

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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: C Name of organization: ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC. D Employer identification number: 20-1486678

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: KRISTEN PULIO, SR. VICE PRESIDENT & CFO. Date: 11/15/2023. Preparer information fields.

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



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

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

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

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

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

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 KRISTEN PULIO, SVP & CFO - 301 315 3030  
 820 WEST DIAMOND AVE., 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) JOHN SACKETT CHAIR; EVP & COO, AHC	2.00 48.00	X						0.	1,034,422.	70,167.
(2) DANIEL L. COCHRAN PRESIDENT, SGMC	1.00 49.00	X						0.	785,143.	184,334.
(3) ANTHONY STAHL PRESIDENT, WOMC	4.00 46.00	X						0.	691,035.	170,625.
(4) EUNMEE SHIM PRESIDENT, FWMC	1.00 49.00	X						0.	691,885.	150,467.
(5) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SVCS	3.00 47.00	X						0.	769,858.	42,454.
(6) BRENT REITZ SECY; PRES, POST-ACUTE CARE SRV, AHC	20.00 20.00	X		X				0.	571,930.	130,113.
(7) BRENDAN JOHNSON SVP OF HUMAN RESOURCES, AHC	20.00 20.00	X						0.	567,919.	133,186.
(8) SUSAN L. GLOVER SVP, Q&PS, END 4/2022; VP, CV, AHC	20.00 20.00	X						0.	561,897.	50,997.
(9) TERRENCE SHEEHAN, MD CMO, PHYSICIAN INTEGRATION SVCS	20.00 20.00	X						0.	554,276.	13,878.
(10) GEORGE R. GRANGE VP, POST-ACUTE & ADMR, WOMC	40.00					X		230,000.	0.	69,800.
(11) SUSAN SAVERY AVP FINANCE, POST-ACUTE CARE SVCS	40.00					X		223,489.	0.	25,284.
(12) VICTORIA ESTRADA REGISTERED NURSE II	40.00					X		179,774.	0.	35,019.
(13) ELAN BURMAN PROGRAM DIRECTOR, FOUNDATION	40.00					X		174,813.	0.	23,686.
(14) IRENE MEKEDE REGISTERED NURSE II	40.00					X		182,488.	0.	9,808.
(15) JOHN J. KENNEY, PH.D. BOARD MEMBER, PARTIAL YEAR	1.00	X						0.	0.	0.





**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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	32,654.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	187,226.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	176,910.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			396,790.			
Program Service Revenue	<b>2 a</b>	OCCUPATIONAL/SPEECH/PT	<b>Business Code</b>	900099	60,711,020.	60,711,020.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			60,711,020.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			200,661.		200,661.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					7,874,733.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	8,138,771.				
<b>c</b>	Gain or (loss) .....	<b>7c</b>	-264,038.					
<b>d</b>	Net gain or (loss) .....			-264,038.		-264,038.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 32,654. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		500.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>	52,898.					
<b>c</b>	Net income or (loss) from fundraising events .....			-52,398.		-52,398.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	VENDING REVENUE	<b>Business Code</b>	621990	4,551.		4,551.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			4,551.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			60,996,586.	60,711,020.	0.	-111,224.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,102.	3,102.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	33,256,641.	31,841,594.	1,238,067.	176,980.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	640,476.	589,065.	45,764.	5,647.
<b>9</b> Other employee benefits .....	2,719,115.	2,565,579.	152,613.	923.
<b>10</b> Payroll taxes .....	2,569,987.	2,371,742.	186,558.	11,687.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	15,243.		15,243.	
<b>b</b> Legal .....	15,281.		15,281.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	20,493.		20,493.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,268,500.	3,664,642.	1,589,793.	14,065.
<b>12</b> Advertising and promotion .....	113,878.	19,361.	94,517.	
<b>13</b> Office expenses .....	276,296.	237,925.	25,460.	12,911.
<b>14</b> Information technology .....	2,596,409.	1,947,307.	649,102.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	3,639,106.	1,507,827.	2,131,279.	
<b>17</b> Travel .....	69,927.	34,888.	28,387.	6,652.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	46,605.	43,021.	2,194.	1,390.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,569,180.	1,741,238.	827,942.	
<b>23</b> Insurance .....	147,580.		147,580.	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	2,156,474.	1,327,781.	827,056.	1,637.
<b>b</b> SHARED SVCS ALLOCATION	1,685,681.		1,685,681.	
<b>c</b> COST ALLOC. FROM PARENT	1,417,193.		1,417,193.	
<b>d</b> COLLECTION FEES/LICENSE	122,739.	73,902.	48,837.	
<b>e</b> All other expenses	75.	75.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	59,349,981.	47,969,049.	11,149,040.	231,892.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	302,432.	<b>1</b>	327,094.
	<b>2</b> Savings and temporary cash investments .....	22,140,586.	<b>2</b>	21,065,936.
	<b>3</b> Pledges and grants receivable, net .....	119,057.	<b>3</b>	72,103.
	<b>4</b> Accounts receivable, net .....	7,554,669.	<b>4</b>	6,972,209.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	106,147.	<b>7</b>	340,993.
	<b>8</b> Inventories for sale or use .....	134,277.	<b>8</b>	120,956.
	<b>9</b> Prepaid expenses and deferred charges .....	179,328.	<b>9</b>	166,215.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,864,976.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 16,682,043.		
	<b>11</b> Investments - publicly traded securities .....	453,988.	<b>11</b>	710,006.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	716,658.	<b>14</b>	684,449.
	<b>15</b> Other assets. See Part IV, line 11 .....	705,584.	<b>15</b>	1,296,386.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	54,576,602.	<b>16</b>	52,939,280.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,617,464.	<b>17</b>	4,816,395.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	6,338,280.	<b>25</b>	5,329,732.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,955,744.	<b>26</b>	10,146,127.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	41,150,699.	<b>27</b>	42,306,293.
	<b>28</b> Net assets with donor restrictions .....	470,159.	<b>28</b>	486,860.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	41,620,858.	<b>32</b>	42,793,153.
<b>33</b> Total liabilities and net assets/fund balances .....	54,576,602.	<b>33</b>	52,939,280.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	60,996,586.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	59,349,981.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,646,605.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	41,620,858.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-501,674.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	27,364.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	42,793,153.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2022)



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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

Section A. Public Support

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; 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; 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.

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; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

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

Schedule A (Form 990) 2022



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
--	--

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 REHABILITATION HOSPITAL OF MARYLAND, INC.	<b>Employer identification number</b>  20-1486678
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	<b>Employer identification number</b>  20-1486678
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 5,578.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 49,500.	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 REHABILITATION HOSPITAL OF MARYLAND, INC.	<b>Employer identification number</b>  20-1486678
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.** Employer identification number **20-1486678**

**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 VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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) DUE TO PARENT ORGANIZATION	4,056,111.
(3) OPERATING LEASE OBLIGATIONS	333,350.
(4) OTHER LONG TERM LIABILITIES	9,058.
(5) FINANCING LEASE OBLIGATIONS	931,213.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

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

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

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

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

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

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

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN 2022 OR 2021.

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

TAX BENEFITS AND PENALTIES IN INTEREST EXPENSE IN OPERATING EXPENSES.





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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		5K AMPUTEE WALK (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	33,154.		33,154.
	2	Less: Contributions	32,654.		32,654.
	3	Gross income (line 1 minus line 2)	500.		500.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	6,327.		6,327.
	6	Rent/facility costs	1,050.		1,050.
	7	Food and beverages	2,896.		2,896.
	8	Entertainment			
	9	Other direct expenses	42,625.		42,625.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			52,898.
11	Net income summary. Subtract line 10 from line 3, column (d)			-52,398.	

