

# Public Inspection Copy

THIS COPY OF FORM 990 SHOULD BE RETAINED FOR PUBLIC INSPECTION. INTERNAL REVENUE CODE SECTION 6104(e) REQUIRES THAT FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT THE ORGANIZATION'S PRINCIPAL OFFICE. THE RETURN MUST ALSO BE AVAILABLE FOR PUBLIC INSPECTION AT ANY REGIONAL OR DISTRICT OFFICES HAVING THREE OR MORE EMPLOYEES. INSPECTION OF THIS RETURN MUST BE ALLOWED FOR THREE YEARS FROM THE DUE DATE THE RETURN IS FILED. THE INSPECTION REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN EXCEPT FOR THE NAMES AND ADDRESSES OF ANY CONTRIBUTORS TO THE ORGANIZATION. THIS INFORMATION HAS BEEN REMOVED FROM THIS COPY.

EFFECTIVE AUGUST 17, 2006 SECTION 501(C)(3) ORGANIZATIONS MUST MAKE UNRELATED BUSINESS INCOME TAX RETURNS (FORMS 990-T) AVAILABLE FOR PUBLIC INSPECTION. THE RETURN MUST BE AVAILABLE FOR PUBLIC INSPECTION AT ANY REGIONAL OR DISTRICT OFFICES HAVING THREE OR MORE EMPLOYEES. INSPECTION OF THIS RETURN MUST BE ALLOWED FOR THREE YEARS FROM THE DATE THE RETURN IS FILED. THE INSPECTION REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN.

## **FORVIS**

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# 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

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>		<b>D</b> Employer identification number <b>52-0591612</b>
	Doing business as		<b>E</b> Telephone number <b>(240) 566-3300</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>400 WEST SEVENTH STREET</b>	<b>G</b> Gross receipts \$ <b>463,296,686.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>FREDERICK, MD 21701</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>THOMAS A. KLEINHANZL</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.FREDERICKHEALTH.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1897</b> <b>M</b> State of legal domicile: <b>MD</b>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO POSITIVELY IMPACT THE WELL-BEING OF EVERY INDIVIDUAL IN OUR COMMUNITY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>3490</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>372</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,164,588.	3,994,985.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	406,201,939.	393,938,727.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,572,985.	10,215,091.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	432,921.	62,851.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	418,372,433.	408,211,654.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	214,900,164.	217,762,456.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	33,000.	36,000.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	631,496.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	191,098,059.	194,463,709.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	406,031,223.	412,262,165.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	12,341,210.	-4,050,511.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	635,327,125.	646,339,373.
	336,326,595.	361,335,102.	
	299,000,530.	285,004,271.	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>HANNAH R JACOBS, SR VP, CFO</b> <i>Hannah R Jacobs</i>	<b>5/13/2022</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>AMY BIBBY</b>	<b>AMY BIBBY</b>	<b>05/08/24</b>		<b>P00445891</b>
	Firm's name	Firm's EIN	Phone no. (828) 254-2254		
	<b>FORVIS, LLP</b>	<b>44-0160260</b>			
	Firm's address	<b>500 RIDGEFIELD COURT ASHEVILLE, NC 28806</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO POSITIVELY IMPACT THE WELL-BEING OF EVERY INDIVIDUAL IN OUR COMMUNITY.

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

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

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

4a (Code: ) (Expenses \$ 54,705,442. including grants of \$ ) (Revenue \$ 96,516,013.) IN FY 2023, FREDERICK HEALTH HOSPITAL'S INPATIENT MEDICAL-SURGICAL DEPARTMENTS PROVIDED QUALITY, PATIENT-CENTERED CARE, REGARDLESS OF ABILITY TO PAY, TO APPROXIMATELY 17,573 INPATIENTS AND OBSERVATION PATIENTS. MAJOR MEDICAL AND SURGICAL SERVICES INCLUDE CARDIOLOGY, CONGESTIVE HEART FAILURE, POST-CARDIAC CATHETERIZATION, CENTER FOR CHEST PAIN, HEMODIALYSIS, PERITONEAL DIALYSIS, NEUROLOGY, NEUROSURGERY, PULMONOLOGY, ONCOLOGY, ORTHOPEDICS, GENERAL MEDICINE AND SURGICAL CARE. INPATIENT CARE IS SUPPORTED BY A TEAM OF BOARD-CERTIFIED PHYSICIAN HOSPITALISTS. IN ADDITION, FHH IS DESIGNATED AS A PRIMARY STROKE CENTER BY THE MARYLAND INSTITUTE OF EMERGENCY MEDICAL SERVICE SYSTEMS (MIEMSS) AND IS RECOGNIZED WITH THE STROKE CENTER GOLD PERFORMANCE AWARD BY THE AMERICAN HEART ASSOCIATION. OUR

4b (Code: ) (Expenses \$ 35,861,733. including grants of \$ ) (Revenue \$ 70,730,646.) FREDERICK HEALTH HOSPITAL'S PERIOPERATIVE SERVICES PROVIDED HIGH QUALITY CARE TO 7,602 SURGICAL AND ENDOSCOPY PATIENTS IN FISCAL YEAR 2023. PROCEDURES WERE PERFORMED IN OUR STATE OF THE ART FACILITY WHICH INCLUDES A DEDICATED IMAGING ROOM FOR VASCULAR AND OTHER PROCEDURES. WE HAVE PARTICIPATED IN THE SCIP QUALITY IMPROVEMENT PROJECT FOR CONTINUAL IMPROVEMENTS IN CARE FOLLOWING EVIDENCE BASED MEDICINE. WE TRACKED OUR PATIENT SATISFACTION THROUGH PRESS GANEY TO BENCHMARK OUR RESULTS TO THE NATIONAL DATA BASE. IN ADDITION TO THE PROGRAM SERVICES EXPENSE LISTED HERE, FHH INCURRED \$58.6 MILLION OF GENERAL AND ADMINISTRATIVE EXPENSES IN MEETING THE HEALTH NEEDS OF OUR PRIMARY SERVICE AREA.

4c (Code: ) (Expenses \$ 20,014,119. including grants of \$ ) (Revenue \$ 49,397,182.) FREDERICK HEALTH HOSPITAL'S CLINICAL LABORATORY PLAYS A VITAL ROLE ACROSS THE ENTIRE CONTINUUM OF HEALTH CARE BOTH WITHIN THE HOSPITAL AND THE COMMUNITY. CLINICAL LABORATORY TESTING HEAVILY IMPACTS CLINICAL DECISION MAKING BY PROVIDING PHYSICIANS, NURSES AND OTHER HEALTH CARE PROVIDERS WITH IMPORTANT INFORMATION NEEDED FOR THE PREVENTION, DIAGNOSIS, TREATMENT AND MANAGEMENT OF DISEASE. UP TO 85 PERCENT OF DIAGNOSIS AND TREATMENT DECISIONS ARE BASED ON LABORATORY RESULTS. LABORATORY TEST RESULTS COMPRISE ABOUT 70 PERCENT OF THE AVERAGE PATIENT'S MEDICAL RECORD. VIRTUALLY EVERY PRACTICING PHYSICIAN DEPENDS UPON THE CLINICAL LABORATORY FOR THE CARE OF HIS OR HER PATIENT. FREDERICK HEALTH HOSPITAL LABORATORY PERFORMED OVER 1.6 MILLION BILLABLE LABORATORY TESTS. IN ADDITION TO THE PROGRAM SERVICE EXPENSES

4d Other program services (Describe on Schedule O) (Expenses \$ 242,310,400. including grants of \$ ) (Revenue \$ 176,117,909.)

4e Total program service expenses 352,891,694.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
22 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
23 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	
24a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <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 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
26 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
27 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
28 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):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 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
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	
36 <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
37 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
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		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 <span style="float:right">2a</span> <span style="float:right">3490</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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>	X	
<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)?		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?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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?		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>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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>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>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<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 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<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.) <span style="float:right">11b</span>		
<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>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<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>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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		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>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.	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.		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.		

**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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	21													
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>b</b> Enter the number of voting members included on line 1a, above, who are independent		17												
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?														X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?														X
<b>6</b> Did the organization have members or stockholders?							X							
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								X						
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									X					
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body?										X				
<b>b</b> Each committee with authority to act on behalf of the governing body?										X				
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O														X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
HANNAH R. JACOBS - (240) 566-3350  
400 WEST SEVENTH STREET, FREDERICK, MD 21701

**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) THOMAS A. KLEINHANZL PRESIDENT AND CEO	45.00 6.00	X		X				1,134,727.	0.	366,456.
(2) MICHELLE K. MAHAN SR. VP & CFO THROUGH 8/6/22	45.00 5.00						X	643,631.	0.	44,464.
(3) CHERYL L. CIOFFI SVP COO	14.00 26.00				X			598,776.	0.	70,053.
(4) MIHIR JANI, M.D. CHIEF OF STAFF	1.00 41.00	X						0.	574,270.	30,273.
(5) HANNAH R. JACOBS SR. VP & CFO START 4/4/22	45.00 6.00			X				391,111.	0.	46,751.
(6) JAMES B. SHERWOOD VP BUSINESS DEV AND STRATEGY	40.00				X			392,804.	0.	23,832.
(7) MARY A. MCDONALD MEDICAL DIR HOSPICE	4.00 36.00					X		344,647.	0.	29,363.
(8) DONALD R. SCHILLING VP AMBULATORY SERVICES	6.00 34.00				X			339,533.	0.	28,666.
(9) KATHY J. WEISHAAR VP MEDICAL AFFAIRS & CMO	40.00 2.00				X			342,289.	0.	18,670.
(10) JACKIE L. RICE VP CHIEF INFORMATION OFFICER	33.00 7.00				X			332,725.	0.	14,090.
(11) CHRISTOPHER M. BUMBAUGH VP HUMAN RESOURCES	30.00 10.00				X			310,612.	0.	28,704.
(12) HEATHER R. KIRBY VP INTEGRATED CARE & CPHO	36.00 4.00				X			311,495.	0.	24,277.
(13) DIANE M. MCFARLAND CHIEF NURSING OFFICER - THROUGH 7/30	40.00				X			320,606.	0.	10,413.
(14) TAMARA L. KILE, DO MEDICAL DIRECTOR	40.00					X		291,268.	0.	30,545.
(15) DUSTIN M. SIMONSON CHIEF PHYSICIST SUPV	40.00					X		270,488.	0.	28,971.
(16) JAMIE B. WHITE VP QLTY ASSURANCE & CQO	40.00				X			277,728.	0.	16,198.
(17) JOYCE O. BOATENG REGISTERED NURSE	40.00					X		277,758.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HUGUETTE MARIE H. AMOND REGISTERED NURSE	40.00					X		267,711.	0.	0.
(19) MICHAEL G. MCLANE JR. VP SUPPORT SVCS	40.00				X			232,050.	0.	24,352.
(20) SHELBY L. BOGGS AVP CLINICAL INT & PAYOR CONTRACTING	40.00				X			244,412.	0.	5,357.
(21) JAMES C. DEVLIN AVP FINANCE	40.00				X			211,983.	0.	27,006.
(22) KRISTEN B. FLETCHER VP CHIEF COMPLIANCE OFFICER	40.00				X			220,355.	0.	10,976.
(23) ROBIN R. ROSE VP DEVELOPMENT	40.00				X			196,922.	0.	26,264.
(24) BRENT L. PURSCELLEY AVP AMBULATORY SERVICES	40.00				X			191,485.	0.	23,975.
(25) SHAWN MCCARDELL AVP REVENUE CYCLE	40.00				X			153,312.	0.	23,074.
(28) MICHELE GHIM, M.D. CHIEF OF STAFF	15.00 1.00	X						30,402.	0.	0.
<b>1b Subtotal</b>								8,328,830.	574,270.	952,730.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								8,328,830.	574,270.	952,730.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 327

