

**Return of Organization Exempt From Income Tax**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023****Open to Public Inspection**

<b>A</b> For the 2023 calendar year, or tax year beginning <u>07/01</u> , 2023, and ending <u>06/30</u> , 20 <u>24</u>			
<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 <u>ATLANTIC GENERAL HOSPITAL</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>9733 HEALTHWAY DRIVE</u> City or town, state or province, country, and ZIP or foreign postal code <u>BERLIN, MD 21811</u>		<b>D</b> Employer identification number <u>52-1656507</u>
	<b>F</b> Name and address of principal officer: <u>DONALD OWREY</u> <u>SAME AS C ABOVE</u>		<b>E</b> Telephone number <u>(410) 641-1100</u>
	<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>G</b> Gross receipts \$ <u>175,601,079</u>
	<b>J</b> Website:		<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>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>M</b> State of legal domicile: <u>MD</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO CREATE A COORDINATED CARE DELIVERY SYSTEM THAT WILL PROVIDE ACCESS TO QUALITY CARE, PERSONALIZED SERVICE, AND EDUCATION TO IMPROVE (CONTINUED ON SCHEDULE O)</u>		
	<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>	<u>22</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>20</u>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<u>1,176</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>111</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>1,811,411</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>0</u>	
<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)	<u>1,822,118</u>	<u>1,612,906</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>160,803,357</u>	<u>169,077,693</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(33,285)</u>	<u>3,760,134</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,228,427</u>	<u>825,285</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>163,820,617</u>	<u>175,276,018</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>87,838,992</u>	<u>88,538,280</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<u>300,123</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>84,160,104</u>	<u>89,112,729</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>171,999,096</u>	<u>177,651,009</u>
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>(8,178,479)</u>	<u>(2,374,991)</u>
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	<u>124,802,496</u>	<u>143,866,100</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>67,033,634</u>	<u>88,586,255</u>
			<u>57,768,862</u>	<u>55,279,845</u>

**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 <u>JAMES KANUCH, VP FINANCE</u>		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>AMY BIBBY</u>	Preparer's signature <u>AMY BIBBY</u>	Date <u>05/15/2024</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00445891</u>
	Firm's name <u>FORVIS MAZARS, LLP</u>	Firm's EIN <u>44-0160260</u>			
	Firm's address <u>500 RIDGEFIELD COURT, ASHEVILLE, NC 28806</u>	Phone no. <u>(828) 254-2254</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission:  
TO PROVIDE A COORDINATED CARE SYSTEM WITH ACCESS TO QUALITY CARE, PERSONALIZED SERVICE AND  
EDUCATION TO CREATE A HEALTHY 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 ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 141,971,390 including grants of \$ ) (Revenue \$ 167,615,033 )  
ATLANTIC GENERAL HOSPITAL IS A NON PROFIT HEALTHCARE PROVIDER FOCUSING ON INPATIENT AND  
OUTPATIENT SERVICES FOR OUR LOCAL COMMUNITY. WE ALSO OPERATE MULTIPLE PHYSICIAN OFFICES  
THROUGHOUT THE REGION THAT PROVIDES FAMILY, INTERNAL AND SPECIALTY MEDICINE TO OUR LOCAL  
RESIDENTS. WE HAD THE FOLLOWING KEY STATISTICS DURING THE 2021 TAX YEAR: ADMISSIONS: 2,584,  
PATIENT DAYS: 11,854, ED VISITS: 32,720, SURGERIES: 5,999, OTHER OUTPATIENT VISITS: 53,513,  
TOTAL VISITS TO OUR PHYSICIAN PRACTICES WERE 117,566.

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

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

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

**4e** Total program service expenses 141,971,390

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	169
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓



<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (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	<b>2a</b>	1,176		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		✓	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		✓	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <u>22</u> 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 <b>1b</b> <u>20</u>		
<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? . . . . . <b>2</b>		<input checked="" type="checkbox"/>
<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? . . . . . <b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? <b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? <b>6</b>		<input checked="" type="checkbox"/>
<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? . . . . . <b>7a</b>		<input checked="" type="checkbox"/>
<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? . . . . . <b>7b</b>		<input checked="" type="checkbox"/>
<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? . . . . . <b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? <b>8b</b>	<input checked="" type="checkbox"/>	
<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 . . . . . <b>9</b>		<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? <b>11a</b>	<input checked="" type="checkbox"/>	
<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 . . . . . <b>12a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? <b>12b</b>	<input checked="" type="checkbox"/>	
<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 . . . . . <b>12c</b>	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	<input checked="" type="checkbox"/>	
<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 . . . . . <b>15a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	<input checked="" type="checkbox"/>	
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? . . . . . <b>16a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed MD

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
JAMES KANUCH, 9733 HEALTHWAY DRIVE, BERLIN, MD 21811, (410) 641-1100

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RABINDRA PAUL PHYSICIAN	40.0					✓		1,374,879	0	31,767
(2) ALAE ZARIF PHYSICIAN	40.0					✓		1,103,734	0	31,767
(3) MICHAEL HOOKER PHYSICIAN	40.0					✓		1,006,236	0	31,767
(4) DONALD OWREY PRESIDENT & CEO	40.0	✓		✓				593,367	0	71,530
(5) XIN ZHONG PHYSICIAN	40.0					✓		631,845	0	31,722
(6) JONATHAN BELL PHYSICIAN	40.0					✓		581,884	0	26,944
(7) CHERYL NOTTINGHAM VICE PRESIDENT OF FINANCE	40.0				✓			209,895	0	20,399
(8) KIM JUSTICE VICE PRESIDENT PLANNING AND OPERATIONS	40.0				✓			193,032	0	24,564
(9) JONATHAN BAUER VICE PRESIDENT OF INFORMATION SERVICES	40.0				✓			188,289	0	29,228
(10) MANDY BOUNDS VICE PRESIDENT OF PATIENT CARE	40.0				✓			211,554	0	0
(11) AARON FINNEY TREASURER	2.0	✓		✓				0	0	0
(12) CHARLOTTE CATHELL BOARD CHAIR	2.0	✓		✓				0	0	0
(13) CHRIS WOODLEY SECRETARY	2.0	✓		✓				0	0	0
(14) DOUG COOK VICE CHAIR	2.0	✓		✓				0	0	0

Form **990** (2023)

**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 dotted 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			
(15) ANNETTE WALLANCE BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) CORY CARPTENTER CHIEF OF STAFF EX-OFFICIO VOTING MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) GREG SHOCKLEY BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) J.DALE SMACK BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) J.STEVEN GREEN FOUNDATION BOARD CHAIR	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) JAY KNERR BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) JEFFREY GREENWOOD, MD BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) JON ANDES BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) KEVIN MEYERS BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) PHILLIP SPINUZZA VICE CHIEF OF STAFF EX-OFFICIO VOTING MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								6,094,715	0	299,688
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								6,094,715	0	299,688

**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 **132**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **37**

**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>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	533,463			
	<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>	1,079,443			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 2,500			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		1,612,906			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>		NET PATIENT REVENUE	621110	155,656,907	155,656,907		
<b>b</b>		PHARMACY	621110	11,144,744	9,342,948	1,801,796	
<b>c</b>		OTHER OPERATING	621110	2,276,042	2,266,427	9,615	
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .		0	0	0	0
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		169,077,693			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,032,261			1,032,261
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real (ii) Personal				
	<b>6b</b>	Less: rental expenses					
	<b>6c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . .		425,469			425,469
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>7b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>7c</b>	Gain or (loss) . . . . .		2,727,873			2,727,873
	<b>d</b>	Net gain or (loss) . . . . .		2,727,873			2,727,873
	<b>8a</b>	Gross income from fundraising events (not including \$ 533,463 of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>8b</b>	Less: direct expenses . . . . .		128,332			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		(128,332)			(128,332)
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>9b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		347,084			
	<b>10b</b>	Less: cost of goods sold . . . . .		167,687			
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .		179,397			179,397
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	CAFETERIA	621110	205,691	205,691		
	<b>b</b>	MISCELLANEOUS	621110	143,060	143,060		
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	0
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		348,751			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			175,276,018	167,615,033	1,811,411	4,236,668

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,376,484		1,376,484	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	72,357,195	65,919,531	6,223,660	214,004
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,028,716		1,028,716	
<b>9</b> Other employee benefits . . . . .	9,066,128	3,465,061	5,600,228	839
<b>10</b> Payroll taxes . . . . .	4,709,757	4,191,742	501,821	16,194
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	114,432	36,076	78,356	
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	12,083,404	10,070,219	2,009,774	3,411
<b>12</b> Advertising and promotion . . . . .	777,578	775,957		1,621
<b>13</b> Office expenses . . . . .	6,327,975	5,012,103	1,270,906	44,966
<b>14</b> Information technology . . . . .	6,778,957	2,774	6,776,183	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,209,030	1,172,746	36,267	17
<b>17</b> Travel . . . . .	63,377	55,528	7,300	549
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	40,942	30,510	8,885	1,547
<b>20</b> Interest . . . . .	1,748,319	442,278	1,306,041	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	7,142,642	958,339	6,184,303	
<b>23</b> Insurance . . . . .	2,148,090	392,449	1,755,641	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> <u>MEDICAL SUPPLIES</u> . . . . .	37,143,959	37,143,959		
<b>b</b> <u>BAD DEBT EXPENSE</u> . . . . .	8,092,362	8,092,362		
<b>c</b> <u>REPAIRS &amp; MAINTENANCE</u> . . . . .	3,316,148	3,146,352	156,389	13,407
<b>d</b> <u>DUES</u> . . . . .	439,352	37,677	401,500	175
<b>e</b> All other expenses . . . . .	1,686,162	1,025,727	657,042	3,393
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	177,651,009	141,971,390	35,379,496	300,123
<b>26</b> <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>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	16,799,216	<b>2</b>	13,712,398
	<b>3</b> Pledges and grants receivable, net . . . . .	852,724	<b>3</b>	139,555
	<b>4</b> Accounts receivable, net . . . . .	12,715,215	<b>4</b>	18,269,963
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	3,332,560	<b>8</b>	3,019,333
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,961,212	<b>9</b>	3,293,262
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 166,824,506		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 113,792,840		
	<b>11</b> Investments—publicly traded securities . . . . .	54,321,471	<b>10c</b>	53,031,666
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	19,387,532	<b>11</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	2,306,036	<b>12</b>	24,626,921
	<b>14</b> Intangible assets . . . . .	0	<b>13</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,332,675	<b>14</b>	1,106,427
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	9,793,855	<b>15</b>	26,666,575	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	124,802,496	<b>16</b>	143,866,100
	<b>18</b> Grants payable . . . . .	17,272,151	<b>17</b>	18,859,455
	<b>19</b> Deferred revenue . . . . .		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	34,092,000	<b>20</b>	33,138,000
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>22</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	896,033	<b>23</b>	673,510
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>24</b>	4,587,703
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	14,773,450	<b>25</b>	31,327,587
<b>Net Assets or Fund Balances</b>	<b>27</b> Net assets without donor restrictions . . . . .	67,033,634	<b>26</b>	88,586,255
	<b>28</b> Net assets with donor restrictions . . . . .			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>27</b>	54,801,286
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>28</b>	478,559
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>29</b>	
	<b>32</b> Total net assets or fund balances . . . . .		<b>30</b>	
	<b>33</b> Total liabilities and net assets/fund balances . . . . .		<b>31</b>	
		57,768,862	<b>32</b>	55,279,845
	124,802,496	<b>33</b>	143,866,100	

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	175,276,018
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	177,651,009
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(2,374,991)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	57,768,862
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(427,665)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	313,639
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	55,279,845

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

Form **990** (2023)

**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 dotted 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			
(25) REBECCA JONES ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(26) STEVEN SWEIGERT ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(27) TODD FERRANTE ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(28) TOM MEARS ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(29) VONNIE BROWN ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(30) WILLIAM ESHAM ----- BOARD MEMBER	2.0 -----	✓						0	0	0

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

2023

Open to Public  
Inspection

Name of the organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

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)(vii)**. (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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

Cat. No. 11285F

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> 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.			
<b>2a</b>			
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<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? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

  

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			

Schedule A (Form 990) 2023

## Part VI

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

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

**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	COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.  1324 BELMONT AVE STE 401  SALISBURY, MD 21804	\$ 104,786	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MYERS FAMILY FOUNDATION  11726 WINDING CREEK DRIVE  BERLIN, MD 21811	\$ 71,300	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AGH AUXILIARY  9733 HEALTHWAY DR  BERLIN, MD 21811	\$ 60,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE JERSEY FAMILY FOUNDATION  10230 OLD OCEAN CITY BLVD  BERLIN, MD 21811	\$ 35,098	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CORK BAR  3 WICOMICO STREET  OCEAN CITY, MD 21842	\$ 34,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AVRAHAM SIBONY  1566 TEAL DR  OCEAN CITY, MD 21842-5555	\$ 26,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SUNSATIONS 12501 COASTAL HWY OCEAN CITY, MD 21842	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BULL ON THE BEACH RESTAURANTS - BULL ON THE BAY 17 94TH ST OCEAN CITY, MD 21842	\$ 25,828	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KELLY FOODS CORPORATION ATTN: SAMANTHA 3337 MEDINA RD MEDINA, OH 44256	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	EUGENE B. CASEY FOUNDATION 16803 CRABBS BRANCH WAY ROCKVILLE, MD 20855	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	AGH JAG 9733 HEALTHWAY DRIVE BERLIN, MD 21811	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	PENINSULA IMAGING, LLC 1655 WOODBROOKE DR STE 101 SALISBURY, MD 21804	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

**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	AMERICAN LEGION - SYNEPUXENT POST #166 PO BOX 63 OCEAN CITY, MD 21843-0063	\$ 30,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	SUN COMMUNITIES, INC. 27777 FRANKLIN RD STE 300 SOUTHFIELD, MI 48034	\$ 13,334	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE CAROUSEL GROUP 11700 COASTAL HWY OCEAN CITY, MD 21842	\$ 12,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	JACK BURBAGE FOUNDATION, INC. 9919 STEPHEN DECATUR HWY UNIT 1 OCEAN CITY, MD 21842	\$ 21,621	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	HARDWIRE LLC 1947 CLARKE AVE POCOMOKE CITY, MD 21851	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	MARK GASPAR 2697 THORNBROOK RD ELLCOTT CITY, MD 21042-1726	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	TODD ALAN FERRANTE 1515 TEAL DR OCEAN CITY, MD 21842-5510	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	THOMAS G HANLEY TRUST 8219 NEVIS PL WELLINGTON, FL 33414	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	OCEAN DOWNS CASINO 10218 RACETRACK RD BERLIN, MD 21811	\$ 30,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	PAMELA B. TRUITT 2711 FARNHAM LN YORK, PA 17408-9069	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	SUNSET GRILLE, LLC 12933 SUNSET AVE OCEAN CITY, MD 21842	\$ 9,596	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	SNOWDEN LANE PARTNERS 8804 HUNTING HOUND ROAD BERLIN, MD 21811	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