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

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

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

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

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

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

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



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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b>	ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	<b>Employer identification number</b>	20-1486678
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input 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		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</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>b</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	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			57,904.		57,904.	.10%
<b>b</b> Medicaid (from Worksheet 3, column a)						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			57,904.		57,904.	.10%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			701,198.	310,898.	390,300.	.66%
<b>f</b> Health professions education (from Worksheet 5)			192,042.		192,042.	.32%
<b>g</b> Subsidized health services (from Worksheet 6)			4,508,647.	3,617,646.	891,001.	1.50%
<b>h</b> Research (from Worksheet 7)			48,576.		48,576.	.08%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			166,389.		166,389.	.28%
<b>j Total.</b> Other Benefits			5,616,852.	3,928,544.	1,688,308.	2.84%
<b>k Total.</b> Add lines 7d and 7j			5,674,756.	3,928,544.	1,746,212.	2.94%





**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): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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: 20 <u>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:			
<b>13</b>	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:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <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>b</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)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

Schedule H (Form 990) 2022



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

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

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

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

Schedule H (Form 990) 2022

**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): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <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:			
<b>13</b>	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:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

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

Schedule H (Form 990) 2022

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

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

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

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

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)

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

AHC-REHABILITATION - ROCKVILLE:

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.

AHC-REHABILITATION - TAKOMA PARK:

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



**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

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

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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

**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  
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  
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.

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  
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.

**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 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 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:

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UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

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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 - ROCKVILLE:

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

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

**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.

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

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.

**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.

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;

**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.

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>

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,

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

**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.

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

REVIEWED, AND THE MOST PRESSING NEEDS WERE INCORPORATED INTO OUR

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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

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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



**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.

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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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; 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

**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.

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 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 - 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:

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

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

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



**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

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

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

**Part VI** Supplemental Information (Continuation)

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

PART I, LINE 7:

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

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES INCLUDED PAYMENTS FOR NON-EMPLOYED BUT 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 REHABILITATION HOSPITAL OF MARYLAND, INC.'S COMMUNITY BUILDING ACTIVITIES WERE DONE JOINTLY AT THE CORPORATE LEVEL WITH ADVENTIST HEALTHCARE, INC. TO CENTRALIZE THE ACTIVITIES PERFORMED AS A SYSTEM. ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC. PLAYED AN INTEGRAL ROLE AND CONTRIBUTED TO SEVERAL OUTREACH PROGRAMS AS PART OF ITS MISSION. ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC. AND ADVENTIST HEALTHCARE'S MISSION IS "WE EXTEND GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC. AND ADVENTIST HEALTHCARE GO BEYOND TRADITIONAL HOSPITAL CARE TO OFFER EXPERTISE AND RESOURCES THAT HELP STRENGTHEN THE COMMUNITY'S

**Part VI** Supplemental Information (Continuation)

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

IN 2022, MOST ADVENTIST HEALTHCARE'S COMMUNITY BUILDING ACTIVITIES

CONSISTED OF: LOWERING HEALTHCARE COSTS AND PROMOTING HEALTH AND

WELLBEING OF THE COMMUNITY; ADVOCATING ON COMMUNITY HEALTH IMPROVEMENTS

THROUGH OUR GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT; AND

ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS.

GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES:

IN 2022, ADVENTIST HEALTHCARE WORKED WITH FEDERAL, STATE, AND LOCAL

LEADERS TO SUPPORT THE HEALTH CARE WORKFORCE PIPELINE AND SECURE STATE

SUPPORT TO BRING HEALTHCARE RESOURCES TO UNDERSERVED COMMUNITIES. WE

WORKED TO ENSURE CHILDREN ON MEDICAID HAD ADEQUATE ACCESS TO DENTAL

SURGERY. WE WORKED CLOSELY WITH LOCAL STAKEHOLDER PARTNERS TO SUPPORT

IMPROVEMENTS TO THE TRANSPORTATION INFRASTRUCTURE IN OUR COMMUNITY AND

OTHER COMMUNITY DEVELOPMENT PROJECTS ACROSS MONTGOMERY AND PRINCE GEORGE'S

COUNTIES. WE CONTINUE TO PROVIDE FINANCIAL SUPPORT TO COMMUNITY PARTNERS

ADDRESSING PUBLIC NEEDS INCLUDING HOUSING AND FOOD INSECURITY.

HEALTH PARTNERSHIPS WITHIN THE COMMUNITY:

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

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

DISPARITIES, IMPROVING ACCESS TO CULTURALLY APPROPRIATE CARE AND PROVIDING

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

**Part VI** Supplemental Information (Continuation)

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

EXPAND OUR EXPERTISE AND RESOURCES AND THEREFORE HAVE A LARGER COLLECTIVE

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

PARTNERSHIPS IS DESCRIBED BELOW:

1) HEALTHY MONTGOMERY:

HEALTHY MONTGOMERY IS THE LOCAL HEALTH IMPROVEMENT COALITION FOR

MONTGOMERY COUNTY, MARYLAND. ADVENTIST HEALTHCARE PARTNERS WITH AND

SUPPORTS HEALTHY MONTGOMERY BOTH STRATEGICALLY AND FINANCIALLY.

REPRESENTATIVES FROM ADVENTIST HEALTHCARE SIT ON THE HEALTHY MONTGOMERY

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

WORKGROUP, AMONG OTHERS. ADVENTIST HEALTHCARE ALSO CONTRIBUTES UP TO

\$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY.

HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS SUCH AS

LOCAL POLICY MAKERS, HOSPITALS, ADVOCACY GROUPS AND ACADEMIC INSTITUTIONS,

AMONG OTHERS, REVIEWS THE NEEDS AND RESOURCES IN THE COUNTY AND WORKS TO

SET PRIORITIES FOR IMPROVING HEALTH AND WELL-BEING. THE OVERALL GOALS OF

HEALTHY MONTGOMERY ARE TO IMPROVE ACCESS TO HEALTH AND SOCIAL SERVICES,

ACHIEVE HEALTH EQUITY FOR ALL RESIDENTS, AND ENHANCE THE PHYSICAL AND

SOCIAL ENVIRONMENT TO SUPPORT OPTIMAL HEALTH AND WELL-BEING. AMONG ITS

MANY ACCOMPLISHMENTS, HEALTHY MONTGOMERY HAS BEEN ABLE TO PROVIDE LOCAL

LEVEL DATA THAT IS STRATIFIED BY SEX, AGE, RACE, AND ETHNICITY. BY MAKING

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.

**Part VI** Supplemental Information (Continuation)

2) PRINCE GEORGE'S HEALTHCARE ACTION COALITION:

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

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

3) NEXUS MONTGOMERY:

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



**Part VI** Supplemental Information (Continuation)

4) CASA:

CASA IS THE FOREMOST IMMIGRANT ORGANIZATION IN THE MID-ATLANTIC REGION AND  
A NATIONAL LEADER IN SUPPORTING IMMIGRANT FAMILIES AND ENSURING THAT ALL  
INDIVIDUALS HAVE THE CORE SUPPORTS NECESSARY FOR FULL PARTICIPATION IN  
SOCIETY. NOW A NATIONAL IMMIGRANT POWERHOUSE, CASA CREATES CHANGE WITH ITS  
POWER BUILDING MODEL BLENDING HUMAN SERVICES, COMMUNITY ORGANIZING, AND  
ADVOCACY TO SERVE THE FULL SPECTRUM OF THE NEEDS, DREAMS, AND ASPIRATIONS  
OF MEMBERS.

IN 2022, THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF)  
PROVIDED CASA DE MARYLAND GRANT FUNDING TO SUPPORT THEIR ESOL PROGRAM.  
CASA'S ESOL PROGRAM SEEKS TO IMPROVE PARTICIPANTS' LISTENING, SPEAKING,  
READING, AND WRITING SKILLS IN ENGLISH SO THAT THEY MAY INCREASE THEIR  
EMPLOYABILITY, INCREASE THEIR ACCESS TO HEALTH AND SOCIAL SERVICES, BETTER  
INTEGRATE INTO U.S. SOCIETY, AND ACHIEVE THEIR PERSONAL GOALS.