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GILBANE BUILDING CO, 1215 E FORT AVENUE, SUITE 100, BALTIMORE, MD 21230	CONSTRUCTION SERVICES	15,219,766.
TX:TEAM REHAB INC, 8910 PURDUE ROAD, SUITE 700, INDIANAPOLIS, IN 46268	REHABILITATION SERVICES	9,583,305.
QUALIVIS, 5930 CORNERSTONE COURT WEST, SUITE 300, SAN DIEGO, CA 92121	STAFFING	6,859,679.
USAP STIPENED PAYMENTS, 12222 MERIT DRIVE, SUITE 700, DALLAS, TX 75251	ANESTHESIA SERVICES	1,805,697.
QUEST DIAGNOSTICS PO BOX 740709, ATLANTA, GA 30374	LABORATORY SERVICES	1,668,902.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	75	

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(29) GORDON COOLEY CHAIRMAN	2.00 4.00	X		X				0.	0.	0.
(30) NIKKI MOBERLY VICE CHAIRMAN	2.00 2.00	X		X				0.	0.	0.
(31) RICHARD H. OHNMACHT TREASURER STARTING 09/22	2.00 2.00	X		X				0.	0.	0.
(32) ALAN D. MAWDSLEY TREASURER THROUGH 09/22	2.00 2.00	X		X				0.	0.	0.
(33) DARYL BOFFMAN SECRETARY	2.00 2.00	X		X				0.	0.	0.
(34) PATRICIA HANBERRY DIRECTOR	1.00 3.00	X						0.	0.	0.
(35) STEPHEN JOHNSON DIRECTOR	2.00 2.00	X						0.	0.	0.
(36) KARLYS KLINE DIRECTOR	2.00 1.00	X						0.	0.	0.
(37) GEORGE LITRELL III DIRECTOR	1.00 1.00	X						0.	0.	0.
(38) J. FREDERICK MANNING DIRECTOR THROUGH 09/22	1.00 1.00	X						0.	0.	0.
(39) NANCY NEWMISTER DIRECTOR	1.00 2.00	X						0.	0.	0.
(40) ELIZABETH PAKENAS DIRECTOR	1.00 1.00	X						0.	0.	0.
(41) JAMES PLAMONDON DIRECTOR	1.00 1.00	X						0.	0.	0.
(42) PATRICIA L. RAY DIRECTOR	1.00 4.00	X						0.	0.	0.
(43) GERRIT SCHIPPER, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(44) SHUCHI SHARMA DIRECTOR	1.00 2.00	X						0.	0.	0.
(45) ANDREA VAUGHAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(46) ARTHUR SAGOSKIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(47) HARRIET BROWN DIRECTOR	1.00 1.00	X						0.	0.	0.
(48) JASON LEE DIRECTOR	1.00 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(49) DENISE ROLLINS, PHD DIRECTOR	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 3,994,985.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total. Add lines 1a-1f</b>		3,994,985.			
<b>Program Service Revenue</b>	<b>2 a</b> INPATIENT REVENUE	Business Code 624110	214737958.	214737958.		
	<b>b</b> OUTPATIENT REVENUE	621410	172924713.	172924713.		
	<b>c</b> ALL OTHER PROGRAM SERVICE	525990	4,436,067.	4,436,067.		
	<b>d</b> COVID RELIEF FUNDS	900099	1,839,989.	1,839,989.		
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		393938727.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,453,023.		3453023.	
	<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 1,239,828.			
		<b>b</b> Less: rental expenses	<b>6b</b> 0.			
		<b>c</b> Rental income or (loss)	<b>6c</b> 1,239,828.			
	<b>d</b> Net rental income or (loss)		1,239,828.		1239828.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities 61,845,275.	(ii) Other 1,825.		
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b> 55,085,032.	0.		
		<b>c</b> Gain or (loss)	<b>7c</b> 6,760,243.	1,825.		
	<b>d</b> Net gain or (loss)		6,762,068.		6762068.	
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
<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						
<b>Miscellaneous Revenue</b>	<b>11 a</b> CAFETERIA REVENUE	Business Code 722511	1,033,387.	1,033,387.		
	<b>b</b> OTHER REVENUE	900099	364,651.	364,651.		
	<b>c</b> REALIZED LOSSES INTEREST RATE SWA	900099	-2,575,015.	-2575015.		
	<b>d</b> All other revenue					
	<b>e Total. Add lines 11a-11d</b>		-1,176,977.			
<b>12 Total revenue. See instructions</b>		408211654.	392761750.	0.	11454919.	

**Part IX Statement of Functional Expenses**

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

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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,558,891.		6,558,891.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	170,588,681.	149,162,931.	21,207,501.	218,249.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,155,435.	6,025,065.	1,121,554.	8,816.
9 Other employee benefits	20,534,938.	17,262,897.	3,246,747.	25,294.
10 Payroll taxes	12,924,511.	11,070,708.	1,836,271.	17,532.
11 Fees for services (nonemployees):				
a Management	1,784,747.	47,246.	1,737,501.	
b Legal	907,966.		907,966.	
c Accounting	790,915.		790,915.	
d Lobbying	20,074.		20,074.	
e Professional fundraising services. See Part IV, line 17	36,000.			36,000.
f Investment management fees	386,103.		386,103.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	68,892,560.	64,335,222.	4,543,890.	13,448.
12 Advertising and promotion	1,331,908.	105,025.	978,150.	248,733.
13 Office expenses	6,152,327.	5,229,317.	902,650.	20,360.
14 Information technology	13,388,340.	13,208,395.	178,731.	1,214.
15 Royalties				
16 Occupancy	5,137,415.	5,632,213.	-494,798.	
17 Travel	86,898.	58,559.	28,228.	111.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	120,001.	80,867.	38,981.	153.
20 Interest	6,191,480.	5,801,417.	377,680.	12,383.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,385,870.	20,646,501.	8,710,971.	28,398.
23 Insurance	3,872,280.	27,922.	3,844,358.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES &amp; COGS</b>	56,014,825.	54,197,409.	1,816,611.	805.
b				
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>412,262,165.</b>	<b>352,891,694.</b>	<b>58,738,975.</b>	<b>631,496.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	26,229,436.	2 16,061,772.
	3	Pledges and grants receivable, net	5,925,638.	3 4,569,636.
	4	Accounts receivable, net	63,346,659.	4 65,867,619.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	9,037,232.	8 8,414,116.
	9	Prepaid expenses and deferred charges	5,366,584.	9 6,178,875.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 691,602,010.	
	b	Less: accumulated depreciation	10b 421,788,153.	10c 269,813,857.
	11	Investments - publicly traded securities	169,817,089.	11 171,510,402.
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11	41,205,162.	13 40,326,329.
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	58,095,845.	15 63,596,767.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	635,327,125.	16 646,339,373.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	63,399,255.	17 71,328,462.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities	109,400,863.	20 229,365,591.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties	93,057,000.	23 10,000,000.
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	70,469,477.	25 50,641,049.
	26	<b>Total liabilities.</b> Add lines 17 through 25	336,326,595.	26 361,335,102.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	286,696,913.	27 277,262,963.
	28	Net assets with donor restrictions	12,303,617.	28 7,741,308.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	<b>Total net assets or fund balances</b>	299,000,530.	32 285,004,271.
33	<b>Total liabilities and net assets/fund balances</b>	635,327,125.	33 646,339,373.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	408,211,654.
2	Total expenses (must equal Part IX, column (A), line 25)	2	412,262,165.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,050,511.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	299,000,530.
5	Net unrealized gains (losses) on investments	5	4,647,812.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-14,593,560.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	285,004,271.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2022)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **FREDERICK HEALTH HOSPITAL, INC.** Employer identification number **52-0591612**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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



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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</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</b> <b>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>		

**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>		

**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>		

**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>		

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

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total of lines 3a through 3e</b>		
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 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

**FREDERICK HEALTH HOSPITAL, INC.**

Employer identification number

**52-0591612**

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

Employer identification number

**FREDERICK HEALTH HOSPITAL, INC.**

**52-0591612**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,718.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**FREDERICK HEALTH HOSPITAL, INC.**

**52-0591612**

**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
<u>7</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	_____ _____ _____	\$ <u>977,509.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	_____ _____ _____	\$ <u>7,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**FREDERICK HEALTH HOSPITAL, INC.**

**52-0591612**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>	Employer identification number <b>52-0591612</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ <u>136,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**FREDERICK HEALTH HOSPITAL, INC.**

**52-0591612**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>	Employer identification number <b>52-0591612</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 179,618.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>	Employer identification number <b>52-0591612</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ <u>225,198.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ <u>26,965.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>	Employer identification number <b>52-0591612</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>	Employer identification number <b>52-0591612</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 14,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 7,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>	Employer identification number <b>52-0591612</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>	Employer identification number <b>52-0591612</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	COLGATE PALMOLIVE CO _____ _____ _____	\$ 10,032.	12/08/23
36	MICRESOFT CORP _____ _____ _____	\$ 178,094.	12/11/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>	Employer identification number <b>52-0591612</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization **FREDERICK HEALTH HOSPITAL, INC.** Employer identification number **52-0591612**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

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

Yes  No

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		20,074.
<b>j</b> Total. Add lines 1c through 1i			20,074.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

EXPENSE IS A PORTION OF DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION, MARYLAND HOSPITAL ASSOCIATION, NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION AND THE HOSPICE AND PALLIATIVE CARE NETWORK OF MARYLAND.

**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

FREDERICK HEALTH HOSPITAL, INC.

Employer identification number

52-0591612

**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? .....

Yes  No

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)? .....

Yes  No

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

232051 09-01-22



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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	976,177.	976,177.	976,177.	976,177.	976,177.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	976,177.	976,177.	976,177.	976,177.	976,177.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment 100 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations \_\_\_\_\_
- (ii) Related organizations \_\_\_\_\_

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,793,774.		2,793,774.
b Buildings		321,003,658.	148,360,266.	172,643,392.
c Leasehold improvements		19,720,177.	17,473,508.	2,246,669.
d Equipment		313,401,095.	255,954,379.	57,446,716.
e Other		34,683,306.		34,683,306.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				269,813,857.

**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) INVESTMENTS IN		
(2) SUBSIDIARIES	31,332,398.	END-OF-YEAR MARKET VALUE
(3) ASSETS LIMITED AS TO USE	8,993,931.	END-OF-YEAR MARKET VALUE
(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) RIGHT OF USE ASSETS	16,332,577.
(2) INTERCOMPANY RECEIVABLES	37,870,061.
(3) OTHER ASSETS	9,394,129.
(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) RIGHT OF USE LIABILITIES	19,435,316.
(3) ADVANCES FROM THIRD PARTIES	11,332,563.
(4) AR CREDIT LIABILITY	4,326,000.
(5) MALPRACTICE LIABILITY	4,062,000.
(6) OTHER LIABILITIES	269,731.
(7) DEFERRED COMP TRUST	2,778,153.
(8) LEASES - FINANCING	8,437,286.
(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.