**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	AGH 9733 HEALTHWAY DRIVE BERLIN, MD 21811	\$ 11,608	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	GLOBAL REIMBURSEMENT CONSULTANTS 656 QUINCE ORCHARD RD UNIT 620 GAITHERSBURG, MD 20878	\$ 5,128	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	OLD PRO GOLF, INC. 6801 COASTAL HWY OCEAN CITY, MD 21842	\$ 5,128	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	YARD DESIGNS, INC. 1314 WOODLAND RD SALISBURY, MD 21801	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	PNC BANK - BALTIMORE ONE EAST PRATT STREET (C3-C411-10-1) BALTIMORE, MD 21202	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MICHAEL AND KATHLEEN DUGAN 16012 BURTON LN LAUREL, MD 20707-2661	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

**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	SPAIN WINE BAR 13 ST LOUIS AVE OCEAN CITY, MD 21842	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	TIDALHEALTH 100 E CARROLL ST SALISBURY, MD 21801	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	KELLER BROTHERS, INC. 207 W MAIN ST SALISBURY, MD 21801	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	JOAN W. JENKINS FOUNDATION, INC. PO BOX 572 OCEAN CITY, MD 21843	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	MCALLISTER, DETAR, SHOWALTER & WALKER LLC 100 N WEST ST EASTON, MD 21601	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	COASTLINE CHEMICAL, INC. P. O. BOX 30 NEW CHURCH, VA 23415	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

**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	HUMPHREY RICH CONSTRUCTION GROUP 10200 OLD COLUMBIA RD STE K COLUMBIA, MD 21046	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	CHARLOTTE KERBIN CATHELL 36 PINEHURST ROAD OCEAN PINES, MD 21811	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	CAREY DISTRIBUTORS, INC. PO BOX B FRUITLAND, MD 21826	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	BETH R. BARNES 27534 CROOKED OAK LN HEBRON, MD 21830-1192	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	RAYMOND C. NICHOLS SR. 11810 PORFIN DR BERLIN, MD 21811-2565	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	WILDE CHARITABLE FOUNDATION, INC. PO BOX 540 OCEAN CITY, MD 21843-0540	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

**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	CANDY KITCHEN SHOPPES 5301 COASTAL HWY OCEAN CITY, MD 21842	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	THE INTERMED GROUP 13301 US HWY 441 ALACHUA, FL 32615	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	JOE M. SHAW 10264 BENT CREEK CT OCEAN CITY, MD 21842-8800	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	TROND O. EMBERLAND PO BOX 1371 BERLIN, MD 21811-5371	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

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

Name of organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

**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 information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

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

2023

Open to Public  
Inspection

Name of the organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	
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 on line 2a . . . . .	2c
d Number of conservation easements included on line 2c 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 . . . . .	\$

**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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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 in 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
<b>1a</b> Beginning of year balance	6,703,107	6,167,783	7,502,260	5,560,962	5,813,047
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	440,617	765,448	(1,169,741)	2,166,682	(10,220)
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs		195,069	123,888	187,533	209,845
<b>f</b> Administrative expenses	23,425	35,055	40,848	37,851	32,020
<b>g</b> End of year balance	7,120,299	6,703,107	6,167,783	7,502,260	5,560,962

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

**a** Board designated or quasi-endowment 69.00 %

**b** Permanent endowment 31.00 %

**c** Term endowment 0.00 %

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? **3a(i)** ☐ Yes ☒ No

**(ii)** Related organizations? **3a(ii)** ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

**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
<b>1a</b> Land		5,841,074		5,841,074
<b>b</b> Buildings		54,522,503	38,539,807	15,982,696
<b>c</b> Leasehold improvements		7,901,729	5,585,421	2,316,308
<b>d</b> Equipment		97,142,316	68,666,073	28,476,243
<b>e</b> Other		1,416,884	1,001,539	415,345
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				53,031,666

**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) CHARITABLE GIFT ANNUITY	7,696	COST
(B) SWAP CONTRACT	2,611,979	COST
(C) SHORT TERM INVESTMENTS	17,082,206	COST
(D) BOARD DESIGNATED RESTRICTED INVESTMENTS	4,891,707	COST
(E) INSURANCE COMPANY OFF SHORE CAPTIVE	33,333	COST
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	24,626,921	

**Part VIII Investments—Program Related**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) DONOR RESTRICTED CASH	339,004
(2) BOARD DESIGNATED RESTRICTED CASH	244,078
(3) DEFERRED FINANCING COSTS	434,212
(4) INSURANCE RECOVERABLE	4,710,043
(5) ROU ASSET	20,939,238
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	26,666,575

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	2,974,351
(3) CAPITAL LEASE	1,203,954
(4) INSURANCE UNPAID LOSS	4,710,043
(5) INSURANCE IBNR FOR CAPTIVE	1,500,000
(6) LEASE LIABILITY	20,939,239
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	31,327,587

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	167,699,166
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	(427,665)
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	(7,149,187)
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	(7,576,852)
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	175,276,018
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	175,276,018

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	169,587,689
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	(8,063,320)
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	(8,063,320)
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	177,651,009
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	177,651,009

**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.

[SEE STATEMENT](#)



## Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	CHANGE IN INTEREST RATE SWAP	313,639
	BAD DEBT EXPENSE	- 8,092,362
	RENTAL EXPENSE	29,042
	RESTRICTED CONTRIBUTIONS	- 226,260
	NET ASSETS RELEASED FROM RESTRICTIONS	826,754
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	BAD DEBT EXPENSE	- 8,092,362
	RENTAL EXPENSE	29,042

# 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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE COMMUNITY FOUNDATION OF THE EASTERN SHORE HOLDS, AND ACCOUNTS FOR IN ITS FINANCIAL STATEMENTS, A PERMANENT ENDOWMENT FUND (THE "FUND") ESTABLISHED IN THE HOSPITAL'S NAME. THE HOSPITAL IS THE SOLE BENEFICIARY OF THE FUND AND IS ENTITLED TO INVESTMENT INCOME EARNED BY THE FUND. THE 2023 TAX YEAR ENDING BALANCE FOR THE FUND WAS \$2,220,898.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY. FEDERAL TAX LAW REQUIRES THAT THE CORPORATION BE OPERATED IN A MANNER CONSISTENT WITH ITS INITIAL EXEMPTION APPLICATION IN ORDER TO MAINTAIN ITS EXEMPT STATUS. MANAGEMENT HAS ANALYZED THE OPERATIONS OF THE CORPORATION AND CONCLUDED THAT IT REMAINS IN COMPLIANCE WITH THE REQUIREMENTS FOR EXEMPTION. THE STATE IN WHICH THE CORPORATION OPERATES ALSO PROVIDES GENERAL EXEMPTION FROM STATE INCOME TAXATION FOR ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAXATION. HOWEVER, THE CORPORATION IS SUBJECT TO BOTH FEDERAL AND STATE INCOME TAXATION AT CORPORATE TAX RATES ON ITS UNRELATED BUSINESS INCOME. EXEMPTION FROM OTHER STATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY TAXES, IS SEPARATELY DETERMINED.</p> <p>CURRENT ACCOUNTING STANDARDS DEFINE THE THRESHOLD FOR RECOGNIZING UNCERTAIN INCOME TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON TECHNICAL MERITS, AND ALSO PROVIDE GUIDANCE ON THE MEASUREMENT, CLASSIFICATION, AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THERE IS NO IMPACT ON THE CORPORATION'S ACCOMPANYING FINANCIAL STATEMENTS RELATED TO UNCERTAIN INCOME TAX PROVISIONS.</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ATLANTIC GENERAL HOSPITAL

**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

**2023**

**Open to Public  
Inspection**

Employer identification number

52-1656507

**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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	PREMIUMS FOR GENERAL LIABILITY INSURANCE	1,695,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			1,695,000
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			1,695,000

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

Cat. No. 50082W

Schedule F (Form 990) 2023

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2023

## Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN

Department of the Treasury  
Internal Revenue Service

**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

2023

### Open to Public Inspection

Name of the organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

**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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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 <u>30TH ANNIVERSARY</u> (event type)	(b) Event #2 <u>29TH ANNUAL FALL GOLF CLASSIC</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	268,077	152,500	112,886	533,463
	<b>2</b> Less: Contributions . . . . .	268,077	152,500	112,886	533,463
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	0	0	0	0
Direct Expenses	<b>4</b> Cash prizes . . . . .		2,500		2,500
	<b>5</b> Noncash prizes . . . . .		9,600	2,300	11,900
	<b>6</b> Rent/facility costs . . . . .	30,512	9,100	220	39,832
	<b>7</b> Food and beverages . . . . .	44,400	3,300		47,700
	<b>8</b> Entertainment . . . . .	7,500			7,500
	<b>9</b> Other direct expenses . . . . .	7,200	1,000	10,700	18,900
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				128,332
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				(128,332)

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> 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: \_\_\_\_\_

- |           |  |                                     |                                    |
|-----------|--|-------------------------------------|------------------------------------|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers? . . . . .   | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <b>12</b> | 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? . . . . . | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <b>13</b> | Indicate the percentage of gaming activity conducted in:   |                                     |                                    |
| <b>a</b>  | The organization's facility . . . . .  | <b>13a</b>                          | %                                  |
| <b>b</b>  | An outside facility . . . . .  | <b>13b</b>                          | %                                  |
| <b>14</b> | 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	Date	Time	Location	Other

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . \$

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

**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52 1656507

**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>1b</b> If "Yes," was it a written policy?	✓	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing 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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	✓	
<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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	✓	
<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>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		✓
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	✓	
<b>b</b> If "Yes," did the organization make it available to the public?	✓	

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			871,571	2,219,286	0	0.00
<b>b</b> Medicaid (from Worksheet 3, column a)			18,403,995	15,311,233	3,092,762	1.74
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	0	19,275,566	17,530,519	3,092,762	1.74
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			291,525	0	291,525	0.16
<b>f</b> Health professions education (from Worksheet 5)			726,187	0	726,187	0.41
<b>g</b> Subsidized health services (from Worksheet 6)			0	0	0	0.00
<b>h</b> Research (from Worksheet 7)			0	0	0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			1,017,712	0	1,017,712	0.57
<b>j Total.</b> Other Benefits	0	0	2,035,424	0	2,035,424	1.15
<b>k Total.</b> Add lines 7d and 7j	0	0	21,310,990	17,530,519	5,128,186	2.89

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

Cat. No. 50192T

Schedule H (Form 990) 2023

**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			13,221		13,221	0.01
2 Economic development			6,569		6,569	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building			70,788		70,788	0.04
7 Community health improvement advocacy			14,137		14,137	0.01
8 Workforce development			710		710	0.00
9 Other					0	0.00
10 <b>Total</b>	0	0	105,425	0	105,425	0.06

**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?	1	<input type="checkbox"/>	<input type="checkbox"/>
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2	8,092,362	
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 debts as community benefit . . . . .	3	145,632	
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	61,753,270
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	49,537,338
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	12,215,932
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

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

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

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

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

	Licensed hospital	General medical	Children's hospital	Teaching hospital	Critical access	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<u>1</u> ATLANTIC GENERAL HOSPITAL 9733 HEALTHWAY DRIVE, BERLIN, MD 21811	✓	✓					✓			
<u>2</u>										
<u>3</u>										
<u>4</u>										
<u>5</u>										
<u>6</u>										
<u>7</u>										
<u>8</u>										
<u>9</u>										
<u>10</u>										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: ATLANTIC GENERAL HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> 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? . . . . .	<b>1</b>	✓
<b>2</b> 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 . . . . .	<b>2</b>	✓
<b>3</b> 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 . . . . .	<b>3</b>	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	✓
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	<b>7</b>	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.ATLANTICGENERAL.ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b>	✓
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	✓
<b>a</b> If "Yes," (list url): <u>WWW.ATLANTICGENERAL.ORG</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: ATLANTIC GENERAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>3</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance?	<b>15</b> ✓	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility?	<b>16</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 STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</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 STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: ATLANTIC GENERAL HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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