5) IMPACT SILVER SPRING:

IMPACT SILVER SPRING'S MISSION IS TO ADVANCE RACIAL EQUITY, JUSTICE, AND  
LIBERATION BY WORKING FOR CHANGE IN INDIVIDUALS, COMMUNITIES,  
ORGANIZATIONS, AND SYSTEMS.

IN 2022, THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF)  
PROVIDED IMPACT SILVER SPRING WITH GRANT FUNDING TO CREATE INCREASED  
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

**Part VI** Supplemental Information (Continuation)

COMMUNITIES DISPROPORTIONATELY IMPACTED BY THE ONGOING EFFECTS OF COVID.

6) INTERFAITH WORKS:

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

IN 2022, ADVENTIST HEALTHCARE PROVIDED INTERFAITH WORKS WITH GRANT FUNDING  
TO SUPPORT THEIR VOCATIONAL SERVICES PROGRAM. THE GOAL OF THE PROGRAM IS  
TO PLACE LOW-INCOME MONTGOMERY COUNTY RESIDENTS, AND THOSE EXPERIENCING  
HOMELESSNESS, IN LONG-TERM JOBS. THE PROGRAM PROVIDES COMPREHENSIVE,  
INDIVIDUALIZED SUPPORT TO CLIENTS, THEREBY STRENGTHENING THE FINANCIAL  
STABILITY OF INDIVIDUALS AND FAMILIES THROUGH JOB TRAINING AND READINESS  
PROGRAMS, EMPLOYMENT ASSISTANCE, AND SUPPORT UPON EMPLOYMENT. THEIR  
BILINGUAL (ENGLISH/SPANISH/FRENCH) VOCATIONAL COUNSELORS WORK WITH CLIENTS  
UNTIL THEY SUCCESSFULLY GAIN EMPLOYMENT AND OFFER SUPPORT FOR A MINIMUM OF  
ONE YEAR FOLLOWING EMPLOYMENT.

PART III, LINE 2:

TO ESTIMATE THE COST OF BAD DEBT THAT WE HAVE REPORTED ON SCHEDULE H, WE  
MULTIPLIED THE ORGANIZATION'S COST TO CHARGE RATIO (CCR) TIMES THE BAD  
DEBT PROVISION THAT HAS BEEN DERIVED FROM THE 2022 AUDITED FINANCIAL  
STATEMENTS. THE ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN  
TOTAL OPERATING EXPENSE IS DIVIDED BY TOTAL GROSS PATIENT REVENUE AS  
REFLECTED IN THE ORGANIZATION'S GENERAL LEDGER.

THE BAD DEBT EXPENSE THAT IS RECORDED IN THE GENERAL LEDGER REFLECTS THE  
AMOUNT OF PROVISION MANAGEMENT DEEMS NECESSARY TO REPORT PATIENT ACCOUNTS  
RECEIVABLE AT THEIR NET REALIZABLE VALUE. IN EVALUATING THE

**Part VI** Supplemental Information (Continuation)

COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, WE ANALYZE HISTORICAL  
TRENDS FOR EACH MAJOR PAYOR AND ESTIMATE THE APPROPRIATE ALLOWANCE FOR  
DOUBTFUL COLLECTIONS.

PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:

7) GENERATION HOPE:

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

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

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

Part VI Supplemental Information (Continuation)

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 REHABILITATION HOSPITAL OF MARYLAND, INC. AND ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY BUILDING ACTIVITIES IN 2022. PROVIDING COMMUNITY BUILDING ACTIVITIES IS ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION.

PART III, LINE 4:

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

PART III, LINE 8:

IN ORDER TO DETERMINE THE COST OF PROVIDING MEDICARE SERVICES, WE MULTIPLIED TOTAL MEDICARE CHARGES PER THE HOSPITAL'S GENERAL LEDGER TIMES

**Part VI** Supplemental Information (Continuation)

THE COST TO CHARGE RATIO REFLECTED IN THE ENTITY'S INCOME STATEMENT.

WE ESTIMATED TOTAL PAYMENTS RECEIVED BY MULTIPLYING THE HISTORICAL  
COLLECTION PERCENTAGE OF MEDICARE ACCOUNTS TIMES TOTAL MEDICARE CHARGES AS  
REPORTED IN THE HOSPITAL'S GENERAL LEDGER.

ANY DEFICIT REPORTED REPRESENTS THE DIFFERENCE BETWEEN TOTAL ESTIMATED  
MEDICARE RECEIPTS AND TOTAL ALLOWABLE ESTIMATED COSTS INCURRED TO TREAT  
THE HOSPITAL'S MEDICARE PATIENTS.

PART III, LINE 9B:

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

> 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

**Part VI** Supplemental Information (Continuation)

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 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 ARE ABLE TO WORK WITH OTHER STAKEHOLDERS TO DEVELOP STRATEGIES FOR ADDRESSING THEM.

> WE ARE ALSO ABLE TO GATHER INFORMATION AROUND COMMUNITY NEEDS THROUGH

**Part VI** Supplemental Information (Continuation)

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

CLINICALLY INTEGRATED NETWORK MADE UP OF PRIMARY AND SPECIALTY CARE

PHYSICIANS INCLUDING CLINICS AND FQHCs 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, SDOH DATA, AND DIRECT PATIENT FEEDBACK, BOTH ON A POPULATION AND

INDIVIDUAL LEVEL.

AT ADVENTIST HEALTHCARE REHABILITATION, WE STRIVE TO PROVIDE THE BEST

CUSTOMER SERVICE EXPERIENCE POSSIBLE FOR OUR PATIENTS AND THEIR LOVED

ONES. WE FOCUS ON EACH PATIENT INDIVIDUALLY AND CARE FOR THE WHOLE PERSON

THROUGH THE REHABILITATIVE PROCESS. PRESS GANEY ADMINISTERS OUR CUSTOMER

SATISFACTION SURVEYS AND WE CONTINUOUSLY ANALYZE CUSTOMER FEEDBACK AND OUR

SCORES TO IMPROVE THE CUSTOMER EXPERIENCE. WE ALSO REGULARLY CONVENE A

PATIENT/FAMILY ADVISORY BOARD TO RECEIVE FEEDBACK AND CONTINUE TO IMPROVE

HOW WE OFFER CARE TO OUR PATIENTS AND COMMUNITY MEMBERS.

**Part VI** Supplemental Information (Continuation)

ACUTE REHABILITATION HOSPITALS THROUGHOUT THE COUNTRY ENTER DATA INTO A NATIONAL DATABASE AS A MEANS TO REPORT OUTCOMES AND AS A WAY TO EVALUATE AND IMPROVE OVERALL RESULTS. WE STRIVE TO GET EACH PATIENT BACK TO THE COMMUNITY AS QUICKLY AND SAFELY AS POSSIBLE. OUR OUTCOMES FOR PATIENTS DISCHARGED DURING A SPECIFIED PERIOD ARE REPORTED IN OUR CHNAS.

THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) BREAKS DOWN THE DIAGNOSTIC CATEGORIES FOR PATIENTS THAT UTILIZE ACUTE REHABILITATION SERVICES INTO 21 REHAB IMPAIRMENT CATEGORIES CALLED RIC'S. THE 21 RIC'S ARE FURTHER GROUPED INTO CMGS OR CASE MIX GROUPS. ALL ACUTE REHAB HOSPITALS SUBMIT THEIR DATA TO CMS; THUS, WE CAN COMPARE OURSELVES TO OTHERS NATIONWIDE AS WELL AS TO OUR REGIONAL AREA, WHICH INCLUDES DE, MD, VA, DC, NC, SC, WV, GA, AND FL. OUR VOLUMES ARE COMPARABLE TO THE NATION AND REGION. WE ARE PROUD THAT OUR PATIENTS DEMONSTRATE MORE IMPROVEMENT THAN THE NATION IN EVERY MAJOR DIAGNOSTIC CATEGORY WE SERVE (BRAIN INJURY, SPINAL CORD INJURY, AMPUTEE, ORTHOPEDIC, GENERAL REHAB, AND STROKE) THIS SPEAKS TO STRONG CLINICAL OUTCOMES WITH OUR PROGRAM.