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED FOR HEALTH CARE SERVICES.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

Employer identification number

**FREDERICK HEALTH HOSPITAL, INC.**

**52-0591612**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	0	INVESTMENTS		23,430,780.
CENTRAL AMERICA AND THE CARIBBEAN	1	0	PROGRAM SERVICES	SELF INSURANCE	5,691,633.
<b>3 a Subtotal</b> .....	2	0			29,122,413.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals (add lines 3a and 3b)</b> .....	2	0			29,122,413.

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

Schedule F (Form 990) 2022

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

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

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

3 Enter total number of other organizations or entities ▶▶

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**  
Open to Public Inspection

Name of the organization **FREDERICK HEALTH HOSPITAL, INC.** Employer identification number **52-0591612**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PRIDE PHILANTHROPY - 885 WOODSTOCK RD, ROSWELL, GA	DEV CNSL SV SRVCS		X	33,000.	0.	33,000.
<b>Total</b>				33,000.		33,000.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

**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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: PRIDE PHILANTHROPY

(I) ADDRESS OF FUNDRAISER: 885 WOODSTOCK RD, ROSWELL, GA 30075



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

<b>Name of the organization</b> <b>FREDERICK HEALTH HOSPITAL, INC.</b>	<b>Employer identification number</b> <b>52-0591612</b>
---	--

**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	<b>1a</b>	<b>X</b>	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b>	<b>X</b>	
<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 free 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 _____ %	<b>3a</b>	<b>X</b>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted 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 <u>500</u> %	<b>3b</b>	<b>X</b>	
<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"?	<b>4</b>	<b>X</b>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	<b>X</b>	
<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>5c</b>		<b>X</b>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	<b>X</b>	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	(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>a</b> Financial Assistance at cost (from Worksheet 1)			5785176.		5785176.	1.40%
<b>b</b> Medicaid (from Worksheet 3, column a)			61710357.	55095802.	6614555.	1.60%
<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			67495533.	55095802.	12399731.	3.00%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			5872695.	629,623.	5243072.	1.27%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)			43063214.		43063214.	10.45%
<b>h</b> Research (from Worksheet 7)			445,314.	199,406.	245,908.	.06%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			48,700.		48,700.	.01%
<b>j Total.</b> Other Benefits			49429923.	829,029.	48600894.	11.79%
<b>k Total.</b> Add lines 7d and 7j			116925456	55924831.	61000625.	14.79%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....		
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	141,205,573.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	134,525,751.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	6,679,822.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? .....	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	9b	X	

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

**1 FREDERICK HEALTH HOSPITAL, INC.**  
**400 WEST SEVENTH STREET**  
**FREDERICK, MD 21701**  
**WWW.FREDERICKHEALTH.ORG**  
**LICENSE NUMBER: 10001**

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: FREDERICK HEALTH HOSPITAL, INC.

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

Community Health Needs Assessment		Yes	No
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
6b	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>HTTPS://WWW.FREDERICKHEALTH.ORG/DOCUMENTS</u>		
b	<input type="checkbox"/> Other website (list url):		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>HTTPS://WWW.FREDERICKHEALTH.ORG/DOCUMENTS/CHNA-IMPLE</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: FREDERICK HEALTH HOSPITAL, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</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 PART V, PAGE 8</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)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: FREDERICK HEALTH HOSPITAL, INC.

	Yes	No
<p><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? .....</p>	<b>X</b>	
<p><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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><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):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

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

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

Name of hospital facility or letter of facility reporting group: FREDERICK HEALTH HOSPITAL, INC.

		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:		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<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.		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.		X

Schedule H (Form 990) 2022

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

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

FREDERICK HEALTH HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED BY THE FREDERICK COUNTY HEALTH CARE COALITION, WITH SUPPORT FROM FREDERICK HEALTH HOSPITAL AND THE FREDERICK COUNTY HEALTH DEPARTMENT. THE COALITION IS A NONPROFIT ORGANIZATION FORMED IN 2006 IN RESPONSE TO A NEED TO COORDINATE EFFORTS TO ADDRESS BARRIERS TO HEALTH CARE ACCESS. THE COALITION IS LED BY A COMMUNITY ADVISORY BOARD COMPRISED OF ORGANIZATIONS AND INDIVIDUALS WITH EXPERTISE IN HEALTH SERVICE DELIVERY, EVALUATION AND PUBLIC HEALTH ISSUES. FREDERICK HEALTH HOSPITAL IS A FOUNDING MEMBER OF THE COALITION AND SERVES ON THE BOARD. A PRIMARY RESPONSIBILITY OF THE COALITION IS TO CONDUCT PERIODIC HEALTH STATUS ASSESSMENTS, AND TO CONVENE INTERESTED PARTIES AND THE PUBLIC TO ESTABLISH A LOCAL HEALTH IMPROVEMENT PLAN TO ADDRESS THE TOP HEALTH PRIORITIES.

A HEALTH IMPROVEMENT PRIORITY PLANNING SUMMIT WAS HELD ON JANUARY 19, 2022 WITH MORE THAN 140 COMMUNITY PARTICIPANTS. THE SUMMIT INCLUDED REPRESENTATIVES OF COMMUNITY ORGANIZATIONS, BUSINESS, GOVERNMENT, ADVOCATES AND CITIZENS WHO PROVIDED INPUT INTO THE CHNA PRIORITIES.

PARTICIPANTS INCLUDED:

- HEALTH CARE (INCLUDING PROVIDERS OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES) - FREDERICK HEALTH, MISSION OF MERCY, MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY, CORELIFE, DANY INSTITUTE/CENTRAL EAST MENTAL HEALTH TECHNOLOGY GROUP, ENCOMPASS INTEGRATIVE WELLNESS, LLC, HOME CENTRIS PERSONAL CARE, SHEPPARD PRATT FREDERICK INSURANCE INDUSTRY - AETNA BETTER

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

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

HEALTH OF MARYLAND, NCI/NIH,

- LOCAL GOVERNMENT/LAW ENFORCEMENT - OFFICE OF THE FREDERICK COUNTY

EXECUTIVE, FREDERICK COUNTY GOVERNMENT (INCLUDING CITIZENS & SENIOR

SERVICES, HEALTH DEPARTMENT DEVELOPMENT CENTER, TRANSIT, FIRE AND RESCUE

SERVICES, FAMILY PARTNERSHIP, CHILDREN AND FAMILIES), FREDERICK COUNTY

COUNCIL, MARYLAND DEPARTMENT OF HEALTH, OFFICE OF SENATOR VANHOLLEN

- SOCIAL SERVICES ORGANIZATIONS - FREDERICK CITY DEPARTMENT OF HOUSING AND

HUMAN NEEDS (ALSO A FEDERALLY QUALIFIED HEALTH CENTER), FREDERICK COUNTY

DEPARTMENT OF SOCIAL SERVICES

- NONPROFIT ORGANIZATIONS - ASIAN AMERICAN CENTER OF FREDERICK, CHILDREN

OF INCARCERATED PARENTS PARTNERSHIP, COMMUNITY COLLABORATION CENTER, CORE

SERVICE AGENCY, THE FREDERICK CENTER, THE RANCH, WELLS HOUSE, YMCA OF

FREDERICK COUNTY, COMMUNITY ENGAGEMENT AND CONSULTATIVE GROUP, FREDERICK

COUNTY HEALTH CARE COALITION, GOLDEN MILE ALLIANCE, HEALTHCARE IS A HUMAN

RIGHT FREDERICK CHAPTER, MARYLAND HUNGER SOLUTIONS, NIGERIAN IN FREDERICK,

ON OUR OWN

- EDUCATIONAL INSTITUTIONS - FREDERICK COUNTY PUBLIC SCHOOLS (INCLUDING

NUTRITION SERVICES AND SCHOOL HEALTH COUNCIL), HOOD COLLEGE, UNIVERSITY OF

MARYLAND EXTENSION SERVICE, FREDERICK COMMUNITY COLLEGE, GEORGE WASHINGTON

UNIVERSITY, UNIVERSITY OF MARYLAND SPH HOROWITZ CENTER FOR HEALTH

LITERACY, ZERO TO THREE

- PHILANTHROPY - THE UNITED WAY OF FREDERICK COUNTY, THE COMMUNITY

FOUNDATION OF FREDERICK, AUSERMAN FAMILY FOUNDATION, HELEN J. SERINI

FOUNDATION, LISTEN LOVE PRAY FOUNDATION, LOVE FOR LOCHLIN FOUNDATION,

- BUSINESS - FREDERICK COUNTY CHAMBER OF COMMERCE, LEIDOS BIOMEDICAL

RESEARCH, THE FREDERICK NEWS POST, RESTORATION FAMILY CHIROPRACTIC,

ANALYTIC-COMMUNICATIONS LLC, CURA STRATEGIES,

**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.

- RELIGIOUS ORGANIZATIONS - SETON CENTER NATIONAL ACADEMIES/QUINN CHAPEL

AMC CHURCH,

- SENIOR CARE- ADVOCATES FOR THE AGING IN FREDERICK COUNTY, FREDERICK

COUNTY SENIOR SERVICES DIVISION, SENIOR SERVICES ADVISORY BOARD

- COMMUNITY REPRESENTATIVES - GENERAL PUBLIC, FREDERICK NEWS POST, ONE

FREDERICK COLLABORATIVE, DR. RACHEL MANDEL, SENIOR SERVICES ADVISORY

BOARD,

- SERVICE/CARE PROVIDERS - COMMUNITY LIVING, INC

FREDERICK HEALTH HOSPITAL, INC.:

PART V, SECTION B, LINE 11: THREE CHNA PRIORITIES WERE IDENTIFIED IN THE 2019 ASSESSMENT:

- DIABETES

- ADVERSE CHILDHOOD EXPERIENCES

- MENTAL HEALTH

FREDERICK HEALTH HOSPITAL HAS ADOPTED IMPLEMENTATION STRATEGIES AROUND THESE INITIATIVES, AS DESCRIBED BELOW.

1. DIABETES: THE GOALS ARE (1) TO INCREASE AWARENESS OF WHAT PRE-DIABETES AND DIABETES IS, INCLUDING MODIFIABLE RISK FACTORS, PARTICULARLY IN POPULATIONS EXPERIENCING A HEALTH DISPARITY, (2) INCREASE SCREENING FOR PRE-DIABETES RISK, ESPECIALLY IN PRIORITY POPULATIONS, TO REDUCE THE INCIDENCE OF DIABETES, (3) IMPROVE THE MANAGEMENT OF INDIVIDUALS WITH DIABETES, ESPECIALLY IN PRIORITY POPULATIONS, OR POPULATIONS EXPERIENCING A HEALTH DISPARITY. FREDERICK HEALTH'S IMPLEMENTATION STRATEGY INCLUDES:

**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.

(1) CONDUCTING LISTENING SESSIONS AND GATHER INPUT FROM PRIORITY POPULATIONS, (2) PROVIDE HEALTH LITERACY TRAINING, (3) LAUNCH A PRE-DIABETES/DIABETES AWARENESS CAMPAIGN, (4) EDUCATE PROVIDERS AND COMMUNITY ORGANIZATIONS, ENGAGE THEM IN RECRUITMENT AND REFERRAL OF PATIENTS/CLIENTS TO PROGRAMS INCLUDING DIABETES PREVENTION AND DIABETES SELF-MANAGEMENT WORKSHOPS, (5) CONDUCT COOKING/MEAL PREP CLASSES, (6) CONDUCT AT LEAST ONE GROCERY STORE TOUR PER MONTH, (7) CONDUCT AT LEAST ONE 5K FUN RUN WITH WALKING OPTIONS.

