
COVID-19 grant income	2,072	1,394	144	-	-	-	18,159	-	21,769	1,875	97	-	-	-	-	-	23,741
Total revenues	473,504	309,889	64,426	34,082	10,120	142,242	19,504	(10,693)	1,043,074	61,010	15,713	23,028	7,606	1,356	2,950	(3,155)	1,151,582
Expenses																	
Salaries and wages	176,439	116,680	36,316	18,752	8,026	5,117	57,358	-	418,688	27,401	9,131	13,616	1,190	947	-	32	471,005
Employee benefits	29,568	18,417	6,337	2,423	1,451	827	8,257	-	67,280	4,255	1,924	2,290	215	148	-	-	76,112
Contract labor	50,908	32,524	1,385	(581)	483	102,718	2,239	-	189,676	8,757	195	809	84	794	-	(625)	199,690
Medical supplies	56,964	53,753	2,215	2,811	681	6,637	382	-	123,443	5,832	189	361	74	-	-	-	129,899
General and administrative	36,157	26,367	5,170	(2,428)	972	22,095	26,592	(6,548)	108,377	7,743	2,583	3,450	175	256	1,857	(2,286)	122,155
Building and maintenance	29,498	12,571	3,551	4,540	1,540	4,134	932	(4,145)	52,621	3,027	807	593	1,139	-	-	(64)	58,123
Insurance	1,715	1,172	199	165	65	5	492	-	3,813	1,523	22	62	-	-	-	-	5,420
Interest	4,749	15,660	121	153	-	1,173	3,622	-	25,478	268	-	1	6	-	-	-	25,753
Depreciation and amortization	20,222	19,691	2,608	6,250	310	74	10,611	-	59,766	1,748	147	157	341	-	-	-	62,159
IT depreciation	5,630	2,648	412	76	-	24	(9,200)	-	(410)	343	-	67	-	-	-	-	-
IT services	21,458	11,653	2,108	1,177	119	131	(37,952)	-	(1,306)	612	-	694	-	-	-	-	-
Shared services	20,455	12,293	1,686	508	798	76	(39,005)	-	(3,189)	2,438	320	423	8	-	-	-	-
Management fees	9,941	5,716	1,417	494	493	146	(19,445)	-	(1,238)	-	339	875	24	-	-	-	-
Total expenses	463,704	329,145	63,525	34,340	14,938	143,157	4,883	(10,693)	1,042,999	63,947	15,657	23,398	3,256	2,145	1,857	(2,943)	1,150,316
Income (loss) from operations	9,800	(19,256)	901	(258)	(4,818)	(915)	14,621	-	75	(2,937)	56	(370)	4,350	(789)	1,093	(212)	1,266
Other (Expense) Income																	
Investment (loss) income	(1,504)	253	(84)	-	-	(9)	(5,261)	-	(6,605)	12	4	(66)	-	-	14	-	(6,641)
Other loss	(14)	-	-	-	(6,905)	-	(1,263)	-	(8,182)	-	-	-	-	-	-	-	(8,182)
Total other (expense) income	(1,518)	253	(84)	-	(6,905)	(9)	(6,524)	-	(14,787)	12	4	(66)	-	-	14	-	(14,823)
Revenues (less than) in excess of expenses from continuing operations	8,282	(19,003)	817	(258)	(11,723)	(924)	8,097	-	(14,712)	(2,925)	60	(436)	4,350	(789)	1,107	(212)	(13,557)
Change in Net Unrealized Gains and Losses on Investments in Debt Securities	(12,864)	(875)	(502)	-	-	(56)	(7,055)	-	(21,352)	-	(12)	(426)	-	-	(25)	-	(21,815)
Transfers From (to) Subsidiaries	317	22,497	27	124	-	(4,956)	(18,009)	-	-	-	-	-	-	-	-	-	-
Net Assets Released From Restrictions for Purchase of Property and Equipment	1,254	534	157	-	-	-	-	-	1,945	1,200	-	-	-	-	-	-	3,145
Deferred Compensation Plan Liability Adjustment	-	-	-	-	-	-	(72)	-	(72)	-	-	-	-	-	-	-	(72)
Other Net Asset Activity	185	-	-	250	-	-	700	-	1,135	-	-	-	-	-	-	-	1,135
(Decrease) increase in net assets (deficit) without donor restrictions from continuing operations	(2,826)	3,153	499	116	(11,723)	(5,936)	(16,339)	-	(33,056)	(1,725)	48	(862)	4,350	(789)	1,082	(212)	(31,164)
Loss From Discontinued Operations	-	-	-	-	-	(981)	-	-	(981)	-	-	-	-	-	-	-	(981)
(Decrease) increase in net assets (deficit) without donor restrictions	\$ (2,826)	\$ 3,153	\$ 499	\$ 116	\$ (11,723)	\$ (6,917)	\$ (16,339)	\$ -	\$ (34,037)	\$ (1,725)	\$ 48	\$ (862)	\$ 4,350	\$ (789)	\$ 1,082	\$ (212)	\$ (32,145)