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



**Part VI** Supplemental Information (Continuation)

FINANCIAL ADVISOR WILL VISIT ADMITTED PATIENTS TO REVIEW FINANCIAL  
OPTIONS, INCLUDING AHC'S FINANCIAL ASSISTANCE PROGRAM; (3) WHEN GOING  
THROUGH THE MEDICAID ELIGIBILITY SCREENING, SELF-PAY PATIENTS ARE GIVEN A  
CHARITY APPLICATION DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT  
QUALIFY FOR MEDICAID; (4) WHEN PATIENTS WITH A BALANCE RECEIVES A  
STATEMENT, THE PATIENT STATEMENT INCLUDES NOTIFICATION OF THE AVAILABILITY  
OF FINANCIAL ASSISTANCE AND THE CONTACT INFORMATION TO SPEAK WITH A  
REPRESENTATIVE OR OBTAIN A FINANCIAL ASSISTANCE PACKAGE; (5) WHEN PATIENTS  
WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL  
HARDSHIP, CUSTOMER SERVICE REPS AND SELF-PAY COLLECTORS WILL NOTIFY THE  
PATIENT OF THE AVAILABILITY OF ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE  
AND MAIL A CHARITY APPLICATION TO THE PATIENT AND (6) RESIDENTS WHO  
PARTICIPATE IN OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY,  
ETC., ARE INFORMED OF ADVENTIST HEALTHCARE'S CHARITY PROGRAM PRIOR TO  
RECEIVING SERVICES.

PART VI, LINE 4:

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.

**Part VI** Supplemental Information (Continuation)

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.

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

**Part VI** Supplemental Information (Continuation)

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 PRICE 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 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

**Part VI** Supplemental Information (Continuation)

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:

ADVENTIST HEALTHCARE REHABILITATION PARTNERS WITH COMMUNITY ORGANIZATIONS

AND AGENCIES TO PROVIDE EDUCATION ON PREVENTION AND REHABILITATION FOR

MANY HEALTH AND DISEASE-RELATED ISSUES FOR VALUABLE INPUT ON THE HEALTH

NEEDS OF COMMUNITY MEMBERS. THIS INCLUDES SENIOR CENTERS, CHURCHES,

SCHOOLS, SUPPORT GROUPS AND PROFESSIONAL ORGANIZATIONS. THE ADVENTIST

HEALTHCARE REHABILITATION-ROCKVILLE SITE IS ALSO THE HOST FACILITY FOR A

VARIETY OF SUPPORT GROUPS AND SPECIALTY THERAPEUTIC GROUPS FOR PATIENTS

PAST AND PRESENT ALONG WITH THEIR FAMILIES AND CAREGIVER NETWORKS. DUE TO

THE PANDEMIC, MANY SUPPORT GROUPS AND PROGRAMS CONTINUED VIRTUALLY AND

PARTICIPATION INCREASED SIGNIFICANTLY IN SOME PROGRAMS. WE PARTNER WITH

CLINICS THAT SERVE THE LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY, MANY OF

WHOM ARE LIMITED ENGLISH PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES.

ONE OF ADVENTIST HEALTHCARE REHABILITATION'S SAFETY NET CLINIC PARTNERS IS

MERCY HEALTH CLINIC, WHICH PROVIDES PRIMARY CARE TO UNINSURED, LOW-INCOME

ADULT RESIDENTS OF MONTGOMERY COUNTY. WE ALSO PARTNER WITH MERCY HEALTH

CLINIC BY PROVIDING FREE DIAGNOSTIC SERVICES/LAB WORK TO THEIR UNINSURED

PATIENTS. ANOTHER KEY PARTNER IS MOBILE MEDICAL CARE (MOBILE MED), WHICH

OPERATES THREE MOBILE HEALTHCARE VEHICLES AND PROVIDES PRIMARY AND

PREVENTATIVE HEALTHCARE TO THE UNINSURED, LOW INCOME, WORKING POOR, AND

HOMELESS IN MONTGOMERY COUNTY. WE ALSO PARTNER WITH MOBILE MED BY

PROVIDING FREE DIAGNOSTIC SERVICES/LAB WORK TO THEIR UNINSURED PATIENTS.

THESE CLINICS WERE ALSO SUPPORTED WITH CASH DONATIONS FROM ADVENTIST

HEALTHCARE THROUGH OUR COMMUNITY PARTNERSHIP FUND.

**Part VI** Supplemental Information (Continuation)

FURTHER, ADVENTIST HEALTHCARE REHABILITATION HAS PARTNERED WITH COMMUNITY ORGANIZATIONS SERVING THE SAME POPULATIONS AS ADVENTIST HEALTHCARE REHABILITATION. AMONG THEM ARE THE MARYLAND BRAIN INJURY ASSOCIATION, THE STROKE COMEBACK CENTER, DISABILITY PARTNERSHIPS AND REBUILDING TOGETHER MONTGOMERY COUNTY. EACH OF THESE ORGANIZATIONS PROVIDE SERVICES TO SUPPORT PERSONS SERVED AFTER A BRAIN INJURY, SPINAL CORD INJURY, STROKE, OR OTHER LIFE CHANGING DEBILITATING EVENT.

IN ADDITION TO THE FORMAL ADVISORY BOARD THAT HELPS ADDRESS COMMUNITY NEEDS, THE STAFF OF ADVENTIST HEALTHCARE AND ADVENTIST HEALTHCARE REHABILITATION PARTICIPATES IN VARIOUS WAYS IN THE COMMUNITY. TO OBTAIN INPUT AND GUIDANCE FROM THOSE WE SERVE, WE ESTABLISHED A PATIENT-FAMILY ADVISORY COUNCIL WHICH KEEPS OUR PROGRAMS AND SERVICES RELEVANT TO THE COMMUNITY'S HEALTH NEEDS AND ALLOWS FOR DIRECT DIALOGUE WITH OUR CUSTOMERS. FURTHER, WE ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS, AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE COMMUNITY, SUCH AS HEALTHY MONTGOMERY, THE LOCAL HEALTH IMPROVEMENT COALITION. THE HEALTH PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS.

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.

**Part VI** Supplemental Information (Continuation)

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

ADVENTIST HEALTHCARE INCLUDES: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL  
CENTER, ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER, ADVENTIST  
HEALTHCARE FORT WASHINGTON MEDICAL CENTER, ADVENTIST HEALTHCARE  
REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES, THE REGINALD S.  
LOURIE CENTER FOR CHILDREN'S SOCIAL & EMOTIONAL WELLNESS, ADVENTIST  
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

**Part VI** Supplemental Information (Continuation)

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](http://WWW.ADVENTISTHEALTHCARE.COM) TO LEARN EVEN MORE ABOUT OUR SERVICES