2. ADVERSE CHILDHOOD EXPERIENCES: THE GOALS ARE (1) INCREASE AWARENESS REGARDING ACES - ALL SECTORS OF FREDERICK COUNTY WILL RECOGNIZE THE IMPACT OF TRAUMA ON HEALTH FROM PRECONCEPTION ONWARD AND PROVIDE OR SUPPORT SERVICES FOR RAISING HEALTHY CHILDREN IN SAFE, STABLE AND NURTURING ENVIRONMENTS (2) PREVENTION: ALL FREDERICK COUNTY RESIDENTS WILL HAVE ACCESS TO EVIDENCE BASED OR RESEARCH-INFORMED PROGRAMS, RESOURCES, INFORMATION, AND SKILLS TO RAISE HEALTHY CHILDREN IN SAFE, STABLE AND NURTURING ENVIRONMENTS (3) TREATMENT AND INTERVENTION: AN EQUITABLE COMMUNITY-WIDE SYSTEM FOR TRAUMA-INFORMED CARE PROVIDES ACCESSIBLE EVIDENCE-BASED TREATMENTS FROM TRAINED, KNOWLEDGEABLE, AND CULTURALLY LITERATE SPECIALIST IN ADEQUATE SUPPLY. FREDERICK HEALTH'S IMPLEMENTATION STRATEGY INCLUDES: (1) PROMOTE TRAININGS AND WORKSHOPS PROVIDING CMES AND CEUS AS ABLE, (2) PLAN AND IMPLEMENT THE FAMILY CONNECTS UNIVERSAL HOME VISITING PROGRAM, (3) COLLABORATE WITH THE ADVERSE CHILDHOOD EXPERIENCES WORKGROUP TO OUTREACH AND ENGAGE PEDIATRIC PRACTICES TO ENSURE KNOWLEDGE AND UNDERSTANDING OF ACES AND THE IMPORTANCE OF PREVENTION, TREATMENT AND INTERVENTION.

**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.

3. MENTAL HEALTH: THE GOALS ARE: (1) REDUCE THE NUMBER OF PEOPLE THAT DIE BY SUICIDE IN FREDERICK COUNTY, (2) REDUCE THE STIGMA ABOUT MENTAL HEALTH ISSUES AND SERVICES, (3) FREDERICK COUNTY RESIDENTS WILL BE ABLE TO ACCESS THE FULL CONTINUUM OF CULTURALLY COMPETENT, TRAUMA-INFORMED, HIGH QUALITY MENTAL HEALTH TREATMENT SERVICES IN A TIMELY MANNER, THROUGH AN INCREASED CAPACITY FOR MENTAL HEALTH PROFESSIONALS AND OTHER TRAINED SUPPORT PERSONS. FREDERICK HEALTH IMPLEMENTATION STRATEGY INCLUDES: (1) ACTIVELY ENGAGE IN SUICIDE PREVENTIONS COALITION, (2) COLLABORATE WITH THE LHIP WORKGROUP IN A SUSTAINABLE CAMPAIGN THAT REDUCES MENTAL HEALTH STIGMA THROUGH EDUCATION ABOUT THE IMPORTANCE OF NORMALCY OF MENTAL HEALTH NEEDS AND SERVICES, (3) PROVIDE EDUCATION FROM THE ANTI-STIGMA CAMPAIGN TO STAFF AND PATIENTS FROM A PERSONAL AND PROFESSIONAL PERSPECTIVE, (4) EXPLORE OPPORTUNITIES TO EXPAND BEHAVIORAL HEALTH AVAILABILITY AT THE COMPREHENSIVE CARE CENTER TO ASSIST WITH MEDICATION MANAGEMENT AND TO BRIDGE SERVICES TO COMMUNITY BASED MENTAL HEALTH PROVIDERS, (5) PROVIDE OPPORTUNITIES FOR COMMUNITY HEALTH WORKERS AND PEER RECOVERY SPECIALIST TO ASSIST PROVIDERS IN ALLEVIATING THE BARRIERS TO CARE AND ASSIST WITH ADDRESSING SOCIAL DETERMINANTS OF HEALTH, (6) EXPLORE PARTNERSHIPS WITH ORGANIZATIONS ENROLLED IN HRSA PROGRAMS THAT MAY PROVIDE OPPORTUNITIES FOR PAID INTERNSHIPS AND OR CREATE A PROFESSIONAL PIPELINE FOR INDIVIDUALS INTERESTED IN MENTAL HEALTH PROFESSIONS.

FREDERICK HEALTH HOSPITAL, INC.:

PART V, SECTION B, LINE 13H: FACILITY NAME:



**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.

FREDERICK HEALTH HOSPITAL, INC.

DESCRIPTION:

STATE REGULATIONS.

FREDERICK HEALTH HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.FREDERICKHEALTH.ORG/ABOUT/BILLING-FINANCIAL-ASSISTANCE/](https://www.frederickhealth.org/about/billing-financial-assistance/)

FREDERICK HEALTH HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.FREDERICKHEALTH.ORG/ABOUT/BILLING-FINANCIAL-ASSISTANCE/](https://www.frederickhealth.org/about/billing-financial-assistance/)

FREDERICK HEALTH HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.FREDERICKHEALTH.ORG/ABOUT/BILLING-FINANCIAL-ASSISTANCE/](https://www.frederickhealth.org/about/billing-financial-assistance/)

FREDERICK HEALTH HOSPITAL, INC.:

PART V, SECTION B, LINE 16J: FACILITY NAME:

FREDERICK HEALTH HOSPITAL, INC.

DESCRIPTION:

FHH REVIEWS THE FINANCIAL ASSISTANCE POLICY (FAP) AND THE COMMUNICATION METHODOLOGY WE EMPLOY ON A REGULAR BASIS TO MAKE SURE OUR PATIENTS HAVE EASY ACCESS TO THIS INFORMATION IN A VARIETY OF FORMATS AND THAT IT IS CULTURALLY AND LINGUISTICALLY SENSITIVE.

**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.

WE REVIEW THE FAP TO MAKE SURE THE READING COMPREHENSION LEVEL IS APPROPRIATE FOR OUR AUDIENCE AND WE PROVIDE ENGLISH AND SPANISH VERSIONS TO MEET THE NEEDS OF OUR CBSA. WE HAVE SERVICES AVAILABLE TO PROVIDE ANY OTHER LANGUAGES WHEN NEEDED.

THE FAP IS SHOWN ON OUR WEBSITE ([HTTPS://WWW.FREDERICKHEALTH.ORG/ABOUT/BILLING-FINANCIALASSISTANCE/](https://www.frederickhealth.org/about/billing-financialassistance/)) AND IS OFFERED TO PATIENTS AS PART OF THE INTAKE PROCESS AT TIME OF REGISTRATION IN THE HOSPITAL AND IN THE EMERGENCY DEPARTMENT. OUR BILLING STATEMENTS REFERENCE OUR FINANCIAL ASSISTANCE POLICY AND INCLUDE THE URL FOR THE ONLINE VERSION. THE BILLING STATEMENTS INCLUDE DETAILED EXPLANATION OF THE FAP.

FHH PROVIDES ASSISTANCE TO OUR PATIENTS WHO NEED TO APPLY FOR GOVERNMENT BENEFITS WHEN APPROPRIATE. MOST COMMON EXAMPLES ARE "SELF-PAY" INPATIENTS WHO ADMIT THROUGH THE EMERGENCY DEPARTMENT AND PATIENTS WHO COME TO OUR PRENATAL CLINIC. WE HAVE A DEPARTMENT OF SOCIAL SERVICES REPRESENTATIVE ONSITE AT OUR PRENATAL CLINIC TO WORK DIRECTLY WITH THE PATIENTS.

ALL PATIENTS RECEIVE THE PATIENT INFORMATION SHEET, AVAILABLE IN ENGLISH AND SPANISH, WHICH INCLUDES INFORMATION ABOUT FINANCIAL ASSISTANCE.

SCHEDULE H, PART V SECTION B, LINE 7 HOSPITAL FACILITY'S WEBSITE YES, THE CHNA IS WIDELY AVAILABLE TO THE PUBLIC ON THE HEALTH SYSTEM WEBSITE

**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.

HTTPS://WWW.FREDERICKHEALTH.ORG/DOCUMENTS/PAGE%20LINKS/COMMUNITY%20HEALT

H/2022-

FREDERICK-COUNTY-CHNA-FINAL\_202204290701407122.PDF AND THE FREDERICK

COUNTY HEALTH DEPARTMENT WEBSITES. FORUMS WERE CONDUCTED IN SEVERAL

LOCATIONS WITHIN FREDERICK COUNTY TO REVIEW THE STUDY FINDINGS AND TO

ADDRESS PUBLIC QUESTIONS. ADDITIONALLY, THE INTERIM CHNA REPORT WAS

POSTED ON THE HEALTH SYSTEM AND FREDERICK COUNTY HEALTH DEPARTMENT

WEBSITES FOR PUBLIC COMMENT PRIOR TO FINALIZATION.

**Part V Facility Information** (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of facility (describe)
1 FREDERICK HEALTH TOLL HOUSE 501 WEST SEVENTH STREET FREDERICK, MD 21701	OUTPATIENT HEALTH CARE
2 FREDERICK HEALTH MOUNT AIRY 504 E RIDGEVILLE BLVD MOUNT AIRY, MD 21771	OUTPATIENT HEALTH CARE
3 FREDERICK HEALTH ROSEHILL 1562 OPPOSUMTOWN PIKE FREDERICK, MD 21702	OUTPATIENT HEALTH CARE
4 FREDERICK HEALTH CRESTWOOD 7211 BANK COURT FREDERICK, MD 21703	OUTPATIENT HEALTH CARE
5 FREDERICK HEALTH ASPEN RIDGE 163 THOMAS JOHNSON DRIVE, SUITE A FREDERICK, MD 21702	OUTPATIENT HEALTH CARE
6 FREDERICK HEALTH URBANA 3430 WORTHINGTON BLVD URBANA, MD 21704	OUTPATIENT HEALTH CARE
7 FREDERICK HEALTH EMMITSBURG 16403 OLD EMMITSBURG RD EMMITSBURG, MD 21727	OUTPATIENT HEALTH CARE
8 FREDERICK HEALTH LIBERTY 194 THOMAS JOHNSON DR FREDERICK, MD 21702	OUTPATIENT HEALTH CARE
9 FREDERICK HEALTH BRUNSWICK 1194 DUTCHMANS CREEK DRIVE BRUNSWICK, MD 21716	OUTPATIENT HEALTH CARE

**Part VI** Supplemental Information

Provide the following information.

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

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**PART I, LINE 3C:**

IF THE PATIENT/GUARANTOR'S MONETARY ASSETS ARE ABOVE \$25,000, LESS THAN 100% FINANCIAL ASSISTANCE MAY BE PROVIDED. THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW THESE CASES AND DETERMINE THE FINANCIAL ASSISTANCE AMOUNT. UP TO \$150,000 OF PRIMARY RESIDENCE EQUITY IS EXEMPT FROM CONSIDERATION.

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**PART I, LINE 6A:**

THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BY THE FREDERICK COUNTY HEALTH CARE COALITION (COALITION) TO IDENTIFY HEALTH ISSUES IN FREDERICK COUNTY AND TO PROVIDE CRITICAL INFORMATION TO THOSE IN A POSITION TO TAKE POSITIVE STEPS THAT WILL IMPACT THE HEALTH OF AREA RESIDENTS.