**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: ATLANTIC GENERAL HOSPITAL

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

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**Supplemental Information.** 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p><b>FACILITY NAME:</b> ATLANTIC GENERAL HOSPITAL</p> <p><b>DESCRIPTION:</b> THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH MANY DIFFERENT ACTIVITIES, STUDIES AND COLLABORATIONS WITH LOCAL GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS. THE HOSPITAL IS CURRENTLY WORKING UNDER THE STRATEGIC INITIATIVES WHICH WERE DEVELOPED FOR PLANNING THROUGH 2022. EACH YEAR, WITHIN THIS FRAMEWORK THE HOSPITAL MAKES PLANS FOR THE UPCOMING YEAR USING THE SWOT/GAP ANALYSIS MODEL. USING THIS MODEL THE LEADERSHIP TEAM MEETS WITH THE MEDICAL STAFF TO LOOK AT STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS TO PLAN FOR THE COMING FISCAL YEAR. THIS INFORMATION THEN GOES TO THE BOARD TO, ALONG WITH SENIOR LEADERSHIP, FINALIZE THE STRATEGIC INITIATIVES FOR THE COMING YEAR. USING THIS INFORMATION THE COMMUNITY BENEFITS COMMITTEE AND THE HEALTHY HAPPENINGS (VISIONS) ADVISORY COMMITTEE DETERMINE THE GOALS FOR THE COMING YEAR. THE DOCUMENTS USED BY THE HOSPITAL TO DETERMINE COMMUNITY NEEDS ARE: THE HEALTH ASSESSMENT PUBLICATION FROM THE HEALTH DEPARTMENT, LOCAL AGENCIES AND HOSPITALS, WORCESTER COUNTY LOCAL HEALTH PLAN, FY2023 LOCAL HEALTH IMPROVEMENT COALITIONS, MARYLAND SHIP, FY2023 TRI-COUNTY HEALTH PLANNING BOARD, STATE OF MARYLAND CANCER REGISTRY LATEST CENSUS UPDATE FEEDBACK FROM AREA PHYSICIANS AND COMMUNITY MEMBERS QUESTIONNAIRES AND EVALUATIONS FROM OUR COMMUNITY EVENTS NCR PICKER PATIENT EVALUATIONS AND FEEDBACK HOSPITAL PERCEPTION SURVEY 2021 IN ADDITION, INFORMATION REGARDING COMMUNITY HEALTH NEEDS IS OBTAINED AS A RESULT OF THE ORGANIZATION'S LEADERSHIP MEMBERS SITTING ON THE BOARDS OF MANY COMMUNITY ORGANIZATIONS, INCLUDING: LHIC, TCHIP, SART, SAFE, PLAY IT SAFE COMMITTEE, OCEAN CITY DRUG AND ALCOHOL ABUSE PREVENTION COMMITTEE, MHA ADVISORY BOARD, FAITH BASED COALITION, UNITED WAY, BLOOD BANK OF DELMARVA, LHIC, CHAMBERS OF COMMERCE OF TOWNS THROUGHOUT THE REGION, MANY HEALTH DEPARTMENT COUNCILS, MHA COMMITTEES, STATE HEALTH DEPARTMENT BOARDS, WE ALSO HAVE A HEALTHY HAPPENINGS (VISIONS) ADVISORY COMMITTEE COMPRISED OF COMMUNITY PROVIDERS OF HEALTH RELATED SERVICES INCLUDING TRADITIONAL AS WELL AS INTEGRATIVE HEALTH SERVICES. THROUGH THIS COMMITTEE WE CAN KEEP OUR FINGER ON THE PULSE OF THE AREA IN WHICH WE SERVE. THIS COMMITTEE GIVES US GREAT FEEDBACK ON SERVICES AND PROGRAMS THAT ARE NEEDED THOSE THAT ARE WORKING AND THOSE THAT AREN'T. IT IS THROUGH THIS COMMITTEE THAT PUTS ON A MAJOR HEALTH CONFERENCE EACH YEAR, WHICH PROVIDES HEALTH EDUCATION AS WELL AS SCREENINGS. WE MET WITH GREAT SUCCESS COMMUNITY HEALTH FAIRS. AND ACCORDING TO THE EVALUATIONS, WERE ABLE TO PROVIDE SERVICES TO PEOPLE WHO OTHERWISE WOULD NOT HAVE GOTTEN THEM. THE ORGANIZATION'S AUXILIARY VOLUNTEERS ARE ANOTHER GREAT RESOURCE FOR DETERMINING COMMUNITY HEALTH NEEDS. THE ORGANIZATION HAS OVER 400 AUXILIANS. THEY ARE ACTIVE ON MANY COMMITTEES WITHIN THE HOSPITAL AND ALSO REPRESENT THE HOSPITAL ON DIFFERENT COMMUNITY BOARDS. IN ADDITION, THE ORGANIZATION WORKS VERY CLOSELY WITH ITS LOCAL HEALTH DEPARTMENT TO PLAN SERVICES TO MEET COMMUNITY NEEDS AND DECREASE THE DUPLICATION OF SERVICES IN THE COMMUNITY. MEMBERS OF THE HOSPITAL STAFF SIT ON MANY COMMITTEES, COMMUNITY BOARDS, COMMUNITY COALITIONS, AND BOARDS OF THE LOCAL HEALTH DEPARTMENT.</p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p><b>FACILITY NAME:</b> AMERICAN CANCER SOCIETY</p> <p><b>DESCRIPTION:</b></p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p><b>FACILITY NAME:</b> ATLANTIC CLUB BOARD</p> <p><b>DESCRIPTION:</b></p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p><b>FACILITY NAME:</b> BETHANY/FENWICK CHAMBER OF COMMERCE BOARD OF DIRECTORS</p> <p><b>DESCRIPTION:</b></p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p><b>FACILITY NAME:</b> BLOOD BANK OF DELMARVA</p> <p><b>DESCRIPTION:</b></p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p><b>FACILITY NAME:</b> CHILD FATALITY REVIEW TEAM</p> <p><b>DESCRIPTION:</b></p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: CRICKET CENTER BOARD  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: CHILD ADVOCACY BOARD  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: CRT ADVISORY BOARD  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: DOMESTIC VIOLENCE FATALITY REVIEW BOARD  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: DRUG OVERDOSE FATALITY REVIEW TEAM  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: EMS ADVISORY BOARD  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: FAITH BASED PARTNERSHIP  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: GREATER SALISBURY COMMITTEE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: GREATER OCEAN CITY CHAMBER OF COMMERCE BOARD OF DIRECTORS  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: HABITAT FOR HUMANITY  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: HEALTHY HAPPENINGS COMMITTEE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: HOMELESSNESS COMMITTEE WORCESTER  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: HUDSON HEALTH SERVICES  DESCRIPTION:

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: JUNIOR ACHIEVEMENT BOARD  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: KOMEN MD COALITION FOR EASTER SHORE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: LOWER SHORE DENTAL TASK FORCE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: LOCAL HEALTH IMPROVEMENT COALITION  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: LOCAL MANAGEMENT BOARD WORCESTER COUNTY  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: LOWER SHORE RED CROSS  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: MARYLAND HOSPITAL ASSOCIATION  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: MID-ATLANTIC SOCIETY FOR HEALTHCARE STRATEGY AND MARKET DEVELOPMENT  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: MARYLAND STATE HEALTH AND WELLNESS COUNCIL  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: NATIONAL ALLIANCE FOR MENTAL ILLNESS LOWER SHORE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: OCEAN PINES CHAMBER OF COMMERCE BOARD OF DIRECTORS  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: OPIOID INTERVENTION TEAM  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: RELAY FOR LIFE  DESCRIPTION:

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: RETIRED NURSES OF OCEAN PINES  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: SAFE, SAFE SENIORS/MIH COMMITTEE,  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: SART  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: LESSPC SUICIDE AWARENESS  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: TOBACCO AND CANCER COALITION  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: TRI COUNTY DIABETES ALLIANCE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: TRI COUNTY HEALTH PLANNING COALITION  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: UNITED WAY  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: WORCESTER COUNTY BOARD OF EDUCATION  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: WORCESTER COUNTY DRUG AND ALCOHOL BOARD  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: WORCESTER COUNTY SCHOOL HEALTH COUNCIL  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: WORCESTER COUNTY HEALTH AND MEDICAL EMERGENCY PREPAREDNESS COMMITTEE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: WORCESTER GOLD  DESCRIPTION:

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: WORCESTER COUNTY MENTAL HEALTH ADVISORY COMMITTEE/PUBLIC SAFETY NET/JAIL COALITION  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: WORCESTER TECHNICAL HIGH SCHOOL BIOMED PROGRAM ADVISORY COMMITTEE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: EXECUTIVE CARE COMMITTEE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: AGHS PROVIDER COMMITTEE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: PATIENT AND FAMILY ADVISORY COMMITTEE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: COMMUNITY BENEFIT COMMITTEE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: BEHAVIORAL HEALTH AND OPIOID STEWARDSHIP COMMITTEE  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: WORCESTER COUNTY HEALTH DEPARTMENT  DESCRIPTION:
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: WORCESTER GOES PURPLE  DESCRIPTION:

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	<p>FACILITY NAME: ATLANTIC GENERAL HOSPITAL</p> <p>DESCRIPTION: AMERICAN CANCER SOCIETY, ATLANTIC CLUB BOARD, BETHANY/FENWICK CHAMBER OF COMMERCE BOARD OF DIRECTORS, BLOOD BANK OF DELMARVA, CHILD FATALITY REVIEW TEAM, CRICKET CENTER BOARD, CHILD ADVOCACY BOARD, CRT ADVISORY BOARD, DOMESTIC VIOLENCE FATALITY REVIEW BOARD, DRUG OVERDOSE FATALITY REVIEW TEAM, EMS ADVISORY BOARD, FAITH BASED PARTNERSHIP, GREATER SALISBURY COMMITTEE, GREATER OCEAN CITY CHAMBER OF COMMERCE BOARD OF DIRECTORS, HABITAT FOR HUMANITY, HEALTHY HAPPENINGS COMMITTEE, HOMELESSNESS COMMITTEE WORCESTER, HUDSON HEALTH SERVICES, JUNIOR ACHIEVEMENT BOARD, KOMEN MD COALITION FOR EASTER SHORE, LOWER SHORE DENTAL TASK FORCE, LOCAL HEALTH IMPROVEMENT COALITION, LOCAL MANAGEMENT BOARD WORCESTER COUNTY, LOWER SHORE RED CROSS, MARYLAND HOSPITAL ASSOCIATION, MID-ATLANTIC SOCIETY FOR HEALTHCARE STRATEGY AND MARKET DEVELOPMENT, MARYLAND STATE HEALTH AND WELLNESS COUNCIL, NATIONAL ALLIANCE FOR MENTAL ILLNESS LOWER SHORE, OCEAN PINES CHAMBER OF COMMERCE BOARD OF DIRECTORS, OPIOID INTERVENTION TEAM, LESSPC SUICIDE AWARENESS, TOBACCO AND CANCER COALITION, TRI COUNTY DIABETES ALLIANCE, TRI COUNTY HEALTH PLANNING COALITION, UNITED WAY, WORCESTER COUNTY BOARD OF EDUCATION WORCESTER COUNTY DRUG AND ALCOHOL BOARD, WORCESTER COUNTY SCHOOL HEALTH COUNCIL, WORCESTER COUNTY HEALTH AND MEDICAL EMERGENCY PREPAREDNESS COMMITTEE, WORCESTER GOLD, WORCESTER COUNTY MENTAL HEALTH ADVISORY COMMITTEE/PUBLIC SAFETY NET/JAIL COALITION, WORCESTER TECHNICAL HIGH SCHOOL BIOMED PROGRAM ADVISORY COMMITTEE, EXECUTIVE CARE COMMITTEE, AGHS PROVIDER COMMITTEE, PATIENT AND FAMILY ADVISORY COMMITTEE, COMMUNITY BENEFIT COMMITTEE, BEHAVIORAL HEALTH AND OPIOID STEWARDSHIP COMMITTEE, WORCESTER COUNTY HEALTH DEPARTMENT, WORCESTER GOES PURPLE</p>
SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE	<p>FACILITY NAME: ATLANTIC GENERAL HOSPITAL</p> <p>DESCRIPTION: CHURCHES, HEALTH FAIRS, LOCAL SHOPPING ESTABLISHMENTS</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	WWW.ATLANTICGENERAL.ORG
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	WWW.ATLANTICGENERAL.ORG
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	WWW.ATLANTICGENERAL.ORG

**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? 0

Name and address	Type of facility (describe)
<b>1</b> REGIONAL CANCER CARE CENTER 9707 HEALTHWAY DRIVE BERLIN, MD 21811	REGIONAL CANCER CENTER
<b>2</b> ATLANTIC HEALTH CENTER, NEUROLOGY 9714 HEALTHWAY DRIVE BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>3</b> STONE GARAGE WAREHOUSE 9716 HEALTHWAY DRIVE BERLIN, MD 21811	WAREHOUSE
<b>4</b> ATLANTIC IMMEDICARE 1001 PHILADELPHIA AVE BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>5</b> AG PRIMARY CARE & ENDOCRINOLOGY 10614 RACETRACK RD, SUITE 5 BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>6</b> GORDON WAREHOUSE 9803 BARRETT ROAD BERLIN, MD 21811	WAREHOUSE
<b>7</b> HENRY BUSINESS CENTER 115 SHOWELL STREET BERLIN, MD 21811	FINANCE OFFICE
<b>8</b> OUTPATIENT LAB 10231 OLD OCEAN CITY BLVD, UNIT #10 BERLIN, MD 21811	OUTPATIENT LAB
<b>9</b> WOUND CARE CENTER 10231 OLD OCEAN CITY BLVD, UNIT #10 BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>10</b> ATLANTIC ENDOSCOPY CENTER (AES) 10231 OLD OCEAN CITY BLVD, UNIT #20 BERLIN, MD 21811	PHYSICIAN PRACTICE

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**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? 0

Name and address	Type of facility (describe)
<b>1</b> ATLANTIC SURGICAL ASSOCIATES/ BARIATRIC 10231 OLD OCEAN CITY BLVD, UNIT #20 BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>2</b> RHEUMATOLOGY 10231 OLD OCEAN CITY BLVD, UNIT #21 BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>3</b> ACE BUSINESS CENTER (PBO) 10026 OLD OCEAN CITY BLVD BLD 1 POCOMOKE, MD 21851	PHYSICIAN PRACTICE
<b>4</b> ACE BUSINESS CENTER (PA) 10026 OLD OCEAN CITY BLVD, BLD 3 BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>5</b> BERLIN PRIMARY CARE 10344 OLD OCEAN CITY SUITE A BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>6</b> AGH TRAINING CENTER/IT/IS/HIM 10452 OLD OCEAN CITY BLVD STE 16 BERLIN, MD 21811	IT OFFICE
<b>7</b> RAKOW BUILDING/FOUNDATION 10320 OLD OCEAN CITY BLVD FLOOR 1 BERLIN, MD 21811	FOUNDATION OFFICE
<b>8</b> RAKOW BUILDING/AGHS 10320 OLD OCEAN CITY BLVD FLOOR 2 BERLIN, MD 21811	BUSINESS OFFICE
<b>9</b> AG INTERNAL MEDICINE - CASTANEDA 10324 OLD OCEAN CITY BLVD BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>10</b> ORTHOPEDICS 314 FRANKLIN AVE SUITE 201 BERLIN, MD 21811	PHYSICIAN PRACTICE

Schedule H (Form 990) 2023

**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? 0

Name and address	Type of facility (describe)
<b>1</b> AG GASTROENTEROLOGY 314 FRANKLIN AVE STE 304 BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>2</b> WOC PRIMARY CARE 12308 OCEAN GATEWAY APT 1 OCEAN CITY, MD 21842	PHYSICIAN PRACTICE
<b>3</b> WOC PEDIATRICS 10614 RACETRACK RD, SUITE 1 BERLIN, MD 21811	PHYSICIAN PRACTICE
<b>4</b> WOC PCMH 12308 OCEAN GATEWAY APT 3&4 UPSTAIR OCEAN CITY, MD 21842	PHYSICIAN PRACTICE
<b>5</b> WOC WOMEN'S IMAGING 12308 OCEAN GATEWAY APT 5 OCEAN CITY, MD 21842	IMAGING FACILITY
<b>6</b> WOC WOMEN'S HEALTH CENTER 12308 OCEAN GATEWAY APT 8 OCEAN CITY, MD 21842	PHYSICIAN PRACTICE
<b>7</b> AG PRIMARY CARE OCEAN VIEW 96 ATLANTIC AVE STE 101 OCEAN CITY, MD 21842	PHYSICIAN PRACTICE
<b>8</b> ATLANTIC GENERAL WOMEN'S HEALTH 38394 DUPONT HIGHWAY SUITE H OCEAN VIEW, DE 19970	PHYSICIAN PRACTICE
<b>9</b> WEST FENWICK 2 VILLAGE SQUARE STE 219/37464 LION SELBYVILLE, DE 19975	PHYSICIAN PRACTICE
<b>10</b> ATLANTIC GENERAL PRIMARY CARE SELBYVILLE 15 N. WILLIAM STREET SELBYVILLE, DE 19975	PHYSICIAN PRACTICE