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

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

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

MD

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.**

Employer identification number  
**20-1486678**

**Part I Questions Regarding Compensation**

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

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

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

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

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

- |   |   |
|---|---|
| <input 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN SACKETT CHAIR; EVP & COO, AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	596,569.	170,553.	267,300.	27,000.	43,167.	1,104,589.	0.
(2) DANIEL L. COCHRAN PRESIDENT, SGM C	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	453,362.	110,730.	221,051.	167,162.	17,172.	969,477.	132,453.
(3) ANTHONY STAHL PRESIDENT, WOMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	405,527.	110,639.	174,869.	148,167.	22,458.	861,660.	85,274.
(4) EUNMEE SHIM PRESIDENT, FWM C	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	379,781.	72,466.	239,638.	119,862.	30,605.	842,352.	98,494.
(5) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SVCS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	471,287.	126,323.	172,248.	27,000.	15,454.	812,312.	0.
(6) BRENT REITZ SECY; PRES, POST-ACUTE CARE SRV, AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	308,905.	102,576.	160,449.	107,736.	22,377.	702,043.	77,888.
(7) BRENDAN JOHNSON SVP OF HUMAN RESOURCES, AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	336,299.	98,402.	133,218.	110,821.	22,365.	701,105.	66,835.
(8) SUSAN L. GLOVER SVP, Q&PS, END 4/2022; VP, CV, AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	327,224.	94,893.	139,780.	26,000.	24,997.	612,894.	0.
(9) TERRENCE SHEEHAN, MD CMO, PHYSICIAN INTEGRATION SVCS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	319,967.	232,867.	1,442.	13,500.	378.	568,154.	0.
(10) GEORGE R. GRANGE VP, POST-ACUTE & ADMR, WOMC	(i)	167,864.	36,117.	26,019.	46,870.	22,930.	299,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SUSAN SAVERY AVP FINANCE, POST-ACUTE CARE SVCS	(i)	188,154.	33,893.	1,442.	22,806.	2,478.	248,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) VICTORIA ESTRADA REGISTERED NURSE II	(i)	161,689.	3,450.	14,635.	13,000.	22,019.	214,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ELAN BURMAN PROGRAM DIRECTOR, FOUNDATION	(i)	150,831.	23,138.	844.	20,500.	3,186.	198,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) IRENE MEKEDE REGISTERED NURSE II	(i)	173,443.	2,500.	6,545.	9,710.	98.	192,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 3:

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

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

**Part III Supplemental Information**

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

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

PART I, LINE 4B:

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

**Part III Supplemental Information**

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

THE ADVENTIST HEALTHCARE EXECUTIVE RETENTION PLAN PAYS CERTAIN PARTICIPANTS

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

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

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;

SUSAN GLOVER: \$79,755 RETIREMENT AGE PAYMENT.

PART I, LINE 7:

THE ANNUAL INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION

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

EMPLOYEE AND PATIENT ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL

PERFORMANCE, AMONG OTHER THINGS. THE ANNUAL INCENTIVE COMPENSATION APPLIES

TO DIRECTORS AND ABOVE.

SUPPLEMENTAL INFORMATION:

OTHER REPORTABLE COMPENSATION INCLUDES RETENTION PAYMENTS AND LUMP-SUM

**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.

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

INSURANCE, ETC.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization	ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number	20-1486678
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AHC REHAB OFFERS INPATIENT CARE IN MARYLAND IN TWO LOCATIONS, IN

ROCKVILLE AND IN THE WHITE OAK AREA OF SILVER SPRING. OUTPATIENT

SERVICES ARE AVAILABLE IN ROCKVILLE, GAITHERSBURG, SILVER SPRING AND

FORT WASHINGTON.

AHC REHAB CARES FOR PERSONS WITH FUNCTIONAL LIMITATIONS, AGE 18 AND

OLDER, AND UNDER SPECIAL CIRCUMSTANCES, EMANCIPATED MINORS. SPECIALIZED

PROGRAMS AND SERVICES INCLUDE:

- ACUTE INPATIENT REHABILITATION

- SPINAL CORD INJURY PROGRAM

- AMPUTATION REHABILITATION AND SUPPORT

- BRAIN INJURY RECOVERY

- SPORTS THERAPY

- CONCUSSION MANAGEMENT

- STROKE AND NEUROLOGICAL REHABILITATION

- JOINT REPLACEMENT REHABILITATION

- PHYSICAL THERAPY

- CARDIAC REHABILITATION

- POST-COVID-19 REHABILITATION

- DRIVER EVALUATION AND ASSESSMENT

- OCCUPATIONAL THERAPY

- LYMPHEDEMA THERAPY AND CANCER REHABILITATION

- LEE SILVERMAN VOICE TREATMENT (LSVT) SPEECH LANGUAGE & SWALLOWING

THERAPY

- PELVIC HEALTH REHABILITATION

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 REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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ADVENTIST HEALTHCARE REHABILITATION HOLDS THE JOINT COMMISSION ACCREDITATION, RECOGNIZED NATIONALLY AS A SYMBOL OF HEALTHCARE QUALITY THAT REFLECTS AN ORGANIZATION'S COMMITMENT TO MEETING THE HIGHEST STANDARDS.

ADVENTIST HEALTHCARE REHABILITATION'S PROGRAMS ALSO HOLD THE SEAL OF APPROVAL FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF), AN INDEPENDENT, INTERNATIONAL EVALUATOR OF HEALTH AND HUMAN SERVICES ORGANIZATIONS. CARF ACCREDITATION RECOGNIZES AHC REHAB'S SKILLED WORKFORCE AND COMMITMENT TO PATIENT SAFETY. THE MOST RECENT CARF ACCREDITATION SURVEY TOOK PLACE IN FALL 2020.

AHC REHAB, WHICH BEGAN SERVING THE COMMUNITY IN 2001, WAS THE FIRST HOSPITAL IN THE D.C. METROPOLITAN AREA TO EARN CARF'S SPECIALTY ACCREDITATION IN AMPUTEE REHABILITATION. CARF INTRODUCED ITS AMPUTEE SPECIALTY STANDARDS IN JULY 2007 WITH INPUT FROM THE AMPUTEE COALITION OF AMERICA, VETERANS HEALTH ADMINISTRATION, DEPARTMENT OF DEFENSE, AMERICAN ACADEMY OF ORTHOTISTS & PROSTHETISTS, AND PERSONS WITH LIMB LOSS. THE STANDARDS, WHICH BECAME EFFECTIVE IN JANUARY 2008, REQUIRE ACCREDITED AMPUTEE PROGRAMS TO PROVIDE A HOLISTIC, INTERDISCIPLINARY TEAM APPROACH TO CARE AND TO OFFER POST-CARE ASSISTANCE IN TRANSITIONING BACK TO THE COMMUNITY.

THE ACUTE INPATIENT PROGRAM IS RUN BY A TEAM OF REHABILITATION EXPERTS WHO GUIDE PATIENTS THROUGH A PRACTICAL AND PERSONAL TREATMENT PROGRAM. THE FOCUS IS HELPING PATIENCE INCREASE THEIR SELF-RELIANCE AND GAIN INDEPENDENCE. IN 2022, A SURVEY BY NEWSWEEK AND STATISTA INC. NAMED AHC

Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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REHAB AMONG THE BEST INPATIENT REHABILITATION FACILITIES IN THE UNITED STATES AND FIRST IN ITS REGION. THE NEWSWEEK RANKINGS CONSIDERED REPUTATION, QUALITY OF CARE, SERVICE, AND POST HOSPITALIZATION FOLLOW-UP, AS WELL AS INPATIENT ACCOMMODATIONS AND AMENITIES.

WITHIN THE AHC REHAB INPATIENT PROGRAM, A PHYSIATRIST, OR A MEDICAL DOCTOR WHO SPECIALIZES IN PHYSICAL REHABILITATION, LEADS THE TEAM. PATIENTS HAVE ACCESS TO SPECIALIZED REHABILITATION NURSING CARE 24 HOURS A DAY, SEVEN DAYS A WEEK. THERAPY SERVICES INCLUDE PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY AND RECREATIONAL THERAPY.

AHC REHAB'S SPINAL CORD INJURY PROGRAM ADDRESSES BOTH TRAUMATIC SPINAL CORD INJURIES RESULTING FROM A FALL OR ACCIDENT, AND NON-TRAUMATIC SPINAL CORD INJURIES FROM A STROKE, TUMOR, OR INFECTION ON THE SPINAL CORD. AGAIN, A TEAM APPROACH AND AN INTERDISCIPLINARY PLAN OF CARE HELPS PATIENTS ON THEIR ROAD TO RECOVERY.