THE COALITION IS A NONPROFIT ORGANIZATION FORMED IN 2006 IN RESPONSE TO A NEED TO COORDINATE EFFORTS TO ADDRESS BARRIERS TO HEALTH CARE ACCESS. THE COALITION'S MISSION IS TO PROMOTE QUALITY HEALTH CARE IN FREDERICK COUNTY THROUGH COLLECTIVE IMPACT EFFORTS THAT ENGAGE LOCAL ORGANIZATIONS AND

**Part VI** Supplemental Information (Continuation)

CITIZENRY. A CORE RESPONSIBILITY OF THE COALITION IS THE COMPLETION OF A PERIODIC ASSESSMENT THAT INFORMS AND ENGAGES THE COMMUNITY IN HEALTH IMPROVEMENT INITIATIVES. THE ASSESSMENT PROCESS IS REPEATED EVERY THREE YEARS TO REFLECT CHANGING LOCAL CONDITIONS.

## PART III, LINE 3:

BAD DEBT VALUATION WAS CALCULATED USING THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2. WE ESTIMATE APPROXIMATELY 7.5% OF BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY. WE CONTINUE OUR EFFORTS TO QUALIFY PATIENTS FOR FREE OR REDUCED CARE.

## PART III, LINE 8:

MEDICARE PS&R REPORTS USED AS SOURCE OF COSTS AND PAYMENTS.

## PART III, LINE 9B:

PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE SPECIFICALLY EXCLUDED FROM THE COLLECTION PROCESS.

## PART VI, LINE 2:

THE CHNA WAS CONDUCTED BY THE FREDERICK COUNTY HEALTH CARE COALITION, WITH SUPPORT FROM FREDERICK HEALTH HOSPITAL AND FREDERICK COUNTY HEALTH DEPARTMENT. THE HEALTH CARE COALITION IS LED BY A COMMUNITY ADVISORY BOARD COMPRISED OF ORGANIZATIONS AND INDIVIDUALS WITH EXPERTISE IN HEALTH SERVICE DELIVERY, EVALUATION AND PUBLIC HEALTH. A PRIMARY RESPONSIBILITY OF THE COALITION IS TO CONDUCT PERIODIC HEALTH STATUS ASSESSMENTS USING APPROPRIATE PLANNING METHODOLOGIES AND SUBJECT MATTER EXPERTS TO GUIDE THE PLANNING PROCESS.

**Part VI** Supplemental Information (Continuation)

THE CHNA PROCESS INCLUDED THE COLLECTION OF QUANTITATIVE AND QUALITATIVE DATA TO UNDERSTAND THE HEALTH HABITS, PRIORITIES AND ACCESS TO CARE BARRIERS OF THE COMMUNITY AT LARGE, AND AMONG VULNERABLE AND HEALTH DISPARITY POPULATIONS WITHIN FREDERICK COUNTY. THE DATA COLLECTION PROCESS WAS DESIGNED TO SOLICIT INPUT FROM REPRESENTATIVE SAMPLES OF DEMOGRAPHICS, GEOGRAPHIC DISTRIBUTION AND TARGETED POPULATIONS. PUBLIC INPUT WAS OBTAINED THROUGH TWO FORMAL MECHANISMS - COMMUNITY SURVEY AND POPULATION-SPECIFIC FOCUS GROUPS.

THE COMMUNITY SURVEY WAS CONDUCTED VIA WEB, WITH AN OPTION TO COMPLETE A WRITTEN SURVEY FOR THOSE WITHOUT INTERNET ACCESS. THE SURVEY CONSISTED OF 50 QUESTIONS, WHICH INCLUDED DEMOGRAPHICS, PERCEPTIONS OF COMMUNITY HEALTH STATUS, BARRIERS TO ACCESSING HEALTH CARE, OPPORTUNITIES TO INCREASE ACCESS TO HEALTH CARE, ENGAGEMENT WITH HEALTH CARE, PERSONAL HEALTH, AND EXPERIENCES WITH SOCIAL DETERMINANTS OF HEALTH. THE WEB SURVEY WAS AVAILABLE IN ENGLISH AND SPANISH; WRITTEN SURVEYS WERE AVAILABLE IN ENGLISH, SPANISH. THE SELECTION OF LANGUAGE OPTIONS WAS BASED ON COUNTY DEMOGRAPHICS AS REPORTED TO LOCAL GOVERNMENT. PARTNER ORGANIZATIONS WERE ENGAGED TO PROMOTE THE SURVEY AND TO PROVIDE ASSISTANCE TO THOSE WHO HAD LITERACY OR LANGUAGE BARRIERS. PRESS RELEASES, AS WELL AS WEB AND SOCIAL MEDIA OUTLETS WERE ALSO UTILIZED TO PROMOTE THE SURVEY TO THE COMMUNITY, YIELDING A STATISTICALLY RELEVANT SAMPLE OF 4,094 RESPONSES. OVERALL, SURVEY RESPONDENTS REFLECTED THE RACIAL AND ETHNICITY COMPOSITION OF THE POPULATION OF FREDERICK COUNTY.

FOUR FOCUS GROUPS WERE CONDUCTED ON POPULATIONS FOR WHICH THERE WAS HEALTH DISPARITY OUTCOME DATA. TWO OF THE FOCUS GROUP POPULATIONS WERE IDENTIFIED IN THE PRIOR CHNA AS HAVING ACCESS CONCERNS. THE FOCUS GROUPS INCLUDED

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

AFRICAN AMERICAN WOMEN (PREGNANT/CHILDBEARING), HISPANIC/LATINO WOMEN, VULNERABLE NEIGHBORHOOD (BASED ON SOCIAL VULNERABILITY INDEX SCORES VIA CENSUS TRACT DATA), LOW-INCOME/ALICE SENIORS. THE GOAL OF THE FOCUS GROUPS WAS TO UNDERSTAND THE TARGET POPULATIONS' HEALTH PRIORITIES AND UNDERLYING REASONS, IDENTIFY PERCEIVED/ACTUAL BARRIERS TO CARE, ASSESS POPULATION KNOWLEDGE OF PREVENTATIVE SCREENINGS AND SELF-CARE, UNDERSTAND THE RELATIONSHIP OF HEALTH LITERACY TO PERSONAL HEALTH MANAGEMENT, AND IDENTIFY UNIQUE CULTURAL BELIEFS OR BEHAVIORS THAT AFFECT HEALTH OUTCOMES AND HEALTH EQUITY. IN GENERAL, FOCUS GROUP PARTICIPANTS WERE LOWER INCOME, OLDER, AND OF POORER HEALTH THAN THE COMMUNITY POPULATION.

FINALLY, A HEALTH EQUITY SURVEY WAS CONDUCTED TO CAPTURE FURTHER INFORMATION ON POTENTIAL VULNERABLE OR OTHER SUB-POPULATIONS IN THE COMMUNITY FOR WHICH HEALTH OUTCOME DATA WAS LIMITED. EIGHT RESPONDENTS PARTICIPATED IN THE HEALTH EQUITY SURVEY WITH INSIGHTS ON ACCESS TO CARE AND SUGGESTIONS FOR IMPROVING THE HEALTH OF THE COMMUNITIES THEY SERVE. THE ADVOCATES REPRESENTED ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED), DISABLED, HISPANIC, HOMELESS, LBGTQ, SENIORS AND YOUTH POPULATIONS.

## PART VI, LINE 4:

FREDERICK HEALTH HOSPITAL'S SERVICE AREA IS DEFINED IN A WRITTEN AGREEMENT WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION, THE DESIGNATED STATE ENTITY CHARGED WITH OVERSIGHT OF COMMUNITY BENEFIT. THE SERVICE AREA IS DETERMINED BASED ON HISTORICAL FACILITY UTILIZATION BY ZIP CODE. THE SERVICE AREA DEFINITION FOR FREDERICK HEALTH HOSPITAL IS ALL ZIP CODES IN FREDERICK COUNTY. THEREFORE, FOR CHNA PLANNING PURPOSES, FREDERICK COUNTY IS THE POPULATION SERVED.



**Part VI** Supplemental Information (Continuation)

PART VI, LINE 5:

DURING FY 2023, FREDERICK HEALTH HOSPITAL PROMOTED COMMUNITY HEALTH THROUGH THE FOLLOWING INITIATIVES: (TAKEN FROM THE FY 2023 HSCRC COMMUNITY BENEFIT REPORT)

- CARE TRANSITIONS PROGRAM - THIS PROGRAM PROVIDES INTENSIVE COMMUNITY-BASED CARE MANAGEMENT SERVICES TO INDIVIDUALS WITH CHRONIC CONDITIONS AND THOSE WITH LIMITED ACCESS TO CARE, LOW HEALTH LITERACY AND OTHER SOCIAL DETERMINANTS OF HEALTH TO REDUCE UNNECESSARY HOSPITAL UTILIZATION AND IMPROVE INDIVIDUAL HEALTH STATUS. BY PROVIDING INFRASTRUCTURE TO SUPPORT SOME OF THE MOST CHRONICALLY ILL, FRAGILE AND SOCIALLY COMPLEX PATIENT POPULATIONS, HOSPITAL READMISSION RATES CAN BE REDUCED. HISTORICALLY, THESE PATIENTS RECEIVED LITTLE OR NO GUIDANCE RELATIVE TO FOLLOW-UP WITH PHYSICIANS, FILLING AND TAKING THEIR PRESCRIBED MEDICATIONS, AND MAKING APPOINTMENT FOR OTHER SERVICES. PATIENTS IDENTIFIED AS HIGH EMERGENCY DEPARTMENT UTILIZERS, AND/OR PATIENTS RETURNING TO THE HOSPITAL WITHIN 30 DAYS OF DISCHARGE MEET WITH AN RN OR SOCIAL WORK CASE MANAGER IN AN EFFORT TO UNDERSTAND WHY THEY HAVE RETURNED TO THE HOSPITAL FOR CARE. AN INDIVIDUALIZED COMPREHENSIVE POST DISCHARGE PLAN IS CREATED TO MEET THE SPECIFIC PATIENT NEEDS. THE SERVICES OFTEN INCLUDE FINANCIAL SUPPORT OF MEDICATIONS, TRANSPORTATION AND VARIOUS OTHER MEDICAL AND SOCIAL SUPPORT SERVICES IN THE COMMUNITY. THE HEALTH CARE TEAM PROVIDING SERVICES TO THESE INDIVIDUALS CONSISTS OF REGISTERED NURSES, SOCIAL WORKERS, PHARMACISTS, DIETITIANS AND A NURSE PRACTITIONER.