Schedule H (Form 990) 2023

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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 (e.g., 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	<p>MEMBERS OF OUR HOSPITAL PARTICIPATE IN CHESAPEAKE HOUSING MISSION AND HELP MEMBERS IN OUR COMMUNITY WITH CONSTRUCTION OF DECKS, RAMPS, STAIRS FOR THOSE IN OUR COMMUNITY WHO ARE IN NEED.</p> <p>WE SUPPORT THE COMMUNITY WITH EDUCATION, HEALTH SCREENINGS, HEALTH SERVICES AND COMMUNITY OUTREACH IN ORDER TO PROVIDE SERVICES AND TOPICS RELEVANT TO COMMUNITY NEEDS. WE HAVE PARTNERED WITH OUR FAITH-BASED COMMITTEE TO PROVIDE EDUCATIONAL CONFERENCES FOR OUR COMMUNITY.</p> <p>WE WORK WITH MANY COMMUNITY GROUPS, HEALTH DEPARTMENT, WORCESTER COUNTY SCHOOLS, TIDAL HEALTH, COMMUNITY PHYSICIANS TO IMPROVE HEALTH IN OUR COMMUNITY AND TO HELP PROVIDE SERVICES TO THOSE IN NEED. WE PARTICIPATE ON THE WORCESTER COUNTY LHIC (LOCAL HEALTH IMPROVEMENT COALITION). WE ALSO WORK WITH THESE GROUPS AND COMMUNITY PARTNERS TO OBTAIN GRANTS TO IMPROVE HEALTH AND OUTCOMES OF OUR COMMUNITY. OVER THE PAST TWO YEARS, WE HAVE BEEN ACTIVE PARTNERS IN THE REACH GRANT COLLABORATIVE. TIDALHEALTH IS THE LEAD ON THIS GRANT, WITH AGH, ALL THREE LOWER SHORE HEALTH DEPARTMENTS, CHESAPEAKE HEALTH CARE AND NUMEROUS OTHER COMMUNITY AGENCIES AS ACTIVE PARTNERS.</p> <p>WE WORK WITH MANY COMMUNITY ORGANIZATIONS TO IMPROVE HEALTH AND ADVOCATE FOR OUR COMMUNITY, ITS NEEDS AND WORK TO IMPROVE THE HEALTHCARE OPPORTUNITIES FOR OUR UNDERSERVED AREAS OF THE COMMUNITY. AS NOTED ABOVE, WE ARE PARTNERS IN THE REACH GRANT COLLABORATIVE (TIDAL HEALTH IS THE LEAD ON GRANT)-ADDRESSES OUTREACH/EDUCATION FOR MINORITY POPULATION RELATED TO HF, HTN AND DIABETES IN UNDERSERVED AREAS.</p> <p>WE CONTINUE TO BE OUT IN THE COMMUNITY WORKING TO IMPROVE HEALTH AS WELL AS WORKING WITH OTHER COUNTY AGENCIES TO PROVIDE WORKFORCE DEVELOPMENT AND WE ARE A MAJOR EMPLOYER IN THE COUNTY. WE HAVE NURSING STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES. WE HAVE A AS NURSE EXTERN PROGRAM , AS WELL AS AN INTERNAL CNA TRAINING PROGRAM. WE HAD THREE NURSING STUDENTS IN OUR POPULATION HEALTH DEPARTMENT FROM SALISBURY UNIVERSITY THIS YEAR. WE ALSO PRECEPTED NUMEROUS NURSES IN MASTERS LEVEL PROGRAMS THIS PAST YEAR.</p>
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	WE USE THE AGING REPORT FOR ACCOUNTS OVER 120 DAYS PLUS ACTUAL BAD DEBT WRITE OFFS
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	WE LOOKED AT THE PATINETS WHO WE PROVIDED FINANCIAL ASSISTANCE PAPERWORK SINCE IT WAS FELT THEY WOULD QUALIFY, BUT THEY DID NOT RETURN THE COMPLETED PAPERWORK. WE LOOKED AT THOSE ACCOUNTS TO SEE IF THEY WERE IN BAD DEBT AND INCLUDED ANY IN BAD DEBT IN THE CALCULATION

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH MANY DIFFERENT ACTIVITIES, STUDIES AND COLLABORATIONS WITH LOCAL GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS. THE HOSPITAL IS CURRENTLY WORKING UNDER THE STRATEGIC INITIATIVES WHICH WERE DEVELOPED FOR PLANNING THROUGH 2022. EACH YEAR, WITHIN THIS FRAMEWORK THE HOSPITAL MAKES PLANS FOR THE UPCOMING YEAR USING THE SWOT/GAP ANALYSIS MODEL. USING THIS MODEL THE LEADERSHIP TEAM MEETS WITH THE MEDICAL STAFF TO LOOK AT STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS TO PLAN FOR THE COMING FISCAL YEAR. THIS INFORMATION THEN GOES TO THE BOARD TO, ALONG WITH SENIOR LEADERSHIP, FINALIZE THE STRATEGIC INITIATIVES FOR THE COMING YEAR. USING THIS INFORMATION THE COMMUNITY BENEFITS COMMITTEE AND THE HEALTHY HAPPENINGS (VISIONS) ADVISORY COMMITTEE DETERMINE THE GOALS FOR THE COMING YEAR. THE DOCUMENTS USED BY THE HOSPITAL TO DETERMINE COMMUNITY NEEDS ARE: THE HEALTH ASSESSMENT PUBLICATION FROM THE HEALTH DEPARTMENT, LOCAL AGENCIES AND HOSPITALS, WORCESTER COUNTY LOCAL HEALTH PLAN, FY2023 LOCAL HEALTH IMPROVEMENT COALITIONS, MARYLAND SHIP, FY2023 TRI-COUNTY HEALTH PLANNING BOARD, STATE OF MARYLAND CANCER REGISTRY LATEST CENSUS UPDATE FEEDBACK FROM AREA PHYSICIANS AND COMMUNITY MEMBERS QUESTIONNAIRES AND EVALUATIONS FROM OUR COMMUNITY EVENTS NCR PICKER PATIENT EVALUATIONS AND FEEDBACK HOSPITAL PERCEPTION SURVEY 2022 IN ADDITION, INFORMATION REGARDING COMMUNITY HEALTH NEEDS IS OBTAINED AS A RESULT OF THE ORGANIZATION'S LEADERSHIP MEMBERS SITTING ON THE BOARDS OF MANY COMMUNITY ORGANIZATIONS, INCLUDING: LHIC, TCHIP, SART, SAFE, PLAY IT SAFE COMMITTEE, OCEAN CITY DRUG AND ALCOHOL ABUSE PREVENTION COMMITTEE, MHA ADVISORY BOARD, FAITH BASED COALITION, UNITED WAY, BLOOD BANK OF DELMARVA, LHIC, CHAMBERS OF COMMERCE OF TOWNS THROUGHOUT THE REGION, MANY HEALTH DEPARTMENT COUNCILS, MHA COMMITTEES, STATE HEALTH DEPARTMENT BOARDS, WE ALSO HAVE A HEALTHY HAPPENINGS (VISIONS) ADVISORY COMMITTEE COMPRISED OF COMMUNITY PROVIDERS OF HEALTH RELATED SERVICES INCLUDING TRADITIONAL AS WELL AS INTEGRATIVE HEALTH SERVICES. THROUGH THIS COMMITTEE WE CAN KEEP OUR FINGER ON THE PULSE OF THE AREA IN WHICH WE SERVE. THIS COMMITTEE GIVES US GREAT FEEDBACK ON SERVICES AND PROGRAMS THAT ARE NEEDED THOSE THAT ARE WORKING AND THOSE THAT AREN'T. IT IS THROUGH THIS COMMITTEE THAT PUTS ON A MAJOR HEALTH CONFERENCE EACH YEAR, WHICH PROVIDES HEALTH EDUCATION AS WELL AS SCREENINGS. WE MET WITH GREAT SUCCESS COMMUNITY HEALTH FAIRS. AND ACCORDING TO THE EVALUATIONS, WERE ABLE TO PROVIDE SERVICES TO PEOPLE WHO OTHERWISE WOULD NOT HAVE GOTTEN THEM. THE ORGANIZATION'S AUXILIARY VOLUNTEERS ARE ANOTHER GREAT RESOURCE FOR DETERMINING COMMUNITY HEALTH NEEDS. THE ORGANIZATION HAS OVER 400 AUXILIANS. THEY ARE ACTIVE ON MANY COMMITTEES WITHIN THE HOSPITAL AND ALSO REPRESENT THE HOSPITAL ON DIFFERENT COMMUNITY BOARDS. IN ADDITION, THE ORGANIZATION WORKS VERY CLOSELY WITH ITS LOCAL HEALTH DEPARTMENT TO PLAN SERVICES TO MEET COMMUNITY NEEDS AND DECREASE THE DUPLICATION OF SERVICES IN THE COMMUNITY. MEMBERS OF THE HOSPITAL STAFF SIT ON MANY COMMITTEES, COMMUNITY BOARDS, COMMUNITY COALITIONS, AND BOARDS OF THE LOCAL HEALTH DEPARTMENT.</p>
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>WE HAVE SIGNAGE THROUGHOUT THE HOSPITAL AS WELL AS HANDOUTS LOCATED IN DIFFERENT AREAS OF THE HOSPITAL. WE INFORM ADMITTED PATIENTS OF OUR POLICY AND HOW TO OBTAIN FINANCIAL ASSISTANCE FOR THOSE WHO QUALIFY. THE HOSPITAL ALSO EMPLOYS FINANCIAL COUNSELORS TO HELP GUIDE PATIENTS TO FINANCIAL AID SERVICES THEY MAY QUALIFY FOR AND ALL INPATIENTS ARE PROVIDED WITH A FINANCIAL ASSISTANCE APPLICATION IN THEIR DISCHARGE PACKET. SIGNAGE IS ALSO PRESENT IN OUR OUTPATIENT OFFICES AND TREATMENT AREAS.</p>
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>ATLANTIC GENERAL IS LOCATED IN WORCESTER COUNTY, WHICH IS THE EASTERNMOST COUNTY LOCATED IN THE U.S. STATE OF MARYLAND. WORCESTER COUNTY COMPRISES ATLANTIC GENERAL'S PRIMARY SERVICE AREA. WORCESTER COUNTY CONTAINS THE ENTIRE LENGTH OF THE STATE'S ATLANTIC COAST LINE. IT IS HOME TO THE POPULAR VACATION RESORT AREA OF OCEAN CITY. THE COUNTY IS APPROXIMATELY 60 MILES LONG. ACCORDING TO THE U.S. CENSUS BUREAU, THE COUNTY HAS A TOTAL AREA OF 695 SQUARE MILES OF WHICH, 473 SQUARE MILES OF IT IS LAND AND 221 SQUARE MILES OF IT IS WATER. ATLANTIC GENERAL IS LOCATED IN A NON-URBAN AREA OF WORCESTER COUNTY, 10 MILES FROM THE ATLANTIC OCEAN. THE 2023 CENSUS SHOWED A POPULATION OF THE COUNTY OF 54,171. THE LARGEST CONCENTRATION OF THE POPULATION IS IN THE NORTHERN PART OF THE COUNTY, WHICH IS WHERE THE OCEAN CITY RESORT AREA IS LOCATED, AS WELL AS THE BERLIN/OCEAN PINES AREA. THE AREA IS A MECCA FOR RETIREES WHO LIVE HERE FULL TIME OR DIVIDE THEIR TIME BETWEEN MARYLAND AND FLORIDA. ETHNICITY IS AS FOLLOWS: 83.3% WHITE, 12.5% BLACK OR AFRICAN AMERICAN, 0.4% AMERICAN INDIAN AND ALASKA NATIVE ALONE, 1.7% ASIAN ALONE, 3.9% HISPANIC OR LATINO. Y MEDIAN HOUSEHOLD INCOME OF RESIDENTS OF WORCESTER COUNTY \$76,689. THE PERCENTAGE OF RESIDENTS BELOW THE POVERTY LEVEL IS 8.4%. THE AVERAGE AGE OF THE RESIDENTS IS BROKEN DOWN AS FOLLOWS:</p> <p>2023 MALE POPULATION 26,598  2023 FEMALE POPULATION 27,573  2023 PERSONS UNDER 5 YEARS 2,112  2023 PERSONS UNDER 18 YEARS 9,155  2023 PERSONS 65 YEARS AND OLDER 15,709</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>THE ORGANIZATION'S GOVERNING BODY IS COMPOSED PRIMARILY OF INDEPENDENT MEMBERS FROM THE ORGANIZATION'S COMMUNITY. IN ADDITION, THE ORGANIZATION'S MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. ALL FINANCIAL SURPLUSES EARNED BY THE ORGANIZATION ARE USED TO ENHANCE THE ORGANIZATION'S PATIENT SERVICES, INCLUDING THROUGH THE UNDERTAKING OF VARIOUS COMMUNITY BENEFIT ACTIVITIES. THE ORGANIZATION UNDERTAKES NUMEROUS ACTIVITIES TO PROMOTE THE HEALTH OF ITS COMMUNITY. IN PARTICULAR, THE ORGANIZATION HAS IDENTIFIED A COMMUNITY NEED FOR ACCESS TO ADDITIONAL PHYSICIANS LOCATED IN THE COMMUNITY. IN ORDER TO MEET THIS IDENTIFIED COMMUNITY NEED, THE ORGANIZATION HAS DIRECTLY EMPLOYED NUMEROUS PHYSICIANS AT A SUBSTANTIAL COST TO THE ORGANIZATION.</p> <p>IN ADDITION, THE ORGANIZATION UNDERTAKES COMMUNITY BUILDING ACTIVITIES TO PROMOTE THE PROGRAMS THE ORGANIZATION OFFERS AND ASSURE THEY ARE REACHING THE TARGETED AUDIENCE. EXAMPLES OF THESE SPECIFIC ACTIVITIES WOULD BE THE SMALL NEIGHBORHOOD-TYPE HEALTH FAIRS IN WHICH WE ARE INVOLVED, AT WHICH EVENTS YOUNG PEOPLE ARE TARGETED AND NEEDS THAT ARE FILLED THROUGH OUR SPEAKERS BUREAU.</p> <p>OTHER INVOLVEMENT IN COMMUNITY BUILDING ACTIVITIES INCLUDE: OUR PARTICIPATION IN THE LOCAL SCHOOL MENTORING PROGRAMS IN WHICH OUR STAFF IS VERY ACTIVE. WE HAVE STUDENTS FROM OUR LOCAL HIGH SCHOOL WHO DO A SHADOWING PROGRAM THROUGHOUT ALL DEPARTMENTS OF OUR HOSPITAL. THIS HELPS THEM IN MAKING A CAREER CHOICE THROUGH EXPOSURE TO DIFFERENT JOBS IN THE HEALTH CARE ARENA.</p> <p>WE HAVE STAFF WHO REPRESENT THE HOSPITAL ON MANY CIVIC BOARDS SUCH AS ALL THE LOCAL AREA CHAMBERS, VARIOUS CIVIC GROUPS, AND THE LOCAL COUNTY SCHOOL BOARD. WE ALSO PARTICIPATE IN THE ACS RELAY FOR LIFE, KOMEN RACE, AND OUT OF THE DARKNESS.</p> <p>WE PROVIDE EMS TRAINING FOR THE LOCAL FIRE COMPANIES, MOST OF WHOM ARE VOLUNTEER STAFFED. WE OFFER AN EXCHANGE PROGRAM OF EQUIPMENT WHICH HELPS THEM WITH TRANSPORTS TO THE EMERGENCY DEPARTMENT.</p> <p>AGH WORKS WITH THE LOCAL FAITH BASED COMMUNITIES BY PROVIDING EDUCATION AND SERVICES TO THEIR CONGREGATIONS. WE HAVE A FAITH BASED MEDICAL HOME GROUP WHICH MEETS WITH CLERGY AND LAY HEALTH AMBASSADORS FROM THEIR HOUSES OF WORSHIP TO FUNNEL THE MESSAGE OF HEALTH AND WELLNESS TO THEIR PEOPLE.</p> <p>ALSO, PART OF OUR COMMUNITY BUILDING PROGRAM INCLUDES OUR PARTICIPATION IN DISASTER PREPAREDNESS. BECAUSE WE ARE GEOGRAPHICALLY LOCATED IN AN AREA OF EXTREME POTENTIAL DISASTER, ONLY 6 MILES FROM THE ATLANTIC OCEAN, WE WOULD BE THE SOURCE OF CARE AND PROTECTION FOR MANY IN THE AREA SHOULD A MAJOR HURRICANE HIT OUR AREA OF COASTLINE. PART OF THE HOSPITAL'S PROVISION FOR THE COMMUNITY IN SUCH A DISASTER WOULD BE TO PROVIDE CLEAN DRINKING WATER FOR THEM; THROUGH THE WATER PURIFICATION SYSTEM WHICH WE PREVIOUSLY PURCHASED AND INSTALLED WE HAVE THE ABILITY TO PROVIDE CLEAN WATER FOR NOT JUST OUR PATIENTS AND STAFF BUT FOR THE COMMUNITY AT LARGE.</p> <p>WE ALSO WORK CLOSELY WITH OUR LOCAL PUBLIC AND PRIVATE SCHOOLS TO OFFER EDUCATION PROGRAMMING. EACH YEAR WE HOST STUDENTS FOR OUR HOSPITAL TOURS. THIS SERVES TO INTRODUCE THEM TO THE SERVICES OF THE HOSPITAL IN HOPES THAT THEIR TRIP FOR SERVICES WILL NOT BE AS FRIGHTENING. MANY OF OUR ASSOCIATES SERVE ON VARIOUS BOARDS OF THE SCHOOL SYSTEM OFFERING OUR EXPERTISE. THROUGH OUR SPEAKER'S BUREAU WE SEND SPEAKERS INTO MANY CLASSROOMS FOR INSTRUCTION. THE INTEGRATED HEALTH LITERACY PROGRAM (IHLP) SERVES APPROXIMATELY 3,500 STUDENTS ACROSS WORCESTER COUNTY. CURRENTLY, THE PROGRAM IS IMPLEMENTED IN GRADES ONE THROUGH EIGHT COUNTY-WIDE. STUDENTS ARE TAUGHT FOUR HEALTH LESSONS THAT ARE INTEGRATED INTO THEIR CORE AREA (MATHEMATICS, SCIENCE, READING LANGUAGE ARTS, AND SOCIAL STUDIES) CURRICULUM. ALL LESSONS IN THE PROGRAM ARE TAUGHT BY CORE AREA CLASSROOM TEACHERS. THE IHLP TEAM EXPANDED THE PROGRAM TO INCLUDE A HIGH SCHOOL SENIOR HEALTH SURVEY. THE SURVEY WILL PROVIDE A BENCHMARK SINCE THOSE STUDENT SURVEYED HAD NOT PARTICIPATED IN THE IHLP. THE SURVEY WILL ENABLE THE IHLP TEAM TO EVALUATE THE IHLP LESSON HEALTH CONCEPTS RETAINED BY STUDENTS AS THEY GRADUATE. THE GOAL OF THE PROGRAM IS TO GRADUATE A HEALTH LITERATE ADULT.</p> <p>SOME ADDITIONAL SERVICES WHICH THE HOSPITAL PROVIDES FOR FREE TO THE COMMUNITY, WHICH PROMOTE HEALTH INCLUDE:</p> <ol style="list-style-type: none"> <li>1. LIVING WELL PROGRAM - THIS CHRONIC DISEASE SELF MANAGEMENT PROGRAM FROM STANFORD UNIVERSITY TEACHES PEOPLE HOW TO LIVE A BETTER LIFE IN THE MIDST OF THE LIMITATIONS CAUSED BY THEIR CHRONIC CONDITIONS.</li> <li>2. HYPERTENSION CLINICS - BLOOD PRESSURE SCREENINGS IN LOCAL PHARMACIES MONTHLY AS WELL AS AT MANY OTHER MEETINGS AND CONVENTIONS IN THE AREA. THESE HELP RESIDENTS MONITOR THEIR BLOOD PRESSURE AND RELIEVE SOME OVERCROWDING IN PHYSICIAN OFFICES. THIS ALLOWS US THE OPPORTUNITY TO PROVIDE ONE-ON-ONE TEACHING TO INDIVIDUALS.</li> <li>3. HEALTHFAIRS -THE HOSPITAL IS INVOLVED IN SEVERAL LARGE AND SMALL HEALTHFAIR EVENTS IN VARIOUS LOCATIONS THROUGHOUT THE YEAR. ONE SUCH EVENT IS A PARTNERSHIP WITH AARP/TOWN OF OCEAN CITY TO OFFER A FAIR WITH MANY SCREENINGS AND HEALTH INFORMATION. WE ALSO SPONSOR AN EDUCATIONAL AND SCREENING CONFERENCES THROUGHOUT THE YEAR LED BY THE HEALTHY HAPPENINGS COMMITTEE. THIS IS HELD IN VARIOUS LOCATIONS WITHIN OUR SERVICE AREA WHICH ALLOWS US TO PROVIDE FREE SERVICES TO THOSE WHO MIGHT NOT OTHERWISE BE ABLE TO ACCESS HEALTH CARE. WE ALSO PARTNER WITH MANY CHURCHES AND COMMUNITY GROUPS TO OFFER SMALL HEALTH FAIRS.</li> <li>4. WE PROVIDE EDUCATION IN WRITTEN FORM THROUGH LOCAL PUBLICATIONS (NEWSPAPERS AND MAGAZINES) AND OUR OWN ON CALL QUARTERLY PUBLICATION. MANY OF OUR PHYSICIANS PROVIDE ARTICLES FOR THESE.</li> <li>5. WE ALSO HAVE A SPEAKER'S BUREAU WHICH PROVIDES EDUCATIONAL PRESENTATIONS FOR AREA CIVIC GROUPS, BUSINESSES, CHURCHES, SCHOOLS AND CONVENTIONS WHICH ARE HELD IN OUR RESORT AREA.</li> </ol>