AN AMPUTEE PROGRAM ALSO UTILIZES AN INTERDISCIPLINARY TEAM APPROACH TO HELP PATIENTS ADJUST PHYSICALLY AND PSYCHOLOGICALLY AFTER THE LOSS OF A LIMB SO THEY CAN RESUME ACTIVE AND PRODUCTIVE LIVES. INDIVIDUALS MAY BE TREATED AS INPATIENTS OR OUTPATIENTS, DEPENDING ON THEIR NEEDS. PATIENTS WORK TO IMPROVE STRENGTH, COORDINATION AND ENDURANCE, AND LEARN PROPER WOUND CARE. WHEN READY, PATIENTS ARE PRESCRIBED PROSTHETIC DEVICES THAT ARE BOTH FUNCTIONAL AND COMFORTABLE TO WEAR. ONCE FITTED WITH A NEW LIMB, PATIENT LEARN TO USE PROSTHESES WITH CONFIDENCE AND TO INCORPORATE IT INTO DAILY LIFE. THE PROGRAM BRINGS THE AMPUTEE COMMUNITY TOGETHER EACH YEAR FOR AN AMPUTEE 5K EVENT, TO HIGHLIGHT THE



Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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ACCOMPLISHMENTS OF PARTICIPANTS. THE EVENT CREATES CONNECTION AMONG PATIENTS WHO SHARE THE CHALLENGES OF LIMB LOSS AND CELEBRATES THEIR TRIUMPHS.

A BRAIN INJURY PROGRAM ADDRESSES TRAUMATIC BRAIN INJURIES FROM AN EXTERNAL PHYSICAL FORCE, SUCH AS A CAR ACCIDENT, FALL, SPORTS OR WORKPLACE INJURIES, AS WELL AS ACQUIRED NON-TRAUMATIC BRAIN INJURIES CAUSED BY INTERNAL TRAUMA TO THE BRAIN, SUCH AS TUMORS, BLOOD CLOTS, SEIZURES, OR INFECTIONS. EACH OF THESE TYPES OF BRAIN INJURIES MAY RESULT IN IMPAIRMENT OF PHYSICAL, COGNITIVE, BEHAVIORAL AND/OR EMOTIONAL CAPABILITIES. REHABILITATION FOLLOWING A BRAIN INJURY IS VERY COMPLEX BECAUSE OF THE NEED TO ADDRESS MULTIPLE AREAS OF DEFICIT, INCLUDING PHYSICAL IMPAIRMENTS, FUNCTIONAL DEFICIENCIES (SUCH AS DIFFICULTY WALKING OR DRESSING), BEHAVIORAL DIFFICULTIES, EMOTIONAL CONSEQUENCES AND SOCIAL OR INTERPERSONAL LIMITATIONS. OFTEN, SIGNIFICANT COGNITIVE DEFICITS, SUCH AS LIMITED ATTENTION SPAN OR POOR MEMORY, UNDERLIE AND EXACERBATE THESE PROBLEMS. PATIENTS IN THE REHAB BRAIN INJURY PROGRAM RECEIVE INTENSIVE, INTEGRATED REHABILITATION FROM AN INTERDISCIPLINARY TEAM DESIGNED TO MAXIMIZE RECOVERY. TEAM MEMBERS, INCLUDING A NEUROPSYCHOLOGIST, MEET AT LEAST ONCE A WEEK TO DISCUSS PATIENT GOALS, PROGRESS, AND TREATMENT STRATEGIES.

AHC REHAB PARTNERS WITH MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS) ON ITS ATHLETIC TRAINING PROGRAM FOR COUNTY HIGH SCHOOL ATHLETES. AHC REHAB ASSISTS THE COUNTY WITH BASELINE COGNITIVE TESTING FOR HIGH SCHOOL ATHLETES PRIOR TO THEIR RESPECTIVE SPORTS SEASONS.

OTHER PROGRAMS INCLUDE A STROKE RECOVERY PROGRAM, IN WHICH PATIENTS

Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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RECEIVE AN INTENSIVE COURSE OF INTEGRATED THERAPIES AND MEDICAL  
MANAGEMENT. THE OBJECTIVE IS TO RESTORE MOVEMENT, IMPROVE SPEECH, TEACH  
SELF- AND HOME CARE SKILLS, AND IMPROVE COGNITIVE AND MEMORY FUNCTIONS.  
STROKE PATIENTS AND THEIR FAMILIES ARE GUIDED THROUGH A  
PATIENT-FOCUSED, COMPREHENSIVE, AND OUTCOME-ORIENTED PROGRAM BY A  
CARING, EXPERIENCED TEAM OF HEALTHCARE PROFESSIONALS.

THE ORTHOPEDIC REHABILITATION PROGRAM IS DESIGNED FOR THOSE WHO HAVE  
UNDERGONE A TOTAL HIP OR KNEE REPLACEMENT OR HAVE SUSTAINED TRAUMA TO  
BONES OR JOINTS. THE PROGRAM FOCUSES ON HELPING PATIENTS REGAIN THEIR  
STRENGTH, MOBILITY, ENDURANCE, AND RANGE OF MOTION.

IN OUR CARDIAC REHABILITATION PROGRAM, PATIENTS WITH HEART DISEASE OR  
THOSE RECOVERING FROM HEART SURGERY RECEIVE MEDICALLY MONITORED  
EXERCISE TO IMPROVE ENDURANCE AND REGAIN THE ABILITY TO COMPLETE  
ACTIVITIES OF DAILY LIVING.

AHC REHAB'S DRIVER REHABILITATION PROGRAM DETERMINES WHETHER IT IS SAFE  
FOR AN INDIVIDUAL TO CONTINUE DRIVING FOLLOWING AN INJURY/ILLNESS OR  
AGE-RELATED CHANGES. A DRIVING PROGRAM MAY INCLUDE A CLINICAL  
EVALUATION WHICH INCLUDES AN ASSESSMENT OF VISION, VISUAL PERCEPTION,  
COGNITION, REACTION TIME AND MOTOR SKILLS RELATED TO DRIVING. IT MAY  
ALSO INCLUDE A BEHIND-THE-WHEEL EVALUATION, IN ADDITION TO TRAINING  
CONDUCTED BY AN OCCUPATIONAL THERAPIST WHO SPECIALIZES IN DRIVING  
REHABILITATION.

OUR CERTIFIED LYMPHEDEMA THERAPISTS PROVIDE DECONGESTIVE TREATMENT FOR  
PEOPLE SUFFERING FROM A BUILDUP OF FLUID IN THE BODY, USUALLY IN THE

Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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ARMS AND LEGS. THE THERAPY IS OFTEN BENEFICIAL TO CANCER PATIENTS, WHO

CAN EXPERIENCE LYMPHEDEMA FROM THEIR TREATMENT. THERAPY INVOLVES A

SPECIALIZED MASSAGE TECHNIQUE CALLED MANUAL LYMPH DRAINAGE (MLD), SKIN

AND NAIL CARE, COMPRESSION BANDAGING AND GARMENTS, REMEDIAL EXERCISE,

AND SELF-CARE TRAINING. THE PROGRAM AIMS TO REDUCE SWELLING, RESTORE

MOBILITY, IMPROVE ANY DISFIGUREMENT, PREVENT INFECTION, AND IMPROVE

QUALITY OF LIFE.

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

AHC REHAB ALSO PROVIDES SPECIALIZED SPEECH THERAPY SERVICES, INCLUDING

LEE SILVERMAN VOICE TREATMENT (LSVT). LSVT LOUD IS A HIGHLY EFFECTIVE,

INTENSIVE SPEECH THERAPY PROGRAM DESIGNED FOR PARKINSON'S PATIENTS TO

IMPROVE SPEECH AND VOICE FUNCTION. THE THERAPY TARGETS VOCAL LOUDNESS

TO TRIGGER IMPROVED FUNCTION AND COORDINATION ACROSS THE VARIOUS

SUBSYSTEMS OF SPEECH. LSVT BIG-CERTIFIED PHYSICAL THERAPISTS FOCUS ON

COMBINING MOTOR RETRAINING, SENSORY RE-TRAINING, AND HIGH AMPLITUDE

MOVEMENTS TO ELICIT MAXIMUM OUTCOMES. THE TREATMENT REGIMEN INCLUDES

EMPHASIS ON PATIENT EDUCATION AND CARRYOVER OF GAINS TO DAILY

COMMUNICATION ENVIRONMENTS. THE LSVT PROTOCOL INVOLVES FOUR 1-HOUR

THERAPY SESSIONS PER WEEK FOR 4 WEEKS.