- COLORECTAL CANCER SCREENING - THIS PROGRAM FOCUSED ON IDENTIFIED

**Part VI** Supplemental Information (Continuation)

DISPARITY COMMUNITIES WITHIN FREDERICK COUNTY, PRIMARILY THE AFRICAN-AMERICAN COMMUNITY. THE GOAL OF THE PROGRAM WAS TO INCREASE THE NUMBER OF PERSONS SCREENED AND TREATED FOR COLORECTAL CANCER THROUGH ENGAGEMENT OF COMMUNITY PROVIDERS AND HOSTING AWARENESS EVENTS IN THE COMMUNITY TO RESULT IN AN OVERALL INCREASE IN LONG TERM FOLLOW-UP RATES IN DISPARITY COMMUNITIES. ENGAGEMENT OF COMMUNITY PHYSICIANS IN THE PROCESS WAS A KEY COMPONENT OF THE PROGRAM AND INCLUDED EDUCATION ON CURRENT CANCER SCREENING RECOMMENDATIONS, LOCAL DISPARITY DATA, CULTURAL BARRIERS/BIAS AND LOCAL REFERRAL PROCESS AND TREATMENT OPTIONS. PERIODIC SCREENING OF "AT RISK" INDIVIDUALS IS VITAL; IN ORDER TO DO THIS, A BASELINE POPULATION WAS ESTABLISHED IN FY2020 THROUGH INITIAL SCREENING. FUTURE EFFORTS INCLUDE THE PROVISION OF PERIODIC EDUCATION AND SCREENING TO HIGH-RISK INDIVIDUALS AS A MEANS OF TRACKING THESE PEOPLE OVER TIME. AS A RESULT OF THE PANDEMIC A GOAL WAS NOT SET FOR CANCER SCREENINGS DUE TO THE UNCERTAINTY OF COMMUNITY ACCESS POINTS. WE DID HOWEVER CONTINUE TO PROVIDE EDUCATION AND AWARENESS MATERIALS IN AN EFFORT TO ENCOURAGE CONVERSATIONS WITH PROVIDERS. ADDITIONALLY, A NEW PROCESS WAS ESTABLISHED TO STREAMLINE RESPONSES TO ONLINE OUTREACH, SOCIAL MEDIA ANNOUNCEMENTS, AND LIVE EVENTS WITH INFORMATION, REFERRALS AND NO-COST FIT KITS WHEN APPROPRIATE. TO DATE, NO CANCER DIAGNOSIS HAVE BEEN MADE, BUT HIGH-RISK INDICATORS SUCH AS PRE-CANCEROUS LESIONS AND POLYPS HAVE BEEN IDENTIFIED. THESE PATIENTS ARE TARGETED FOR CONTINUED FOLLOW-UP IN THE COMING YEAR.

- HEALTHY EATING - 5-2-1-0 IS A BEHAVIOR AWARENESS APPROACH TO MAKING KEY LIFESTYLE CHANGES THAT WILL LEAD TO HEALTHY EATING HABITS. THIS PROGRAM FOCUSES ON INCREASING FRUIT AND VEGETABLE CONSUMPTION, REDUCING INGESTION OF SUGAR ADDED BEVERAGES, REDUCING RECREATION SCREEN TIME AND INCREASING PHYSICAL ACTIVITY. A DESIGNATED 5-2-1-0 COORDINATION IS A GRANT FUNDED

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

EMPLOYEE OF FREDERICK HEALTH HOSPITAL AND WORKS WITH THE FREDERICK COUNTY SCHOOL HEALTH COUNCIL TO IMPLEMENT THE PROGRAM THROUGH THE FREDERICK COUNTY PUBLIC SCHOOL SYSTEM. ACTIVITIES INCLUDE ESTABLISHING STUDENT WELLNESS GOALS AT EACH SCHOOL, ONGOING EDUCATION EVENTS AND ONLINE RESOURCES FOR STUDENTS, PARENTS AND EDUCATORS. 6 FREDERICK COUNTY PUBLIC SCHOOLS RECEIVED GRANTS TO IMPLEMENT PROGRAMMING TARGETING AT LEAST ONE HEALTHY BEHAVIOR (INCREASED ACTIVITY, INCREASED WATER CONSUMPTION, REDUCED SCREEN TIME, INCREASED CONSUMPTION OF FRUITS AND VEGETABLES)

- DIABETES - FREDERICK HEALTH PROVIDED PREDIABETES AND DIABETES SCREENING AT A VARIETY OF LOCAL EVENTS. SUCCESSFULLY TRAINED A TOTAL OF 22 DPP (CDC DIABETES PREVENTION PROGRAM COACHES) AND LAUNCHED 8 SEPARATE DIABETES PREVENTION PROGRAM COHORTS (IN ENGLISH AND SPANISH). FREDERICK HEALTH SUCCESSFULLY LAUNCHED A PROVIDER REFERRAL PROCESS AND ESTABLISHED PATIENT REGISTRIES TO SUPPORT NAVIGATION EFFORTS. BEHAVIORAL HEALTH SCREENINGS WERE INTEGRATED INTO THE REFERRAL PROCESS AND WE EXPANDED OUR COMMUNITY HEALTH WORKER WORKFORCE TO SUPPORT TARGETED OUTREACH TO COMMUNITIES EXPERIENCING A HEALTH DISPARITY.

- PHYSICIAN SUBSIDIES - FREDERICK HEALTH HOSPITAL CONTRACTS FOR HOSPITAL-BASED PHYSICIANS COVERAGE FOR SPECIALIZED CARE. CONTRACTED SERVICES INCLUDE INTENSIVE CARE, OBSTETRICAL/LABOR CARE, NEONATAL INTENSIVE CARE NEUROLOGY/STROKE CARE, INPATIENT PEDIATRICS, PEDIATRIC OPHTHALMOLOGY, ANESTHESIA, EMERGENCY MEDICINE AND INTERVENTIONAL CARDIOLOGY. THE DEMAND FOR THESE SERVICES CANNOT BE MET BY PROVIDERS IN THE FREDERICK COMMUNITY, AS THERE ARE NO COMMUNITY BASED PROVIDERS.

- THERE IS AN INSUFFICIENT NUMBER OF PRIMARY CARE PROVIDERS IN FREDERICK

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

COUNTY WHO CARE FOR PATIENTS THAT REQUIRE ACUTE CARE SERVICES. THE MAJORITY OF PRIMARY CARE PHYSICIANS IN THE COMMUNITY DO NOT MAINTAIN HOSPITAL PRIVILEGES; THEREFORE, THE HOSPITAL CONTRACTS FOR HOSPITALIST SERVICES FOR RESIDENTS WHO REQUIRE ACUTE CARE DIAGNOSIS AND MANAGEMENT.

- FREDERICK HEALTH HOSPITAL ALSO CONTRACTS WITH SPECIALTY PROVIDERS TO PROVIDE EMERGENCY CARE COVERAGE ON A 24/7 BASIS. CONTRACTUAL SERVICES INCLUDES ANESTHESIOLOGY, BARIATRIC SURGERY, CARDIOLOGY, ENT, GASTROENTEROLOGY, GENERAL DENTISTRY, GENERAL SURGERY, HEMATOLOGY/ONCOLOGY, INTERVENTIONAL CARDIOLOGY, NEPHROLOGY, NEUROLOGY, OPHTHALMOLOGY, ORAL/MAXILLO FACIAL, ORTHOPEDICS, PEDIATRICS, PLASTIC SURGERY, PULMONARY MEDICINE, UROLOGY, VASCULAR SURGERY AND NEUROSURGERY. WITHOUT SUBSIDIES FROM THE ORGANIZATION TO COMPENSATE PROVIDERS FOR THIS COVERAGE, MEDICAL PRACTICES WOULD NOT BE ABLE TO RECRUIT A SUFFICIENT NUMBER OF PERSONNEL TO PROVIDE COVERAGE TO THE EMERGENCY DEPARTMENT.

## PART VI, LINE 6:

FREDERICK HEALTH HOSPITAL, INC. ('FHH') IS A PRIVATE, NON-STOCK, NOT-FOR-PROFIT 501(C)(3) MARYLAND CORPORATION ORGANIZED IN 1897. AS OF JULY 1, 2011, FREDERICK HEALTH, INC. ( F.K.A. FREDERICK REGIONAL HEALTH SYSTEM) BECAME THE PARENT CORPORATION UNDER WHICH THE ENTITIES DESCRIBED BELOW EXIST AND OPERATE.

FREDERICK HEALTH, INC. IS GOVERNED BY A 21 MEMBER BOARD OF DIRECTORS. THE BOARD MEETS MONTHLY, WITH ELECTION OF OFFICERS AND MEMBERS OCCURRING AT THE SEPTEMBER MEETING. MUCH OF THE BOARD'S WORK IS ACCOMPLISHED THROUGH STANDING COMMITTEES, INCLUDING THE EXECUTIVE, FINANCE, GOVERNANCE, EXECUTIVE COMPENSATION, JOINT CONFERENCE (WITH MEDICAL STAFF), PLANNING,

**Part VI** Supplemental Information (Continuation)

AND HOSPITAL PERFORMANCE REVIEW COMMITTEES.

FREDERICK HEALTH HOSPITAL IS A 314-BED ACUTE CARE HOSPITAL LOCATED IN FREDERICK, MARYLAND, APPROXIMATELY 50 MILES WEST OF BALTIMORE AND 45 MILES NORTHWEST OF WASHINGTON D. C. THE HOSPITAL OPENED IN 1902 AND IS CURRENTLY THE ONLY ACUTE CARE HOSPITAL IN FREDERICK COUNTY AND THE ONLY ACUTE CARE HOSPITAL WITHIN A 25-MILE RADIUS OF THE CITY OF FREDERICK.

THE MAIN CAMPUS OF THE HOSPITAL IS LOCATED ON AN APPROXIMATELY 15.85-ACRE SITE IN FREDERICK, MARYLAND. THE TOTAL SQUARE FOOTAGE OF THE HOSPITAL IS APPROXIMATELY 596,000 SQUARE FEET. FHH'S HOSPITAL-BASED AND OFF-SITE OUTPATIENT SERVICES ACCOUNT FOR OVER 385,000 VISITS ANNUALLY INCLUDING HOME HEALTH SERVICES, WHICH MAKES APPROXIMATELY 39,000 VISITS PER YEAR.

FREDERICK HEALTH HOSPITAL, INC. PROVIDES A FULL RANGE OF ACUTE CARE SERVICES INCLUDING: MEDICINE, SURGERY, OBSTETRICS, GYNECOLOGY, PEDIATRICS, INTENSIVE CARE, CORONARY CARE, INTERVENTIONAL CARDIOLOGY, PRIMARY STROKE PROGRAM, WOUND CARE, JOINT REPLACEMENT PROGRAM, CYBERKNIFE RADIOSURGERY CENTER, PSYCHIATRIC CARE, MEDICAL FITNESS, WELLNESS PROGRAM/CENTER AND EMERGENCY SERVICES. IN ADDITION, FREDERICK HEALTH HOSPITAL, INC. PROVIDES A COMPREHENSIVE RANGE OF OUTPATIENT SERVICES, INCLUDING: EMERGENCY MEDICINE, OUTPATIENT SURGERY, HOME HEALTH, RADIATION THERAPY, MRI, PET AND CT SCANNING, MEDICAL ONCOLOGY, AND COMPREHENSIVE WOMEN'S SERVICES. THROUGH THE SATELLITE LOCATIONS AND OUTPATIENT CENTERS, THE HEALTH SYSTEM PROVIDES: URGENT CARE, LABORATORY, DIAGNOSTIC RADIOLOGY, AMBULATORY SURGERY, VASCULAR IMAGING, REHABILITATION SERVICES, PAIN AND PALLIATIVE CARE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**FREDERICK HEALTH HOSPITAL, INC.**