Return Reference - Identifier	Explanation
	<p>6. WE PROVIDE EDUCATION FOR THE LOCAL SCHOOLS THROUGH OUR HOSPITAL TOUR PROGRAM AND IHLP. THESE PROGRAMS ALLOW US TO SPREAD THE HEALTH MESSAGE AGAINST CHILDHOOD OBESITY TO THE YOUNGER GENERATION. INCLUDING A YOUTH SPEAKERS BUREAU FOR SCHOOL AGE AND ADOLESCENT HEALTH TOPICS.</p> <p>7. BEING IN A BEACH RESORT COMMUNITY THERE ARE MANY SPORTING EVENTS WHICH OCCUR LOCALLY. WE PARTICIPATE IN MANY OF THESE BY PROVIDING FIRST AID ON SITE FOR THOSE IN ATTENDANCE AND THOSE PARTICIPATING IN THE ACTIVITY.</p>
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	IN ADDITION TO OPERATING AN ACUTE CARE HOSPITAL THAT PROVIDES A 24 HOUR ER, ATLANTIC GENERAL HOSPITAL EMPLOYS A NETWORK OF PRIMARY CARE AND SPECIALIST PHYSICIANS THAT PROVIDE NEEDED HEALTH CARE SERVICES THROUGHOUT ATLANTIC GENERAL'S COMMUNITY, INCLUDING SERVING SOME OF THE HOSPITAL'S MORE RURAL AREAS. BECAUSE OF THE RURAL NATURE OF THE COMMUNITIES THE HOSPITAL SERVES, TRANSPORTATION FOR HEALTHCARE CAN BE CHALLENGING. BY LOCATING THESE EMPLOYED PHYSICIANS' OFFICES THROUGHOUT THE HOSPITAL'S SERVICE REGION, THE HOSPITAL IS ABLE TO HELP IMPROVE ACCESS TO PHYSICIANS' SERVICES FOR MEMBERS OF THE COMMUNITY.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	MD

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ATLANTIC GENERAL HOSPITAL

**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

**2023**

**Open to Public  
Inspection**

Employer identification number

52-1656507

**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. <div style="display: flex; justify-content: space-between;"> <div> <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           </div> <div> <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)           </div> </div>		
<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>1b</b>	
<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>2</b>	
<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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations           </div> <div> <input checked="" type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee           </div> </div>		
<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: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?           </div>	<b>4a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?           </div>	<b>4b</b>	✓
<div style="margin-left: 20px;"> <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?           </div> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	✓
<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: <div style="margin-left: 20px;"> <b>a</b> The organization?           </div>	<b>5a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?           </div> If "Yes" on line 5a or 5b, describe in Part III.	<b>5b</b>	✓
<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: <div style="margin-left: 20px;"> <b>a</b> The organization?           </div>	<b>6a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?           </div> If "Yes" on line 6a or 6b, describe in Part III.	<b>6b</b>	✓
<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>	✓
<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>	✓
<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>	



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RABINDRA PAUL PHYSICIAN	(i) 548,531	825,300	1,048	8,250	23,517	1,406,646	0
		(ii) 0	0	0	0	0	0	0
2	ALAE ZARIF PHYSICIAN	(i) 684,296	418,639	799	8,250	23,517	1,135,501	0
		(ii) 0	0	0	0	0	0	0
3	MICHAEL HOOKER PHYSICIAN	(i) 599,614	406,484	138	8,250	23,517	1,038,003	0
		(ii) 0	0	0	0	0	0	0
4	DONALD OWREY PRESIDENT & CEO	(i) 456,956	112,500	23,911	51,378	20,152	664,897	0
		(ii) 0	0	0	0	0	0	0
5	XIN ZHONG PHYSICIAN	(i) 389,746	242,045	54	8,250	23,472	663,567	0
		(ii) 0	0	0	0	0	0	0
6	JONATHAN BELL PHYSICIAN	(i) 482,144	98,936	804	8,250	18,694	608,828	0
		(ii) 0	0	0	0	0	0	0
7	CHERYL NOTTINGHAM VICE PRESIDENT OF FINANCE	(i) 192,414	16,502	979	5,314	15,085	230,294	0
		(ii) 0	0	0	0	0	0	0
8	KIM JUSTICE VICE PRESIDENT PLANNING AND OPERATIONS	(i) 78,202	113,989	841	5,870	18,694	217,596	0
		(ii) 0	0	0	0	0	0	0
9	JONATHAN BAUER VICE PRESIDENT OF INFORMATION SERVICES	(i) 174,440	13,428	421	5,756	23,472	217,517	0
		(ii) 0	0	0	0	0	0	0
10	MANDY BOUNDS VICE PRESIDENT OF PATIENT CARE	(i) 196,716	14,255	583	0	0	211,554	0
		(ii) 0	0	0	0	0	0	0
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						



**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

**2023**

**Open to Public  
Inspection**

Name of the organization

ATLANTIC GENERAL HOSPITAL

Employer identification number

52-1656507

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	MHHEFA SERIES A			09/01/2017	7,501,000			✓		✓		✓
<b>B</b>	MHHEFA SERIES B			09/01/2017	20,013,000			✓		✓		✓
<b>C</b>	MAYOR AND COUNCIL OF BERLIN, MD			09/01/2017	10,000,000			✓		✓		✓
<b>D</b>												

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	4,376,000							
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	7,501,000		20,013,000		10,000,000			
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .			402,264		127,523			
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .	3,125,000		5,340,103		8,500,563			
<b>11</b>	Other spent proceeds . . . . .								
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .								
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓		✓		
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓		✓		✓			
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓			

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

Cat. No. 50193E

Schedule K (Form 990) 2023

**Part III Private Business Use**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓		✓		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	%		%		%		%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	%		%		%		%	
<b>6</b> Total of lines 4 and 5 . . . . .	0.00 %		0.00 %		0.00 %		%	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓		✓		✓			

**Part IV Arbitrage**

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



<b>SCHEDULE O (Form 990)</b>  Department of Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2023</b> Open to Public Inspection
Name of the Organization <b>ATLANTIC GENERAL HOSPITAL</b>		Employer Identification Number <b>52-1656507</b>

Return Reference - Identifier	Explanation					
FORM 990, PART I, LINE 1 - BRIEF MISSION	INDIVIDUAL AND COMMUNITY HEALTH. WE ACCOMPLISH OUR MISSION THROUGH OUR SET OF VALUES, WHICH ARE HONORED IN ALL OUR INTERACTIONS.					
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE DIRECTOR OF FINANCE COMPILES THE NECESSARY INFORMATION FROM THE ORGANIZATION'S ACCOUNTING RECORDS, INFORMATION RECEIVED FROM THE FOUNDATION, AND INFORMATION RECEIVED FROM THE PATIENT BILLING OFFICE. THE COMPILED INFORMATION IS THEN SENT TO THE ORGANIZATION'S OUTSIDE TAX ACCOUNTANTS TO HELP PREPARE THE FORM 990. A DRAFT OF THE FORM 990 IS THEN REVIEWED BY THE DIRECTOR OF FINANCE, THE CFO, AND THE CEO OF THE ORGANIZATION AND ANY COMMENTS ARE REFLECTED IN A FURTHER REVISED DRAFT. PRIOR TO FILING THE FORM 990, THE LATEST VERSION OF THE FORM 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEW AND COMMENTS.					
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	IT IS THE POLICY OF ATLANTIC GENERAL HOSPITAL/HEALTH SYSTEM THAT MEMBERS OF THE BOARD OF DIRECTORS, THE HOSPITAL PRESIDENT, AND THE SENIOR LEADERSHIP STAFF WILL BE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT AND TO ADHERE TO THE CONFLICT OF INTEREST POLICY. THIS WILL BE SIGNED ANNUALLY IN OCTOBER. ALL CANDIDATES FOR BOARD MEMBERSHIP MUST BE ADVISED OF THIS POLICY PRIOR TO THEIR ELECTION TO THE BOARD.					
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE, A WRITTEN EMPLOYMENT CONTRACT, A COMPENSTION SURVEY OR STUDY AND AN APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.					
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE, A WRITTEN EMPLOYMENT CONTRACT, A COMPENSTION SURVEY OR STUDY AND AN APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.					
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>CHANGE IN INTEREST RATE SWAP</td><td>313,639</td></tr></table>		(a) Description	(b) Amount	CHANGE IN INTEREST RATE SWAP	313,639
(a) Description	(b) Amount					
CHANGE IN INTEREST RATE SWAP	313,639					
FORM 990, PART XII, LINE 2C: -	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.					