AHC REHAB IN WHITE OAK ALSO EMPLOYS A FACILITY DOG TO SUPPORT

INPATIENTS RECEIVING TREATMENT. PERU THE DOG, TRAINED AND HANDLED BY A

REHABILITATION PSYCHOLOGIST, INTERACTS WITH PATIENTS USING 40 COMMANDS

THAT ENCOURAGE THEM TO COMPLETE TASKS AND MANAGE PAIN AND ANXIETY

DURING TREATMENT. PERU HAS GAINED STATEWIDE RECOGNITION FOR HIS

INNOVATIVE WORK.

Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
--	--

REHABILITATION SERVICES AT OUTPATIENT CENTERS INCLUDE SAFE, EFFECTIVE,  
 EVIDENCE-BASED PHYSICAL THERAPY AND TREATMENT FOR MANY SPORTS- AND  
 WORK-RELATED INJURIES. COMMON CONDITIONS WE TREAT INCLUDE MUSCLE TEARS  
 AND TENDONITIS, BACK AND NECK PAIN, LIGAMENT SPRAINS, SPINAL DISC  
 INJURIES, POST-SURGERY BONE FRACTURES, POST-SURGICAL LIGAMENT  
 RECONSTRUCTION AND SCIATICA.

OUTPATIENT CENTERS ALSO OFFER PATIENTS CERTIFIED MANUAL THERAPISTS,  
 FREE INJURY SCREENINGS, DRY NEEDLING FOR PAIN MANAGEMENT AND  
 ANTI-GRAVITY TREADMILL EQUIPMENT.

FINALLY, TO MEET THE EXTRAORDINARY NEEDS OF OUR COMMUNITY IN RESPONSE  
 TO THE PANDEMIC, AHC REHAB OPERATED AN INPATIENT UNIT SPECIFICALLY FOR  
 COVID-19 PATIENTS. THE UNIT WAS LOCATED AT THE ALTERNATE CARE SITE THAT  
 ADVENTIST HEALTHCARE OPERATED FOR THE STATE OF MARYLAND IN TAKOMA PARK,  
 MARYLAND, UNTIL MAY 2023. WITH HIGH-QUALITY REHABILITATION PROGRAMS AND  
 DEDICATED TEAM MEMBERS, COMMUNITY MEMBERS WHOSE HEALTH HAS BEEN DEEPLY  
 IMPACTED BY COVID-19 HAVE REGAINED VIGOR AND MORE SEAMLESSLY RETURNED  
 TO DAILY LIVING.

FORM 990, PART VI, SECTION A, LINE 6:  
 ADVENTIST HEALTHCARE, INC. IS THE SOLE CORPORATE MEMBER OF ADVENTIST  
 REHABILITATION HOSPITAL OF MARYLAND, INC. WITH THE AUTHORITY TO APPROVE ITS  
 BOARD MEMBERSHIP.

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

Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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ADVENTIST REHABILITATION HOSPITAL OF MARYLAND GOVERNING BODY.

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

THE BOARD OF TRUSTEES APPROVES ALL ACTIONS OF MANAGEMENT.

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

PRIOR TO FILING THE FORM 990 WITH THE IRS, THE RETURN WAS REVIEWED BY THE ORGANIZATION'S FINANCE DEPARTMENT AND EXECUTIVE MANAGEMENT TEAM. ALSO, PRIOR TO FILING THE FORM 990 WITH THE IRS, ALL MEMBERS OF THE BOARD ARE PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW.

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

PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE ORGANIZATION.

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

NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A

Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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RELATIONSHIP BETWEEN AN ADVENTIST HEALTHCARE EMPLOYEE AND AN OUTSIDE FIRM OR BUSINESS ENDEAVOR, OR OTHER POTENTIAL CONFLICT OF INTEREST. HOWEVER, IF A COVERED PERSON HAS ANY BUSINESS, FINANCIAL, OR OTHER RELATIONSHIP WITH ANY ORGANIZATION WHEREBY THE EXISTENCE OF THAT RELATIONSHIP EITHER CREATES A CONFLICT OF INTEREST OR IS PERCEIVED TO CREATE A CONFLICT OF INTEREST, THE COVERED PERSON MUST DISCLOSE THIS RELATIONSHIP TO THE DESIGNATED SENIOR MANAGER, OR GOVERNING BOARD, AS THE CASE MAY BE, AT THE LOCATION WHERE THE EMPLOYEE IS ASSIGNED. THE SENIOR MANAGER WILL REVIEW THE RELATIONSHIP, MAKE COMMENTS AND RECOMMENDATIONS, AND FORWARD ALL DOCUMENTATION TO THE ORGANIZATIONAL INTEGRITY COMMITTEE FOR A FINAL DECISION.

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

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

GENERAL EXPLANATION:  
EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX EXEMPT ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.) ARE PAID THROUGH A COMMON PAYMASTER, ADVENTIST

Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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HEALTHCARE, INC. AND ARE REPORTED ON ITS FORM 941. SALARY AND BENEFIT

EXPENSES REPORTED ON THEIR RESPECTIVE RETURNS ARE ACTUAL CHARGES RELATED TO

THE EMPLOYEES WORKING ON THE SPECIFIC TAX EXEMPT ENTITY.

COMPENSATION INCLUDED REGULAR BASE SALARY, BONUS, PAID TIME OFF CASH OUT

(ONLY FOR EMPLOYEES WHO LEAVE OUR ORGANIZATION), TAXABLE RELOCATION

ALLOWANCE, HOLIDAY GIFT, RETROACTIVE COMPENSATION ADJUSTMENT, BEREAVEMENT

LEAVE, EDUCATION, AND WITHDRAWAL OF DEFERRED COMPENSATION, AS APPLICABLE.

THE SAME AND NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN

CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC.'S

RELATED ENTITIES RETURNS.

VENDOR PAYMENTS FOR ANY OF THE ADVENTIST HEALTHCARE, INC. AND RELATED

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

ADVENTIST HEALTHCARE, INC.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

NET ORGANIZATION TRANSFER 27,364.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Employer identification number 20-1486678
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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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule R (Form 990) 2022**  
SEE PART VII FOR CONTINUATIONS









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

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

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

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

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

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



**Part VII Supplemental Information**

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

ADVENTIST HEALTHCARE, INC.

DIRECT CONTROLLING ENTITY: MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION

NAME OF RELATED ORGANIZATION:

ADVENTIST REHABILITATION, INC.

DIRECT CONTROLLING ENTITY: ADVENTIST REHABILITATION HOSPITAL OF MARYLAND,

INC.