Employer identification number

**52-0591612**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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		
<b>2</b> 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?		
<b>3</b> 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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? <b>c</b> 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.		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		
<b>5a</b>		X
<b>5b</b>		X
<b>6</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		
<b>6a</b>		X
<b>6b</b>		X
<b>7</b> 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		
<b>7</b>		X
<b>8</b> 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		
<b>8</b>		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
<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) THOMAS A. KLEINHANZL PRESIDENT AND CEO	(i) 870,555. (ii) 0. (iii) 0.	260,818. 0. 0.	3,354. 0. 0.	351,433. 0. 0.	15,023. 0. 0.	1,501,183. 0. 0.	0. 0. 0.
(2) MICHELLE K. MAHAN SR. VP & CFO THROUGH 8/6/22	(i) 431,445. (ii) 0. (iii) 0.	206,090. 0. 0.	6,096. 0. 0.	36,107. 0. 0.	8,357. 0. 0.	688,095. 0. 0.	0. 0. 0.
(3) CHERYL L. CIOFFI SVP COO	(i) 508,887. (ii) 0. (iii) 0.	88,719. 0. 0.	1,170. 0. 0.	55,030. 0. 0.	15,023. 0. 0.	668,829. 0. 0.	0. 0. 0.
(4) MIHIR JANI, M.D. CHIEF OF STAFF	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
(5) HANNAH R. JACOBS SR. VP & CFO START 4/4/22	(i) 503,092. (ii) 344,255. (iii) 0.	70,626. 45,062. 0.	552. 1,794. 0.	15,250. 34,126. 0.	15,023. 12,625. 0.	604,543. 437,862. 0.	0. 0. 0.
(6) JAMES B. SHERWOOD VP BUSINESS DEV AND STRATEGY	(i) 330,610. (ii) 0. (iii) 0.	60,400. 0. 0.	1,794. 0. 0.	8,809. 0. 0.	15,023. 0. 0.	416,636. 0. 0.	0. 0. 0.
(7) MARY A. McDONALD MEDICAL DIR HOSPICE	(i) 336,167. (ii) 0. (iii) 0.	7,981. 0. 0.	499. 0. 0.	15,250. 0. 0.	14,113. 0. 0.	374,010. 0. 0.	0. 0. 0.
(8) DONALD R. SCHILLING VP AMBULATORY SERVICES	(i) 279,128. (ii) 0. (iii) 0.	50,499. 0. 0.	9,906. 0. 0.	15,086. 0. 0.	13,580. 0. 0.	368,199. 0. 0.	0. 0. 0.
(9) KATHY J. WEISHAAR VP MEDICAL AFFAIRS & CMO	(i) 287,306. (ii) 0. (iii) 0.	53,813. 0. 0.	1,170. 0. 0.	10,736. 0. 0.	7,934. 0. 0.	360,959. 0. 0.	0. 0. 0.
(10) JACKIE L. RICE VP CHIEF INFORMATION OFFICER	(i) 277,965. (ii) 0. (iii) 0.	49,612. 0. 0.	5,148. 0. 0.	13,721. 0. 0.	369. 0. 0.	346,815. 0. 0.	0. 0. 0.
(11) CHRISTOPHER M. BUMBAUGH VP HUMAN RESOURCES	(i) 263,844. (ii) 0. (iii) 0.	43,414. 0. 0.	3,354. 0. 0.	13,681. 0. 0.	15,023. 0. 0.	339,316. 0. 0.	0. 0. 0.
(12) HEATHER R. KIRBY VP INTEGRATED CARE & CPHO	(i) 261,278. (ii) 0. (iii) 0.	48,423. 0. 0.	1,794. 0. 0.	9,254. 0. 0.	15,023. 0. 0.	335,772. 0. 0.	0. 0. 0.
(13) DIANE M. MCFARLAND CHIEF NURSING OFFICER - THROUGH 7/30	(i) 282,755. (ii) 0. (iii) 0.	34,497. 0. 0.	3,354. 0. 0.	9,862. 0. 0.	551. 0. 0.	331,019. 0. 0.	0. 0. 0.
(14) TAMARA L. KILLE, DO MEDICAL DIRECTOR	(i) 268,034. (ii) 0. (iii) 0.	22,202. 0. 0.	1,032. 0. 0.	13,834. 0. 0.	16,711. 0. 0.	321,813. 0. 0.	0. 0. 0.
(15) DUSTIN M. SIMONSON CHIEF PHYSICIST SUPV	(i) 269,248. (ii) 0. (iii) 0.	688. 0. 0.	552. 0. 0.	13,948. 0. 0.	15,023. 0. 0.	299,459. 0. 0.	0. 0. 0.
(16) JAMIE B. WHITE VP QLTU ASSURANCE & CQO	(i) 234,962. (ii) 0. (iii) 0.	41,596. 0. 0.	1,170. 0. 0.	9,637. 0. 0.	6,561. 0. 0.	293,926. 0. 0.	0. 0. 0.

**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				
(17) JOYCE O. BOATENG REGISTERED NURSE	(i) 277,758. (ii) 0.	0.	0.	0.	0.	277,758.	0.
(18) HUGUETTE MARIE H. AMOND REGISTERED NURSE	(i) 267,474. (ii) 0.	236.	1.	0.	0.	267,711.	0.
(19) MICHAEL G. MCLANE JR. VP SUPPORT SVCS	(i) 196,224. (ii) 0.	34,656.	1,170.	9,431.	14,921.	256,402.	0.
(20) SHELBY L. BOGGS AVP CLINICAL INT & PAYOR CONTRACTING	(i) 217,668. (ii) 0.	25,246.	1,498.	4,806.	551.	249,769.	0.
(21) JAMES C. DEVLIN AVP FINANCE	(i) 195,884. (ii) 0.	14,601.	1,498.	10,837.	16,169.	238,989.	0.
(22) KRISTEN B. FLETCHER VP CHIEF COMPLIANCE OFFICER	(i) 184,729. (ii) 0.	34,456.	1,170.	10,425.	551.	231,331.	0.
(23) ROBIN R. ROSE VP DEVELOPMENT	(i) 163,513. (ii) 0.	30,055.	3,354.	10,095.	16,169.	223,186.	0.
(24) BRENT L. PURSCHELLEY AVP AMBULATORY SERVICES	(i) 177,007. (ii) 0.	12,980.	1,498.	9,054.	14,921.	215,460.	0.
(25) SHAWN MCCARDELL AVP REVENUE CYCLE	(i) 143,895. (ii) 0.	8,910.	507.	6,905.	16,169.	176,386.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.



**Part III** Supplemental Information

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

**PART I, LINE 3:**

THE EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO CARRY OUT THE HEALTH SYSTEM MISSION, TO ACHIEVE THE CHARITABLE PURPOSE, TO ATTRACT, RETAIN, MOTIVATE AND REWARD EXECUTIVE MANAGEMENT, AND TO MAINTAIN A COMPETITIVE POSITION WITH PEER ORGANIZATIONS IN THE REGION. OVERSIGHT OF THE EXECUTIVE COMPENSATION PROGRAM IS PROVIDED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD, COMPOSED OF THE BOARD CHAIRMAN, VICE CHAIRMAN, IMMEDIATE PRECEDING CHAIRMAN, CHAIRMAN OF THE FINANCE COMMITTEE AND THE CHAIRMAN OF THE GOVERNANCE COMMITTEE. IN ADDITION TO THE BOARD'S COMPENSATION COMMITTEE, WE UTILIZED AN EXTERNAL INDEPENDENT CONSULTANT AND MARKET SURVEYS FOR ALL EXECUTIVE MANAGEMENT COMPENSATION. THE PRESIDENT AND CEO HAS A WRITTEN EMPLOYMENT CONTRACT.

**PART I, LINE 4B:**

FREDERICK HEALTH HOSPITAL HAS ONE 457(F) NON QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN MEMBERS OF SENIOR MANAGEMENT. UNDER THE PLAN, THEY MAY CONTRIBUTE AMOUNTS FROM THEIR COMPENSATION TO THE PLAN AND MAY RECEIVE A DISCRETIONARY EMPLOYER CONTRIBUTION. EMPLOYEES ARE FULLY VESTED IN ALL EMPLOYEE CONTRIBUTIONS TO THE PLAN. VESTING IN EMPLOYER

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.

CONTRIBUTIONS OCCURS IN ACCORDANCE WITH THE UNDERLYING PLAN DOCUMENTS. ALL

ASSETS OF THE PLAN ARE HELD IN A SEPARATE TRUST. TOTAL HOSPITAL

CONTRIBUTIONS TO THIS PLAN WERE AS FOLLOWS:

MICHELLE K. MAHAN \$2,052

THOMAS A. KLEINHANZL \$315,683

CHERYL L. CIOFFI \$27,626

HANNAH JACOBS - \$21,000

**SCHEDULE K**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

Name of the organization

**FREDERICK HEALTH HOSPITAL, INC.**

Employer identification number  
**52-0591612**

**Part I Bond Issues** SEE PART VI FOR COLUMN (A) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>MARYLAND HEALTH &amp; HIGHER A EDU FACILITIES AUTH 2020</b>	<b>52-0936091</b>	<b>57421CAD6</b>	<b>06/25/20</b>	<b>62645000</b>	<b>SEE PART VI</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>B MHHEFA 2022 BONDS</b>	<b>52-0936091</b>	<b>NONE</b>	<b>07/01/22</b>	<b>93550100</b>	<b>SEE PART VI</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>C MHHEFA SERIES 2023 BONDS</b>	<b>52-0936091</b>	<b>57421CEV1</b>	<b>06/29/23</b>	<b>73740742</b>	<b>SEE PART VI</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>MHHEFA SERIES 2017B D BONDS</b>	<b>52-0936091</b>	<b>NONE</b>	<b>06/15/17</b>	<b>60645000</b>	<b>SEE PART VI</b>		<b>X</b>		<b>X</b>		<b>X</b>

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			1,165,000.					
2 Amount of bonds legally defeased							56,630,000.	
3 Total proceeds of issue								
4 Gross proceeds in reserve funds			65,768,798.				73,740,742.	
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			1,159,217.				400,000.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			40,000,000.				15,585,740.	
11 Other spent proceeds			24,890,857.				58,152,002.	
12 Other unspent proceeds								
13 Year of substantial completion	2022		2026		2017			

	2022		2026		2017	
	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	<b>X</b>			<b>X</b>		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		<b>X</b>	<b>X</b>			<b>X</b>
16 Has the final allocation of proceeds been made?		<b>X</b>	<b>X</b>		<b>X</b>	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	<b>X</b>		<b>X</b>		<b>X</b>	

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

Schedule K (Form 990) 2022

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	.00	%	1.06	%	.16	%	.27	%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	.00	%	.00	%	.00	%	.00	%
6 Total of lines 4 and 5	.00	%	1.06	%	.16	%	.27	%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

**Part IV Arbitrage**

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

**Part IV Arbitrage (continued)**

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

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDU FACILITIES AUTH 2020A

PART I (A) ISSUER NAME: MD HEALTH AND HIGHER EDUCATION FACILITIES AUTHORIT

A: REVENUE BONDS, FREDERICK HEALTH SYSTEM ISSUE, SERIES 2020

B: REVENUE BOND, FREDERICK HEALTH SYSTEM ISSUE, 2022

C: REVENUE BONDS, FREDERICK HEALTH SYSTEM ISSUE, SERIES 2023

D: REVENUE BOND, FREDERICK MEMORIAL HEALTH ISSUE (2017B)

PART I (F) DESCRIPTION OF PURPOSE

A: SERIES 2020 BONDS - FUND NEW CAPITAL PROJECTS AND REFINANCE THE ISSUER'S 2017A BONDS.

B: 2022 BONDS - REFUND THE CONDUIT BORROWER'S TAXABLE NOTE, THE PROCEEDS OF WHICH WERE USED TO REFINANCE THE ISSUER'S 2012A BONDS.

C: SERIES 2023 BONDS - FUND NEW CAPITAL PROJECTS, REFINANCE A PORTION OF THE ISSUER'S 2017B BONDS, AND REFINANCE A PORTION OF THE CONDUIT BORROWER'S TAXABLE LINE OF CREDIT AGREEMENT.