# **Atlantic General Hospital Corporation**

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

June 30, 2024 and 2023

Contents

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Financial Statements

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## **Independent Auditor's Report**

Board of Trustees  
Atlantic General Hospital Corporation  
Berlin, Maryland

### ***Opinion***

We have audited the financial statements of Atlantic General Hospital Corporation (the "Corporation"), which comprise the balance sheets as of June 30, 2024 and 2023, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Corporation as of June 30, 2024 and 2023, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

**Forvis Mazars, LLP**

**Tysons, Virginia  
October 28, 2024**



**Atlantic General Hospital Corporation**  
**Balance Sheets**  
**June 30, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 13,712,398	\$ 16,799,219
Investments	17,115,539	14,870,749
Patient accounts receivable, net	17,581,394	12,238,696
Supply inventories	3,019,333	3,332,558
Current portion of pledges receivable	75,450	151,920
Prepaid expenses and other current assets	3,981,831	4,437,730
	<hr/>	<hr/>
Total current assets	55,485,945	51,830,872
	<hr/>	<hr/>
Land, buildings, and equipment, net	53,031,665	54,321,471
	<hr/>	<hr/>
Right-of-use assets, operating leases	20,939,239	3,079,025
	<hr/>	<hr/>
<b>Other Assets</b>		
Assets whose use is limited		
Cash and cash equivalents restricted by donor	339,004	344,110
Cash and cash equivalents internally designated for an endowment	244,078	112,379
Investments internally designated for deferred compensation	2,996,420	3,949,691
Investments internally designated for an endowment	4,899,402	4,524,479
Noncurrent pledges receivable, net	64,105	700,804
Goodwill and intangible assets, net	1,106,427	1,332,674
Swap contracts	2,611,979	2,298,340
Other noncurrent assets	4,710,043	5,771,988
	<hr/>	<hr/>
Total other assets	16,971,458	19,034,465
	<hr/>	<hr/>
Total assets	<u>\$ 146,428,307</u>	<u>\$ 128,265,833</u>

See Notes to Financial Statements

**Atlantic General Hospital Corporation**  
**Balance Sheets**  
**June 30, 2024 and 2023**

**(Continued)**

	<b>2024</b>	<b>2023</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current Liabilities</b>		
Accounts payable and accrued expenses	\$ 11,569,505	\$ 9,791,052
Salaries, wages, and related items	7,148,980	7,362,751
Interest payable	140,970	118,349
Advances from third-party payors	2,974,351	2,623,732
Current portion of long-term obligations	2,035,002	1,751,624
Current portion of operating lease obligations	1,654,996	970,375
	<hr/>	<hr/>
Total current liabilities	25,523,804	22,617,883
<b>Noncurrent Liabilities</b>		
Long-term obligations, less current portion and net of unamortized debt issuance costs	37,133,952	34,548,759
Other liabilities	9,206,463	11,221,679
Long-term operating lease obligations	19,284,243	2,108,650
	<hr/>	<hr/>
Total liabilities	91,148,462	70,496,971
<b>Net Assets</b>		
Without donor restrictions		
General	49,890,314	51,943,066
Board-designated	4,910,972	4,628,962
With donor restrictions	478,559	1,196,834
	<hr/>	<hr/>
Total net assets	55,279,845	57,768,862
	<hr/>	<hr/>
Total liabilities and net assets	<u>\$ 146,428,307</u>	<u>\$ 128,265,833</u>

See Notes to Financial Statements

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**Atlantic General Hospital Corporation**  
**Statements of Operations**  
**Years Ended June 30, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>Operating Revenue</b>		
Net patient service revenue	\$ 148,046,685	\$ 146,247,385
Other operating revenue	15,026,620	10,489,234
<b>Total Operating Revenue</b>	<b>163,073,305</b>	<b>156,736,619</b>
<b>Operating Expenses</b>		
Salaries	73,733,679	74,262,733
Employee benefits and other related expenses	14,797,193	13,535,715
Professional fees and contracted services	12,943,909	13,636,210
Supplies and other expense	45,096,992	42,547,700
Utilities	2,113,624	1,905,582
Maintenance and repairs	9,615,014	8,711,372
Insurance	2,148,090	2,015,118
Interest	1,748,320	1,561,724
Depreciation	7,164,620	8,019,847
Amortization	226,248	226,836
<b>Total Operating Expenses</b>	<b>169,587,689</b>	<b>166,422,837</b>
<b>Loss from Operations</b>	<b>(6,514,384)</b>	<b>(9,686,218)</b>
<b>Other Income (Loss)</b>		
Investment income (loss)	3,760,134	(33,285)
Net unrealized (losses) gains	(427,665)	2,550,501
Change in fair value of swap contracts	313,639	1,621,631
Other	979,753	1,523,303
<b>Total Other Income</b>	<b>4,625,861</b>	<b>5,662,150</b>
<b>Deficit of Revenue and Gains over Expenses</b>	<b>\$ (1,888,523)</b>	<b>\$ (4,024,068)</b>

See Notes to Financial Statements

**Atlantic General Hospital Corporation**  
**Statements of Changes in Net Assets**  
**Years Ended June 30, 2024 and 2023**

	<b>2024</b>		
	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
<b>Net Assets, Beginning of Year</b>	\$ 56,572,028	\$ 1,196,834	\$ 57,768,862
Deficit of revenue and gains over expenses	(1,888,523)	-	(1,888,523)
Restricted contributions	-	226,260	226,260
Net assets released from restrictions used for operations	-	(826,754)	(826,754)
Net assets released from restrictions used for capital acquisitions	117,781	(117,781)	-
Changes in net assets	(1,770,742)	(718,275)	(2,489,017)
<b>Net Assets, End of Year</b>	<u>\$ 54,801,286</u>	<u>\$ 478,559</u>	<u>\$ 55,279,845</u>

  

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

See Notes to Financial Statements

**Atlantic General Hospital Corporation**  
**Statements of Cash Flows**  
**Years Ended June 30, 2024 and 2023**

**(Continued)**

	<b>2024</b>	<b>2023</b>
<b>Operating Activities</b>		
Change in net assets	\$ (2,489,017)	\$ (4,006,347)
Items not requiring (providing) cash		
Depreciation and amortization expense	7,390,868	8,246,683
Non-cash operating lease expense	1,623,432	1,078,514
Amortization of debt issuance costs	52,140	52,141
Recognition of change in fair value of swap contracts	(313,639)	(1,621,631)
Realized (gains) losses on sale of investments	(2,727,873)	650,132
Unrealized losses (gains) on trading portfolio	427,665	(2,550,501)
Donations and grants for capital acquisition	(117,781)	(1,921,068)
Changes in		
Decrease (increase) in		
Patient accounts receivable, net	(5,342,698)	816,397
Supply inventories	313,225	(157,795)
Prepaid expenses and other current assets	455,899	(63,878)
Other assets	1,775,113	1,834,748
Increase (decrease) in		
Accounts payable and accrued expenses	1,734,786	397,875
Salaries, wages, and related items	(213,771)	(2,244,938)
Interest payable	22,621	4,735
Advances from third-party payors	350,619	(5,231,598)
Operating lease obligations	(1,623,432)	(1,078,514)
Other liabilities	(2,015,216)	685,370
Net cash used in operating activities	<u>(697,059)</u>	<u>(5,109,675)</u>
<b>Investing Activities</b>		
Net sale (purchase) of investments	633,766	(3,356,948)
Purchase of land, buildings, and equipment	<u>(5,831,147)</u>	<u>(2,655,820)</u>
Net cash used in investing activities	<u>(5,197,381)</u>	<u>(6,012,768)</u>
<b>Financing Activities</b>		
Payments on long-term obligations	(1,944,661)	(1,695,490)
Proceeds from issuance of long-term obligations	4,761,092	-
Donations received restricted for capital acquisitions	<u>117,781</u>	<u>1,921,068</u>
Net cash provided by financing activities	<u>2,934,212</u>	<u>225,578</u>

See Notes to Financial Statements

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**Atlantic General Hospital Corporation**  
**Statements of Cash Flows**  
**Years Ended June 30, 2024 and 2023**

**(Continued)**

	<u><b>2024</b></u>	<u><b>2023</b></u>
<b>Net Change in Cash, Cash Equivalents, and Restricted Cash</b>	(2,960,228)	(10,896,865)
<b>Cash, Cash Equivalents, and Restricted Cash, Beginning of Year</b>	<u>17,255,708</u>	<u>28,152,573</u>
<b>Cash, Cash Equivalents, and Restricted Cash, End of Year</b>	<u><u>\$ 14,295,480</u></u>	<u><u>\$ 17,255,708</u></u>
 <b>Supplemental Cash Flow Disclosure</b>		
Interest paid	\$ 1,718,801	\$ 1,514,318
 <b>Noncash Supplemental Cash Flow Disclosure</b>		
Land, building, and equipment in accounts payable	\$ 43,667	\$ 2,746,475
Right-of-use assets obtained in exchange for new operating lease liabilities	\$ 19,483,646	\$ -
Capital lease obligation for the acquisition of equipment	\$ -	\$ 1,005,050

See Notes to Financial Statements

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## **Note 1. Organization and Nature of Activities**

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

## **Note 2. Summary of Significant Accounting Policies**

### ***Use of Estimates***

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

### ***Basis of Presentation***

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

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

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

### ***Cash and Cash Equivalents***

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

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

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

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents, classified as a current asset	\$ 13,712,398	\$ 16,799,219
Amounts restricted by donor	339,004	344,110
Amounts internally designated for an endowment	<u>244,078</u>	<u>112,379</u>
Total cash and cash equivalents (as reported in the accompanying statements of cash flows)	<u>\$ 14,295,480</u>	<u>\$ 17,255,708</u>

***Investments***

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

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

***Patient Accounts Receivable***

Patient accounts receivable are reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered. Patient accounts receivable include Hospital and physician charges for accounts due from Medicare, Maryland Medical Assistance ("Medicaid"), CareFirst, commercial and managed care insurers, and self-paying patients. Deducted from patient accounts receivable are estimates of implicit price concessions for the excess of charges over the payments on patient accounts to be received from third party payors and uncollectible amounts related to self-paying patients. These estimates are calculated by management based on historical collection experience and the aging of accounts receivable balances.

The Hospital performs periodic assessments to determine if an allowance for expected credit losses is necessary. The Hospital considers its incurred loss experience and adjusts for known and expected events and other circumstances. In estimating its expected credit losses, the Hospital may consider changes in the length of time its receivables have been outstanding, changes in credit ratings for payors, requests from payors to alter payment terms due to financial difficulty, and notices of payor bankruptcies or payors entering receivership. Because the Hospital's accounts receivables are typically paid for by highly-solvent, creditworthy payors, such as Medicare, other governmental programs, and highly-regulated commercial insurers on behalf of the patient, the Hospital's credit losses are immaterial to the financial statements.

***Supply Inventories***

Supply inventories consists primarily of drugs and medical supplies and are stated at the lower of cost or net realizable value, as determined principally by the first-in, first-out method.

***Pledges Receivable***

Unconditional promises to give cash and others assets are recorded at fair value in the year that they are made net of allowance for uncollectible accounts and discounted to their present value. As of June 30, 2024, promises to give that are expected to be received in less than one year total \$75,450 and one to five years total \$64,105. The allowance for doubtful accounts for pledges receivable was \$62,562 and \$120,055 at June 30, 2024 and 2023, respectively. The promises to give in future years are discounted in the amount of \$178,958 at a rate of 5.758% at June 30, 2023. The discount for pledges receivable as of June 30, 2024 is not significant.



### ***Prepaid Expenses and Other Current Assets***

Prepaid expenses and other current assets consist primarily of prepaid expenditures for insurance and other contract services and other miscellaneous receivables. Prepaid expenditures paid in the current or prior fiscal years and benefiting more than one accounting period are allocated among accounting periods.

### ***Land, Buildings, and Equipment, Net***

Land, buildings, and equipment are recorded at cost, including net interest on related borrowings capitalized during periods of construction. Donated items are recorded at fair value at the date of the donation. Expenditures that materially increase values, change capacities, or extend useful lives are capitalized. The carrying amounts of significant assets sold, retired, or otherwise disposed of and the related allowances for depreciation are eliminated from the accounts.

Depreciation, which includes amortization of equipment under financing leases, is recorded on the straight-line basis using the half-year convention over the estimated useful lives (or lease term if shorter) of 10 to 40 years for buildings and improvements and 3 to 10 years for equipment. Any acquisitions from July 1, 1999 and forward that are in excess of \$100,000 are depreciated on the straight-line basis without using the half-year convention.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from revenue and gains in excess of expenses and losses. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

### ***Leases***

At lease inception, the Corporation determines whether an arrangement is or contains a lease. Operating leases are included in right-of-use ("ROU") assets – operating leases, current portion of operating lease obligations, and long-term operating lease obligations in the accompanying balance sheets. Finance leases are included in land, buildings and equipment, current portion of long-term obligations, and long-term obligations in the accompanying balance sheets. ROU assets represent the Corporation's right to use leased assets over the term of the lease. Lease liabilities represent the Corporation's contractual obligation to make lease payments over the lease term.

For operating leases, ROU assets and lease liabilities are recognized at the commencement date. The lease liability is measured at the present value of the lease payments over the lease term. The Corporation elected the practical expedient to use the risk-free discount rate. Operating ROU assets are calculated as the present value of the lease payments plus initial direct costs and any prepayments less any lease incentives received. Lease terms may include renewal or extension options to the extent they are reasonably certain to be exercised. The assessment of whether renewal or extension options are reasonably certain to be exercised is made at lease commencement. Factors considered in determining whether an option is reasonably certain of exercise include, but are not limited to, the value of any leasehold improvements, the value of renewal rates compared to market rates and the presence of factors that would cause a significant economic penalty to the Corporation if the option were not exercised. The Corporation has elected not to recognize a ROU asset and obligation for leases with an initial term of twelve months or less. The expense associated with short-term leases is included in supplies and other expense in the accompanying statements of operations. Variable lease costs include common area maintenance costs and represent non-lease components. As such, these costs are not included in the lease obligation calculation and are expensed as incurred.

For finance leases, after lease commencement, the lease liability is measured on an amortized cost basis and increased to reflect interest on the liability and decreased to reflect the lease payment made during the period. Interest on the lease liability is determined each period during the lease term as the amount that results in a constant period discount rate on the remaining balance of the liability. The ROU asset is subsequently measured at cost, less any accumulated amortization and any accumulated impairment losses. Amortization on the ROU asset is recognized over the period from the commencement date to the earlier of (1) the end of the useful life of the ROU asset, or (2) the end of the lease term. The discount rate used by the Corporation for finance leases is generally the incremental borrowing rate, as most such leases do not provide a readily determinable implicit interest rate. To the extent a lease arrangement includes both lease and non-lease components, the components are not accounted for separately.