**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

# **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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## **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>
<b>Assets</b>		
<b>Current Assets</b>		
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
<b>Property and Equipment, Net</b>	781,596	778,129
<b>Finance Lease Right-of-Use Assets</b>	22,354	19,990
<b>Operating Lease Right-of-Use Assets</b>	87,719	81,512
<b>Assets Whose Use is Limited</b>		
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
<b>Cash and Cash Equivalents Restricted for Capital Acquisitions</b>	1,334	1,673
<b>Investments and Investments in Unconsolidated Subsidiaries</b>	20,693	29,438
<b>Land Held for Healthcare Development</b>	8,908	5,177
<b>Intangible Assets, Net</b>	7,325	7,513
<b>Deposits and Other Noncurrent Assets</b>	8,199	7,387
<b>Assets Held for Sale</b>	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>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
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
<b>Construction Payable</b>	6,424	9,707
<b>Long-Term Obligations, Net</b>		
Bonds payable	699,343	715,656
Notes payable	4,430	6,857
<b>Finance Lease Obligations</b>	18,683	15,174
<b>Operating Lease Obligations</b>	75,421	69,478
<b>Other Liabilities</b>	8,636	9,515
<b>Estimated Self-Insured Professional Liability</b>	17,696	17,818
	<u>1,143,037</u>	<u>1,223,246</u>
Total liabilities		
	1,143,037	1,223,246
<b>Net Assets</b>		
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
<b>Total liabilities and net assets</b>	<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>
<b>Revenues</b>		
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>
<b>Expenses</b>		
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>
<b>Other (Expense) Income</b>		
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
<b>Change in Net Unrealized Gains and Losses on Investments in Debt Securities</b>	(21,815)	(5,489)
<b>Net Assets Released From Restrictions for Purchases of Property and Equipment</b>	3,145	5,697
<b>Deferred Compensation Plan Liability Adjustment</b>	(72)	112
<b>Other Net Asset Activity</b>	<u>1,135</u>	<u>701</u>
(Decrease) increase in net assets without donor restrictions from continuing operations	(31,164)	24,619
<b>Loss From Discontinued Operations</b>	<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>
<b>Net Assets Without Donor Restrictions</b>		
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>
<b>Net Assets With Donor Restrictions</b>		
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
<b>Net Assets, Beginning</b>	<u>550,747</u>	<u>520,788</u>
<b>Net Assets, Ending</b>	<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>
<b>Cash Flows From Operating Activities</b>		
(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>
<b>Cash Flows From Investing Activities</b>		
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		
<b>Cash Flows From Financing Activities</b>		
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)
<b>Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Beginning</b>	<u>79,155</u>	<u>83,826</u>
<b>Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Ending</b>	<u>\$ 68,945</u>	<u>\$ 79,155</u>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Interest paid	<u>\$ 28,575</u>	<u>\$ 26,464</u>
<b>Supplemental Disclosure of Noncash Investing and Financing Activities</b>		
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>
<b>Reconciliation of Cash, Cash Equivalents and Restricted Cash and Cash Equivalents</b>		
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

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Notes to Consolidated Financial Statements  
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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**

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Notes to Consolidated Financial Statements  
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### **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**

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Notes to Consolidated Financial Statements  
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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**

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Notes to Consolidated Financial Statements  
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### **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

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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**

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Notes to Consolidated Financial Statements  
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### **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.

## Adventist HealthCare, Inc. and Controlled Entities

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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.



## **Adventist HealthCare, Inc. and Controlled Entities**

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Notes to Consolidated Financial Statements

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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.

## Adventist HealthCare, Inc. and Controlled Entities

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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.

## Adventist HealthCare, Inc. and Controlled Entities

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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.

## Adventist HealthCare, Inc. and Controlled Entities

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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.

## Adventist HealthCare, Inc. and Controlled Entities

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Notes to Consolidated Financial Statements  
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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.

## Adventist HealthCare, Inc. and Controlled Entities

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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>

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
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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.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
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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.



## Adventist HealthCare, Inc. and Controlled Entities

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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:

	<b>2022</b>			
	<b>Fair Value</b>	<b>Quoted Prices in Active Markets (Level 1)</b>	<b>Other Observable Inputs (Level 2)</b>	<b>Unobservable Inputs (Level 3)</b>
<b>Reported at Fair Value</b>				
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			

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

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	2021			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<b>Reported at Fair Value</b>				
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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Notes to Consolidated Financial Statements  
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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

Notes to Consolidated Financial Statements  
December 31, 2022 and 2021  
(In Thousands)

### 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

Notes to Consolidated Financial Statements  
December 31, 2022 and 2021  
(In Thousands)

### 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.

## Adventist HealthCare, Inc. and Controlled Entities

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Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(In Thousands)

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

Notes to Consolidated Financial Statements  
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(In Thousands)

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.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
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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>\$ 18,683</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>\$ 75,421</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>\$ 25,041</u>	<u>\$ 19,844</u>

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2022 and 2021  
(In Thousands)

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.

## Adventist HealthCare, Inc. and Controlled Entities

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Notes to Consolidated Financial Statements  
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(In Thousands)

### 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.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2022 and 2021  
(In Thousands)

### 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.

## Adventist HealthCare, Inc. and Controlled Entities

### Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(In Thousands)

#### 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.
<b>Assets</b>																	
<b>Current Assets</b>																	
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
<b>Property and Equipment, Net</b>	195,563	439,830	21,217	11,020	2,581	211	81,842	-	752,264	26,163	864	555	1,750	-	-	-	781,596
<b>Finance Lease Right-of-Use Assets</b>	10,891	2,817	911	4,333	-	232	3,058	-	22,242	84	-	28	-	-	-	-	22,354
<b>Operating Lease Right-of-Use Assets</b>	18,538	33,965	332	5,311	1,314	74	-	-	59,534	20,797	447	1,027	5,914	-	-	-	87,719
<b>Assets Whose Use is Limited</b>																	
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
<b>Cash and Cash Equivalents Restricted for Capital Acquisitions</b>	-	-	225	-	-	-	-	-	225	-	347	-	-	-	762	-	1,334
<b>Investments and Investments in Unconsolidated Subsidiaries</b>	(2,348)	14,975	-	-	-	-	19,783	-	32,410	-	-	-	-	-	848	(12,565)	20,693
<b>Land Held for Healthcare Development</b>	-	-	-	-	-	-	8,908	-	8,908	-	-	-	-	-	-	-	8,908
<b>Intangible Assets, Net</b>	1,079	-	684	5,435	-	-	-	-	7,198	-	-	127	-	-	-	-	7,325
<b>Deposits and Other Noncurrent Assets</b>	261	65	54	42	18	33	5,672	-	6,145	37	-	27	63	-	1,927	-	8,199
<b>Assets Held for Sale</b>	-	-	-	-	-	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.
<b>Liabilities and Net Assets (Deficit)</b>																	
<b>Current Liabilities</b>																	
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
<b>Construction Payable</b>	5,825	281	9	-	-	-	295	-	6,410	14	-	-	-	-	-	-	6,424
<b>Long-Term Obligations, Net</b>																	
Bonds payable	269,339	350,855	3,438	-	-	-	75,711	-	699,343	-	-	-	-	-	-	-	699,343
Notes payable	-	-	-	-	-	-	-	-	-	4,430	-	-	-	-	-	-	4,430
<b>Finance Lease Obligations</b>	9,239	2,398	771	3,523	-	196	2,503	-	18,630	29	-	24	-	-	-	-	18,683
<b>Operating Lease Obligations</b>	11,504	32,285	69	4,559	1,031	-	-	-	49,448	19,653	47	760	5,513	-	-	-	75,421
<b>Other Liabilities</b>	1,485	27	-	-	338	-	6,743	-	8,593	-	-	-	-	-	43	-	8,636
<b>Estimated Self-Insured Professional Liability</b>	-	-	-	-	-	-	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
<b>Net Assets (Deficit)</b>																	
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.
<b>Revenues</b>																	
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
<b>Expenses</b>																	
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
<b>Other (Expense) Income</b>																	
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)
<b>Change in Net Unrealized Gains and Losses on Investments in Debt Securities</b>	(12,864)	(875)	(502)	-	-	(56)	(7,055)	-	(21,352)	-	(12)	(426)	-	-	(25)	-	(21,815)
<b>Transfers From (to) Subsidiaries</b>	317	22,497	27	124	-	(4,956)	(18,009)	-	-	-	-	-	-	-	-	-	-
<b>Net Assets Released From Restrictions for Purchase of Property and Equipment</b>	1,254	534	157	-	-	-	-	-	1,945	1,200	-	-	-	-	-	-	3,145
<b>Deferred Compensation Plan Liability Adjustment</b>	-	-	-	-	-	-	(72)	-	(72)	-	-	-	-	-	-	-	(72)
<b>Other Net Asset Activity</b>	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)
<b>Loss From Discontinued Operations</b>	-	-	-	-	-	(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)