D: 2017B: FUND NEW CAPITAL PROJECTS AND REFINANCE THE ISSUER'S 2012B BONDS.



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LEE BUILDING MAINTENCE INC	OWNED BY BOARD MEMB	1,758,851.	PAYMENTS FO		X

**Part V Supplemental Information.**

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

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

(A) NAME OF PERSON: LEE BUILDING MAINTENCE INC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY BOARD MEMBER - JASON LEE

(D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR SERVICES PROVIDED TO FHH

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization: **FREDERICK HEALTH HOSPITAL, INC.**  
Employer identification number: **52-0591612**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	188,126. FMV	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022





**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

FREDERICK HEALTH HOSPITAL, INC.

Employer identification number

52-0591612

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

BARIATRIC SURGICAL PROGRAM IS ACCREDITED BY THE AMERICAN SOCIETY FOR  
METABOLIC AND BARIATRIC SURGERY AS A BARIATRIC SURGERY CENTER OF  
EXCELLENCE. IN ADDITION TO THE PROGRAM SERVICE EXPENSES LISTED HERE,  
FHH INCURRED \$58.6 MILLION OF GENERAL AND ADMINISTRATIVE EXPENSES IN  
MEETING THE HEALTH NEEDS OF OUR PRIMARY SERVICE AREA.

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

LISTED HERE, FHH INCURRED \$58.6 MILLION OF GENERAL AND ADMINISTRATIVE  
EXPENSES IN MEETING THE HEALTH NEEDS OF OUR PRIMARY SERVICE AREA.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

OTHER PROGRAM SERVICES INCLUDE BEHAVIORAL HEALTH, CARDIOLOGY, SLEEP,  
HOSPICE & HOME CARE, IMAGING, WOMEN AND CHILDREN AND WOUND CARE. THE  
PROGRAM SERVICES EXPENSE LISTED HERE INCLUDE \$58.6 MILLION OF GENERAL  
AND ADMINISTRATIVE EXPENSES IN MEETING THE HEALTH NEEDS OF OUR PRIMARY  
SERVICE AREA.

EXPENSES \$ 242,310,400. INCLUDING GRANTS OF \$ 0. REVENUE \$ 176,117,909.

**FORM 990, PART VI, SECTION A, LINE 6:**

THE SOLE MEMBER OF THE ORGANIZATION IS FREDERICK HEALTH, INC.

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

THE SOLE MEMBER, FREDERICK HEALTH, INC., HAS THE POWER TO APPOINT THE  
PRESIDENT/CEO AND THE DIRECTORS OF FREDERICK HEALTH HOSPITAL.

Name of the organization

FREDERICK HEALTH HOSPITAL, INC.

Employer identification number

52-0591612

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

THE MEMBER, FREDERICK HEALTH, INC., MUST APPROVE THE INCURRENCE OF DEBT IF SUCH DEBT EXCEEDS A CERTAIN AMOUNT TO BE DESIGNATED BY THE MEMBER, CAPITAL EXPENDITURES EXCEEDING A CERTAIN AMOUNT TO BE DESIGNATED BY THE MEMBER, THE DECISION TO DISSOLVE OR LIQUIDATE, THE CREATION OF A SUBSIDIARY, AND AMENDMENTS TO THE BYLAWS.

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

THE 990 IS PREPARED IN CONJUNCTION WITH OUTSIDE TAX ACCOUNTANTS AND REVIEWED BY UPPER MANAGEMENT PRIOR TO PROVIDING A COPY TO THE BOARD. A COPY OF FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO FILING.

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

THE FREDERICK HEALTH HOSPITAL, INC. BOARD OF DIRECTORS IS COMMITTED TO MEETING ITS FIDUCIARY RESPONSIBILITIES AND MAINTAINING ITS DUTY OF LOYALTY TO THE HOSPITAL AND THE COMMUNITY IT SERVES. TO THIS END, THE BOARD WILL EXERCISE VIGILANCE IN IDENTIFYING ANY CONFLICTS OF INTEREST. THE BOARD WILL ALSO MAINTAIN TRANSPARENCY AND OBJECTIVITY IN MAKING DECISIONS ABOUT CONFLICTS OF INTEREST SO THAT THE ORGANIZATION'S MISSION IS ALWAYS THE FIRST PRIORITY. THE CHAIRPERSON (OR VICE CHAIRPERSON IF THE CHAIR IS INVOLVED) WILL NOTIFY ALL DIRECTORS OF A REPORTED CONFLICT OF INTEREST AND DECIDE WHETHER TO TAKE THE MATTER TO THE FULL BOARD TO DECIDE WHETHER A CONFLICT EXISTS AND, IF SO, WHAT ACTION TO TAKE, OR WILL REFER THE MATTER TO THE GOVERNANCE COMMITTEE FOR AN IN-DEPTH EXAMINATION, SUMMARY, AND RECOMMENDATION PRIOR TO A FULL BOARD DISCUSSION AND DECISION. IF TIME IS OF THE ESSENCE, THE CHAIRPERSON OR VICE CHAIRPERSON WILL TAKE THE MATTER TO THE EXECUTIVE COMMITTEE FOR DISCUSSION AND A DECISION, AND WILL THEN NOTIFY THE FULL BOARD. WHERE A CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE BOARD

Name of the organization

FREDERICK HEALTH HOSPITAL, INC.

Employer identification number

52-0591612

MEMBER SHALL NOT VOTE OR BE PRESENT FOR THE DISCUSSION OR THE VOTE REGARDING THE TRANSACTION AT THE FULL BOARD, EXECUTIVE COMMITTEE, OR GOVERNANCE COMMITTEE MEETINGS, EXCEPT TO ANSWER QUESTIONS THAT MAY BE ASKED OF HIM OR HER. TO PREVENT ACTUAL OR PERCEIVED INFLUENCE ON THE BOARD'S DECISION, THE CONFLICTED MEMBER IS PROHIBITED, AFTER INITIAL DISCLOSURE, FROM DISCUSSING THE CONFLICT OF INTEREST EITHER FORMALLY OR INFORMALLY WITH FELLOW DIRECTORS OR WITH MEMBERS OF THE MANAGEMENT. THERE WILL BE AN ANNUAL REVIEW OF ALL BOARD MEMBERS AND OFFICERS TRANSACTIONS PREPARED BY THE ADMINISTRATION AND REVIEWED BY THE GOVERNANCE COMMITTEE AND THE FULL BOARD OF DIRECTORS. AT THAT TIME, ALL DIRECTORS WILL BE REMINDED OF THE IRS INTERMEDIATE SANCTIONS REGULATION THAT ESTABLISHES EXCISE TAXES AS A SANCTION AGAINST ADMINISTRATORS AND DIRECTORS OF TAX EXEMPT ORGANIZATIONS WHO PARTICIPATE IN 'EXCESS BENEFIT TRANSACTIONS' (E.G., UNREASONABLY HIGH EMPLOYMENT COMPENSATION OR BUSINESS DEALS).

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

THE EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO CARRY OUT THE HEALTH SYSTEM MISSION, TO ACHIEVE THE CHARITABLE PURPOSE, TO ATTRACT, RETAIN, MOTIVATE AND REWARD EXECUTIVE MANAGEMENT, AND TO MAINTAIN A COMPETITIVE POSITION WITH PEER ORGANIZATIONS IN THE REGION. OVERSIGHT OF THE EXECUTIVE COMPENSATION PROGRAM IS PROVIDED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD, COMPOSED OF THE BOARD CHAIRMAN, VICE CHAIRMAN, IMMEDIATE PRECEDING CHAIRMAN, CHAIRMAN OF THE FINANCE COMMITTEE AND THE CHAIRMAN OF THE GOVERNANCE COMMITTEE. IN ADDITION TO THE BOARD'S COMPENSATION COMMITTEE, WE UTILIZED AN EXTERNAL INDEPENDENT CONSULTANT AND MARKET SURVEYS FOR ALL EXECUTIVE MANAGEMENT. THE PRESIDENT AND CEO HAS A WRITTEN EMPLOYMENT CONTRACT.

Name of the organization FREDERICK HEALTH HOSPITAL, INC.	Employer identification number 52-0591612
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FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FREDERICK HEALTH HOSPITAL, INC. CONSOLIDATED ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT [HTTPS://WWW.FREDERICKHEALTH.ORG/DOCUMENTS/FY22\\_FREDE](https://www.frederickhealth.org/documents/fy22_frederick-health-inc.-andsubidiaries-fy2022-audited-financial-statements.pdf) RICK-HEALTH-INC.-ANDSUB IDIARIES-FY2022-AUDITED-FINANCIAL-STATEMENTS.PDF

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

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	27,316,651.
MANAGEMENT AND GENERAL EXPENSES	3,643,331.
FUNDRAISING EXPENSES	12,745.
TOTAL EXPENSES	30,972,727.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	18,924,267.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,924,267.

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	12,179,339.
MANAGEMENT AND GENERAL EXPENSES	69,041.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,248,380.

OTHER EXPENSES:

PROGRAM SERVICE EXPENSES	5,914,965.
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Name of the organization <b>FREDERICK HEALTH HOSPITAL, INC.</b>	Employer identification number <b>52-0591612</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>831,518.</b>
<b>FUNDRAISING EXPENSES</b>	<b>703.</b>
<b>TOTAL EXPENSES</b>	<b>6,747,186.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>68,892,560.</b>

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

<b>UNREALIZED GAINS - INTEREST RATE SWAP</b>	<b>3,514,604.</b>
<b>INTERCOMPANY LOAN FORGIVENESS</b>	<b>-26,567,328.</b>
<b>ASSETS RELEASED FROM RESTRICTIONS</b>	<b>3,655,150.</b>
<b>JOINT VENTURE INCOME</b>	<b>3,751,655.</b>
<b>RESTRICTED GIFTS, BEQUESTS &amp; CONTRIBUTIONS</b>	<b>1,242,427.</b>
<b>LOSS ON EXTINGUISHMENT OF DEBT</b>	<b>-267,747.</b>
<b>PENSION ADJUSTMENT</b>	<b>77,679.</b>
<b>TOTAL TO FORM 990, PART XI, LINE 9</b>	<b>-14,593,560.</b>

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

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







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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FREDERICK HEALTH HOSPICE, INC.	S	330,000.	CASH
(2) FREDERICK HEALTH HOSPICE, INC.	O	327,339.	DIRECT COSTING
(3) FREDERICK HEALTH MEDICAL GROUP, LLC	Q	81,161,475.	DIRECT COSTING
(4) FREDERICK HEALTH MEDICAL GROUP, LLC	S	42,600,000.	CASH
(5) FREDERICK HEALTH MEDICAL GROUP, LLC	J	2,781,140.	FMV
(6) FREDERICK HEALTH MEDICAL GROUP, LLC	O	1,029,114.	DIRECT COSTING

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	FREDERICK HEALTH SERVICES CORP	K	325,067.	FMV
(8)	FREDERICK HEALTH SERVICES CORP	S	207,547.	FMV
(9)	FREDERICK HEALTH VILLAGE, LLC	Q	174,187.	DIRECT COSTING
(10)	FREDERICK HEALTH, INC.	S	1,355,000.	CASH
(11)	FREDERICK HEALTH, INC.	O	1,526,388.	DIRECT COSTING
(12)	FREDERICK HEALTH, INC.	Q	22,567.	DIRECT COSTING
(13)	FREDERICK HEALTH, INC.	R	5,712,559.	CASH
(14)	MONOCACY INSURANCE, LTD	C	50,066.	CASH
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

**Part VII** Supplemental Information

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

Lined area for supplemental information.