### ***Goodwill***

Goodwill represents the excess of the cost over the fair value of the identified net assets of acquired businesses. The Corporation evaluates goodwill for impairment at the entity level. Goodwill is tested for impairment only when a triggering event occurs, or circumstances change that indicate the fair value of the entity may be less than its carrying value. Goodwill is amortized over a period of 10 years (or less).

### ***Net Assets***

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

#### ***Net Assets without Donor Restrictions***

Net assets available for use in general operations and not subject to donor restrictions. All revenue without donor restrictions and donor restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

#### ***Board-Designated Net Assets without Donor Restrictions***

Net assets without donor restrictions include amounts designated by the Board of Trustees for a particular purpose. The Board of Trustees may remove or modify the designations at any time. The board-designated assets were a result of the Hospital being named beneficiary in a portion of an estate pursuant to a will in 2001. The Board of Trustees has determined that any investment income on the endowment will be internally designated by using a three-year rolling average market value method, of which 3% annually can be used to fund physician practice development.

#### ***Net Assets with Donor Restrictions***

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

### ***Third-Party Advances***

The Hospital receives advances from third-party payors to provide working capital for services rendered to the beneficiaries of such services. These advances are subject to periodic adjustment and are principally determined based on the timing difference between the provision of care and the anticipated payment date of the claim for service.

### ***Charity Care and Other Community Services***

The Hospital provides care to patients who meet certain criteria under its financial assistance policy without charge or at amounts less than its established rates. Such patients are identified based on financial information obtained from the patient (or their guarantor) and subsequent analysis and use of the federal poverty limits as guidelines. Since the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as a component of net patient service revenue or net patient accounts receivable.

The cost of charity care provided by the Hospital totaled \$647,073 and \$720,246 for the years ended June 30, 2024 and 2023, respectively. Rates charged by the Hospital for regulated services are determined based on an assessment of direct and indirect cost calculated pursuant to the methodology established by the Maryland Health Services Cost Revision Commission ("HSCRC"). For any charity services rendered by the Hospital, the cost of charity care is calculated by applying the estimated total cost-to-charge ratio for the Hospital services to the total amount of charges for services provided to patients benefitting from the charity care policies of the Hospital.

A Maryland hospital either receives payments from or makes payments to the HSCRC with respect to an Uncompensated Care Fund ("UCC") established for rate-regulated hospitals in Maryland. The UCC is intended to provide Maryland hospitals with funds to support the provision of uncompensated care at those hospitals. The Hospital received net payments from the UCC of \$796,724 for the year ended June 30, 2024 and made net payments to the UCC of \$93,842 for the year ended June 30, 2023.

The HSCRC requires all Maryland hospitals to complete and submit a Community Benefit Report annually on December 15th for the preceding fiscal year. The Hospital's Community Benefit Report for the years ended June 30, 2023 and 2022 reported \$8,044,005 and \$6,329,065, respectively (unaudited), in community benefit services.

### ***Statements of Operations***

For purposes of display, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as revenue or expenses, as applicable. Peripheral or incidental transactions are reported as other income or losses, as applicable.

### ***Other Operating Revenue***

The majority of other operating revenue is derived from retail pharmacy sales and revenue from the Maryland Primary Care Program ("MDPCP"). During 2024 and 2023, the Corporation generated pharmacy revenue totaling \$11,251,749 and \$6,457,742, respectively and MDPCP revenue totaling \$2,117,195 and \$2,353,816, respectively. Other operating revenue also includes grant income, rental income, cafeteria income, rebates, physician billing fees, medical home revenue, and other miscellaneous income.

### ***Advertising and Marketing Costs***

The Corporation expenses advertising and marketing costs as they are incurred. Advertising and marketing expenses were approximately \$1,653,000 and \$1,610,000 for the fiscal years ended June 30, 2024 and 2023, respectively, and are reported as supplies and other expense in the accompanying statements of operations. No advertising or marketing costs have been capitalized in the accompanying balance sheets.

### ***Deficit of Revenue and Gains Over Expenses***

The statements of operations include deficit of revenue and gains over expenses. Changes in net assets without donor restrictions, which are excluded from deficit of revenue and gains over expenses, consistent with industry practice, include contributions of (and assets released from donor restrictions related to) long-lived assets and other items that are required by accounting principles generally accepted in the United States of America to be reported separately.

### ***Tax-Exempt Status***

The Corporation is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code as a public charity. Federal tax law requires that the Corporation be operated in a manner consistent with its initial exemption application in order to maintain its exempt status. Management has analyzed the operations of the Corporation and concluded that it remains in compliance with the requirements for exemption. The state in which the Corporation operates also provides general exemption from state income taxation for organizations that are exempt from federal income taxation. However, the Corporation is subject to both federal and state income taxation at corporate tax rates on its unrelated business income. Exemption from other state taxes, such as real and personal property taxes, is separately determined.

Current accounting standards define the threshold for recognizing uncertain income tax return positions in the financial statements as “more likely than not” that the position is sustainable, based on technical merits, and also provide guidance on the measurement, classification, and disclosure of tax return positions in the financial statements. Management believes there is no impact on the Corporation’s accompanying financial statements related to uncertain income tax provisions.

### ***Maryland Health Services Cost Review Commission .***

Patient service revenue is recorded at rates established by the HSCRC. The Hospital entered into the Global Budget Revenue (“GBR”) agreement with the HSCRC. The GBR agreement renews each year for a one-year period unless it is cancelled by the HSCRC or by the Hospital. The GBR agreement provides the Hospital with a fixed revenue amount (“CAP”) under which it must operate each year. The CAP is adjusted annually for inflation, change in the Hospital’s payor mix and uncompensated care, change in population and quality incentives. The Corporation’s policy is to accrue revenue based on actual charges for services to patients in the year in which the services are performed and billed. Overcharges and undercharges are recouped in succeeding years through the HSCRC’s rate setting methodology.

### ***New Accounting Standard***

Effective July 1, 2023, the Corporation adopted Accounting Standards Update (“ASU”) 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended, which replaces the incurred loss with an expected loss methodology that is referred to as the current expected credit loss (“CECL”) methodology. The measurement of expected credit losses under CECL is applicable to financial assets measured at amortized cost, including loan receivables and held-to-maturity debt securities. It also applies to certain qualifying insurance receivables and reinsurance recoveries and receivables. This accounting standard did not have a material impact on the financial statements.

### ***Subsequent Events***

In preparing these financial statements, the Corporation has evaluated events and transactions for potential recognition or disclosure through October 28, 2024, the date the financial statements were available to be issued.

## **Note 3. Net Patient Service Revenue**

Management has determined that the Corporation has an unconditional right to payment only subject to the passage of time for services provided to date based on just the need to either finalize billing for such services (i.e., charge lag) or to discharge the patient and bill for such services for patients who are still receiving inpatient care in the Corporation’s facilities at the statement of financial position date. Accordingly, the Corporation accrues revenue and the related accounts receivable for services performed but not yet billed at the balance sheet date for in-house patients. Thus, management has determined that Corporation does not have any amounts that should be reflected separately as contract assets.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

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The Corporation elected certain available practical expedients under FASB ASU 2014-09, *Revenue from Contracts with Customers* (ASC 606). First, the Corporation elected the practical expedient that allows nonrecognition of the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Corporation's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Corporation does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the respective contracts. Additionally, the Corporation has applied the practical expedient whereby all incremental customer contract acquisition costs are expensed as they are incurred, as the amortization period of the asset that the Corporation otherwise would have recognized is one year or less in duration.

Estimated uncollectible amounts from patients are considered implicit price concessions (as defined in Topic 606) and, therefore, included in net patient service revenue in the accompanying financial statements.

The Corporation routinely obtains assignments of (or is otherwise entitled to receive) patient benefits receivable under their health insurance programs, plans or policies (i.e., third-party payors). Third-party payors include both government payors, which include Medicare, Medicaid, and management care organizations, and commercial insurance carriers. Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of payment arrangements with third-party payors, by service type, is as follows:

- Global budget revenue – the Corporation has entered into agreements by which the third-party payors pay a percentage of approved Maryland HSCRC charges. A reduced percentage can be obtained if the payor advances a certain amount of working capital.
- Physician practice services – Corporation has entered into agreements by which the third-party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.
- Regional cancer center revenue – Corporation has entered into agreements by which the third-party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.
- Unregulated hospital patient revenue - the Corporation has entered into agreements by which the third-party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.

Performance obligations are determined based on the nature of the services provided by the Corporation. Revenue for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected (or actual) charges. The Corporation believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in our hospitals receiving services over multiple days. The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time are generally recognized when goods or services are provided and the Corporation does not believe it is required to provide additional services to the patient. Generally, performance obligations satisfied at a point in time relate to patients receiving outpatient services in a single day. The Corporation measures the performance obligation from the commencement of the outpatient service to the point when it is no longer required to provide services to that patient, which is generally the completion of the outpatient service.

All of the Corporation's performance obligations generally relate to contracts with a duration of less than one year, therefore the Corporation has elected to apply the optional exemptions provided under applicable standards and as a result is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

Generally, patients who are covered by third party payors are responsible for related deductibles and coinsurance, which vary in amount. The Corporation also provides services to uninsured patients, and offers those uninsured or underinsured patients financial assistance, by either policy or law, from standard charges. The Corporation estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions.

The initial estimate of the transaction price is determined by reducing the standard charges by any explicit price concession, financial assistance, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Consistent with the Corporation's mission, care is provided to patients regardless of their ability to pay. Therefore, the Corporation has determined it has provided implicit price concessions to uninsured patients and other patient balances (for example, copays and deductibles). The Corporation aggregates revenue from contracts with customers by type of service and payor source.

Net patient service revenue disaggregated by service type are as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Global budget revenue	\$ 111,955,306	\$ 106,510,605
Physician services revenue	23,653,466	26,733,299
Regional cancer center revenue	11,680,655	12,060,981
Unregulated hospital revenue	<u>757,258</u>	<u>942,500</u>
Total	<u>\$ 148,046,685</u>	<u>\$ 146,247,385</u>

Net patient service revenue disaggregated by payor are as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Medicare	\$ 61,753,270	\$ 60,503,096
Medicaid	15,311,233	16,667,168
Commercial insurance and HMOs	13,073,500	10,932,708
CareFirst	18,668,567	16,947,230
Self-pay and others	<u>3,148,736</u>	<u>1,460,403</u>
	111,955,306	106,510,605
Physician services revenue	23,653,466	26,733,299
Regional cancer center revenue	11,680,655	12,060,981
Unregulated hospital revenue	<u>757,258</u>	<u>942,500</u>
Total	<u>\$ 148,046,685</u>	<u>\$ 146,247,385</u>

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

The following table presents the details of net patient service revenue for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Gross charges	\$ 213,577,493	\$ 212,159,776
Price concessions		
Explicit price concessions	(56,313,677)	(58,995,374)
Implicit price concessions	(8,092,362)	(5,605,301)
Charity care	<u>(1,124,769)</u>	<u>(1,311,716)</u>
Net patient service revenue	<u>\$ 148,046,685</u>	<u>\$ 146,247,385</u>

The following presents the beginning and ending balances of net patient accounts receivables as of June 30, 2024 and 2023:

Patient accounts receivables, net as of July 1, 2022	\$ 13,055,093
Patient accounts receivables, net as of June 30, 2023	12,238,696
Patient accounts receivables, net as of July 1, 2023	\$ 12,238,696
Patient accounts receivables, net as of June 30, 2024	17,581,394

#### **Note 4. Investments**

The composition of investments is as follows at June 30:

	<u>2024</u>	<u>2023</u>
Investments		
Common stock	\$ 2,557,510	\$ 2,475,250
Mutual funds - deferred compensation assets	2,996,420	3,949,691
Mutual funds – alternative investments	649,231	-
Mutual funds - equities	11,638,781	13,398,624
Mutual funds - fixed maturity	<u>7,169,419</u>	<u>3,521,354</u>
	25,011,361	23,344,919
Investments internally designated for an endowment	(4,899,402)	(4,524,479)
Investments internally designated for deferred compensation	<u>(2,996,420)</u>	<u>(3,949,691)</u>
Undesignated investments	<u>\$ 17,115,539</u>	<u>\$ 14,870,749</u>

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

	<u>2024</u>	<u>2023</u>
Interest and dividends	\$ 1,032,261	\$ 616,847
Realized gains (losses)	<u>2,727,873</u>	<u>(650,132)</u>
	<u>\$ 3,760,134</u>	<u>\$ (33,285)</u>

### ***Fair Value Measurements***

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

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

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

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of the timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the immediate settlement of the financial asset. Fair values of common stock and mutual funds have been determined by the Corporation from observable market quotations, when available. Private placement securities and other equity securities where a public quotation is not available are valued by using broker quotes.

The fair values of the Corporation's interest rate swap contracts are based on the proprietary model of a third-party valuation specialist. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the swap and considers the credit risk of the Corporation and the counterparty. The method used to determine the fair value calculates the estimated future payments required by the swap and discounts these payments using an appropriate discount rate. The value represents the estimated exit price that the Corporation would pay to terminate the agreement.



**Atlantic General Hospital Corporation**  
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The following table presents the Corporation's fair value hierarchy for assets measured at fair value on a recurring basis:

	<u>Fair Value</u>	<u>Fair Value Measurements at June 30, 2024</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds				
Fixed maturity				
Taxable bond fund	\$ 6,842,208	\$ 6,842,208	\$ -	\$ -
Taxable high-yield funds	327,211	327,211	-	-
Equities				
International emerging markets	1,430,125	1,430,125	-	-
International developed	1,856,356	1,856,356	-	-
U.S. large/mid-cap	7,962,502	7,962,502	-	-
U.S. small-cap	389,798	389,798	-	-
Alternatives	649,231	649,231	-	-
Deferred compensation assets	2,996,420	2,996,420	-	-
Common Stocks				
Consumer discretionary	261,672	261,672	-	-
Energy	58,776	58,776	-	-
Consumer staples	61,933	61,933	-	-
Financials	270,369	270,369	-	-
Healthcare	276,661	276,661	-	-
Industrials	402,966	402,966	-	-
Communication services	42,254	42,254	-	-
Information technology	306,253	306,253	-	-
Real estate	29,448	29,448	-	-
Utilities	29,152	29,152	-	-
Materials	56,153	56,153	-	-
Total investments	24,249,488	24,249,488	-	-
Interest rate swaps assets	2,611,979	-	2,611,979	-
Investments at fair value	<u>\$ 26,861,467</u>	<u>\$ 24,249,488</u>	<u>\$ 2,611,979</u>	<u>\$ -</u>

Certain investments that were measured at cost have not been classified in the fair value hierarchy. As of June 30, 2024, the costs of these investments were \$761,873. There were no significant transfers between fair value hierarchy levels for the year ended June 30, 2024.

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The following table presents the Corporation's fair value hierarchy for assets measured at fair value on a recurring basis:

	<u>Fair Value</u>	<u>Fair Value Measurements at June 30, 2023</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds				
Fixed maturity				
Taxable bond fund	\$ 2,971,554	\$ 2,971,554	\$ -	\$ -
Taxable high-yield funds	549,800	549,800	-	-
Equities				
International emerging markets	835,601	835,601	-	-
International developed	4,389,042	4,389,042	-	-
U.S. large/mid-cap	6,250,441	6,250,441	-	-
U.S. REIT funds	272,631	272,631	-	-
U.S. small-cap	1,428,694	1,428,694	-	-
Commodities	222,215	222,215	-	-
Deferred compensation assets	3,949,691	3,949,691	-	-
Common Stocks				
Consumer discretionary	213,878	213,878	-	-
Energy	39,639	39,639	-	-
Consumer staples	94,331	94,331	-	-
Financials	220,932	220,932	-	-
Healthcare	237,143	237,143	-	-
Industrials	159,784	159,784	-	-
Communication services	134,429	134,429	-	-
Information technology	489,023	489,023	-	-
Real estate	30,561	30,561	-	-
Utilities	31,049	31,049	-	-
Materials	62,346	62,346	-	-
Total investments	22,582,784	22,582,784	-	-
Interest rate swaps assets	2,298,340	-	2,298,340	-
Investments at fair value	<u>\$ 24,881,124</u>	<u>\$ 22,582,784</u>	<u>\$ 2,298,340</u>	<u>\$ -</u>

Certain investments that were measured at cost have not been classified in the fair value hierarchy. As of June 30, 2023, the costs of these investments were \$762,135. There were no significant transfers between fair value hierarchy levels for the year ended June 30, 2023.

## Note 5. Land, Buildings, and Equipment

Land, buildings, and equipment are comprised of the following as of June 30:

	<u>2024</u>	<u>2023</u>
Land, buildings, and improvements	\$ 68,894,058	\$ 63,068,979
Fixed equipment	30,610,137	30,086,219
Movable equipment	61,175,311	58,087,554
Finance lease equipment	<u>5,356,868</u>	<u>5,356,868</u>
	166,036,374	156,599,620
Less: accumulated depreciation	<u>(113,792,840)</u>	<u>(106,628,220)</u>
	52,243,534	49,971,400
Construction in process	<u>788,131</u>	<u>4,350,071</u>
	<u>\$ 53,031,665</u>	<u>\$ 54,321,471</u>

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Accumulated amortization on leased equipment totaling \$4,187,763 and \$3,527,164 is included in the balance of accumulated depreciation as of June 30, 2024 and 2023, respectively. Amortization expense associated with finance lease equipment was \$660,599 and \$678,902 for the years ended June 30, 2024 and 2023, and is included in depreciation expense in the accompanying statements of operations.

**Note 6. Non-Current Liabilities**

Long-term debt comprised of the following as of June 30:

	<u>2024</u>	<u>2023</u>
2023 construction loan	\$ 4,587,703	\$ -
2017 Series A Bond	3,125,000	4,079,000
2017 Series B Bond	20,013,000	20,013,000
2017 Series Mayor and Council of Berlin Hospital Revenue Bond (Atlantic General Hospital Facility)	10,000,000	10,000,000
2014 commercial mortgage loan	135,203	267,804
2015 commercial mortgage loan	442,039	470,585
2016 commercial loan	96,268	147,594
Finance leases payable, with interest ranging from 3.00% to 6.67%, secured by selected equipment.	<u>1,203,953</u>	<u>1,808,752</u>
Total long-term debt	39,603,166	36,786,735
Net unamortized debt issuance costs	(434,212)	(486,352)
Current portion	<u>(2,035,002)</u>	<u>(1,751,624)</u>
	<u>\$ 37,133,952</u>	<u>\$ 34,548,759</u>

Maturities of long-term debt, including finance leases, are as follows for years ending June 30:

	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>Thereafter</u>
Future minimum lease payments	\$ 528,358	\$ 412,791	\$ 341,069	\$ 19,548	\$ -	\$ -
Interest	<u>(54,036)</u>	<u>(32,390)</u>	<u>(11,278)</u>	<u>(109)</u>	<u>-</u>	<u>-</u>
	474,322	380,401	329,791	19,439	-	-
Notes/loans payable	488,983	358,508	333,516	351,775	371,043	3,357,388
Bonds payable	<u>984,000</u>	<u>1,009,000</u>	<u>1,041,000</u>	<u>1,071,000</u>	<u>1,108,000</u>	<u>27,925,000</u>
	<u>1,472,983</u>	<u>1,367,508</u>	<u>1,374,516</u>	<u>1,422,775</u>	<u>1,479,043</u>	<u>31,282,388</u>
	<u>\$ 1,947,305</u>	<u>\$ 1,747,909</u>	<u>\$ 1,704,307</u>	<u>\$ 1,442,214</u>	<u>\$ 1,479,043</u>	<u>\$ 31,282,388</u>

**Swap Agreements**

During 2018, the Corporation obtained a new swap agreement connected with the revenue bonds. The fair value of the swap agreements as of June 30, 2024 and 2023 (as determined after consultation with investment hedging consultants), based on the present value of cash flow differences over the lives of the swap agreements between the interest rate calculated on the swap agreements at inception and rates available on similar swap agreements is \$2,611,979 and \$2,298,340, respectively. Payments made to the counterparty to the swap agreements totaled \$1,420,685 and \$1,404,975 for the years ended June 30, 2024 and 2023, respectively. These amounts include interest due on both the bonds and swap agreements. The Corporation is exposed to credit loss in the event of nonperformance by the counterparty on the swap agreements but does not anticipate nonperformance by the counterparty.

### ***2014 Commercial Mortgage Loan***

On May 23, 2014, the Corporation obtained a \$1,950,000 commercial mortgage from the Bank of Ocean City for the purposes of purchasing a medical office building. The loan is collateralized by a mortgage lien against the building. Principal and interest payments of \$11,810 are made monthly based on an interest rate of 3.99% and the loan matures on May 23, 2034.

### ***2015 Commercial Mortgage Loan***

On June 30, 2015, the Corporation obtained a \$680,000 commercial mortgage from the Bank of Ocean City for the purposes of purchasing a condominium unit in the medical office building. The loan is collateralized by a mortgage lien against the condominium. Principal and interest payments of \$4,118 are made monthly based on an interest rate of 3.99% and the loan matures on June 30, 2035.

### ***2016 Commercial Loan***

On March 1, 2016, the Corporation obtained a \$452,208 loan from an unrelated third party pertaining to leasehold improvements associated with a medical office building. Principal and interest payments of \$4,797 are made monthly based on an interest rate of 5.00% and the loan matures on March 1, 2026.

### ***2017 Series Revenue Bonds***

On September 1, 2017, pursuant to a loan and financing agreement (the 2017 Loan and Financing Agreement) between the Corporation, (the "Issuer"), and M&T Bank (the "Lender"), the Issuer issued the Hospital Revenue Bonds (Atlantic General Hospital Facility) 2017 Series A in the amount of \$7,501,000 and Series B in the amount of \$20,013,000. The Series A Bond proceeds were to refund a portion of the 2010 Series Revenue Bonds and to refinance a portion of the 2008 Commercial Mortgage Loan. The Series B Bond was issued in the maximum principal amount of \$20,013,000 in order to finance the 2017 Project, consisting of building renovations and equipment acquisitions, to refund a portion of the 2001 Series Refunding Revenue Bonds, 2002 Series Revenue Bonds, and 2010 Series Revenue Bonds, and to refinance a portion of the 2008 Commercial Mortgage Loan.

The financing requires monthly payments by the Corporation directly to the Lender sufficient to meet the principal and interest requirements of the 2017 Series A and Series B Bonds through their maturity on July 1, 2027, and March 3, 2042, respectively. Interest payments for Series A and Series B Bonds began on October 1, 2017. Principal and interest payments for Series A began September 3, 2019, with any outstanding interest and principal due July 1, 2027. Principal and interest payments for Series B are to begin August 2, 2027, with any outstanding interest and principal due March 3, 2042.

The Series 2017 Bonds bore interest at the respective index floating rates applicable to the bonds, excluding the immediately succeeding interest payments date, in which the interest rates were 2.21% and 2.45% for Series A and B, respectively. Thereafter, the index floating rate was determined by the London Interbank Offered Rate ("LIBOR") Interest Period. On April 11, 2023, the bonds were amended to base the index floating rate on the Term Secured Overnight Financing Rate ("SOFR"). The interest rates as of June 30, 2024 and 2023 for the 2017 Series A bonds were 6.11% and 5.87%, respectively. The interest rates as of June 30, 2024 and 2023 for the 2017 Series B bonds were 6.66% and 6.41%, respectively.

Each Series 2017 Bond is subject to redemption at the option of Maryland Health and Higher Educational Facilities Authority ("MHHEFA") upon the request of the Corporation, on any date upon not less than five days' notice to the lender, at a redemption price of 100% of the principal amount of the bond redeemed plus accrued interest to the redemption date. The Bonds may also be redeemed at the option of MHHEFA upon the request of the Corporation through purchase at a price equal to 100% of the principal amount of the bond plus accrued interest on the date set for redemption.

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On September 1, 2017, the Corporation also entered into a financing agreement with the Mayor and Council of Berlin and the Lender for a 2017 Taxable Bond in the amount of \$10,000,000 to finance the 2017 Project. The 2017 Taxable Bond bore interest at the index floating rate, excluding the immediately succeeding interest payment date, in which the interest rate was 2.36%. Thereafter, the index floating rate was determined by the LIBOR Interest Period. On May 3, 2023, the bond was amended to base the index floating rate on the Term SOFR. The interest rates as of June 30, 2024 and 2023 for the bond was 6.20% and 5.97%, respectively. Interest payments began November 1, 2017. Principal and interest payments are to begin April 1, 2042, with any outstanding interest and principal due July 1, 2047.

The 2017 Taxable Bond is subject to redemption at the option of the Corporation, in whole or in part, on any date upon not less than five days' notice to the lender, at a redemption price of 100% of the principal amount of the bond redeemed plus accrued interest to the redemption date.

The bonds are secured by a collateral interest in the Corporation's receipts, revenue, and other amounts received by or on behalf of the Corporation. The revenue bonds also place limits on the incurrence of additional borrowings and require the Corporation to maintain a certain debt service coverage, cash covenant, and capitalization ratio.

**2023 Construction Loan**

On March 30, 2023, the Corporation entered into a 14-year \$5,000,000 construction loan with Calvin B. Taylor Bank for the purposes of facilitating the tenant outfit project at the Ocean Pines facility. The Corporation draws down balances as the project progresses. As of June 30, 2024, approximately \$4,761,000 was drawn on the construction loan. The loan has a fixed rate of 5.5% with interest payments beginning in July 2023 following the first draw on the loan. Principal and interest payments began on October 30, 2023 on the unpaid principal sum. The loan matures on September 30, 2037. The loan is secured by a collateral interest in the Corporation's real property.

**Line of Credit**

In March 2020, the Corporation entered into an \$8,500,000 revolving line of credit agreement with M&T Bank of which \$7,000,000 matured in October 2020 with the remainder maturing February 28, 2025. Amounts drawn on the remaining \$1,500,000 are due on demand with an interest rate of SOFR plus 1.96448%. The line of credit is secured by a third security interest in all non-realty assets and the Corporation's property. There were no amounts drawn on the line as of June 30, 2024.

**Note 7. Goodwill**

In March 2018, the Corporation acquired 100% of the equity interest of Berlin Radiation Therapy Treatment Center, LLC (the "Center"). The Center is in the business of providing cancer care services to Berlin, Maryland and the surrounding area. The Corporation paid \$2,500,000 and acquired medical and office equipment of \$308,171. Goodwill of \$2,191,837 was recorded as part of the acquisition, which included the assembled workforce and noncompete agreements, as well as the Center's brand. Amortization expense was approximately \$219,000 for the years ended June 30, 2024 and 2023. Amortization expense will be approximately \$219,000 per year for the next five years.

## **Note 8. Professional Liability Insurance Coverage**

The Corporation is presently exposed to asserted and unasserted potential legal claims encountered in the ordinary course of business. In the opinion of management, the resolution of such matters will not have a material adverse impact on the Corporation's June 30, 2024 financial position or the results of operations for the year then ended. Prior to 2005, the Corporation had claims-made professional liability insurance through a commercial insurance carrier covering claims arising from the performance of professional services and brought against the Corporation while the policy was in force. Insurable limits under this policy were \$1 million per claim and \$3 million annual aggregate shared limit basis. In addition, the Corporation maintained an umbrella policy of \$15,000,000 per occurrence and aggregate.

During 2005, the Hospital, became a shareholder of the newly formed Freestate Healthcare Insurance Company, Ltd. (the "Captive"), a Cayman Islands company, that provides claims-made professional and general liability coverage for the risks of its covered shareholders, their controlled affiliates, and their respective employees.

The Captive provides primary coverage to its covered shareholders and their affiliates with limits of liability of \$2,000,000 for each and every claim ("Retained Layer") and provides an excess policy with various limits of liability which is fully reinsured through commercial carriers. The Corporation has \$15,000,000 of additional reinsurance in the aggregate through such reinsurance arrangements. The estimated unpaid loss liability reserved by the Captive for the Hospital was \$4,710,043 and \$5,771,988 at June 30, 2024 and 2023, respectively and is included in noncurrent other liabilities in the balance sheets.

In accordance with current accounting standards, the June 30, 2024 and 2023 unpaid loss liability is recorded as a noncurrent liability, and the related insurance recovery was reported as a noncurrent asset in the accompanying balance sheets. An estimated liability for incurred but not reported professional liability claims has also been recorded in the amount of approximately \$1,500,000 as a noncurrent other liability in the accompanying balance sheets as of June 30, 2024 and 2023.

Premiums are calculated by an actuary under a retrospectively rated policy and are based primarily on the experience of the Shareholders. The total premium is allocated to each of the Shareholders based on their experience. Premiums for the Corporation's professional and general liability insurance of approximately \$1,695,000 and \$1,764,000 were charged to operations during fiscal years 2024 and 2023. Retrospective premium assessments and credits are calculated based on the aggregate experience of all named insureds under the policy. Each named insured's assessment or credit is based on the percentage of their actual exposure to the actual exposure of all named insureds. Each named insured will not be charged or entitled to any retrospective premium assessments or credits until the policy period has been closed and no further claim obligations are expected. In management's opinion, the assets of the Captive are sufficient to meet its obligations as of June 30, 2024. If the financial condition of the Captive were to materially deteriorate in the future, and the Captive was unable to pay its claim obligations, the responsibility to pay those claims would return to the member hospitals.

## **Note 9. Commitments**

### ***Employment Agreements***

The Corporation has entered into various employee agreements with certain physicians whereby the Corporation has agreed to pay reasonable expenses of the physicians' practices in addition to compensation for services rendered. These agreements are generally for a period of two years.

### ***Retirement Plans***

The Corporation sponsors a 403(b) retirement covering substantially all employees of the Corporation. Participants may elect to contribute a percentage of their pretax annual compensation, as defined by the Plan, not to exceed the maximum allowable contributions under the IRC. The Corporation matches 50% of the first 5% of participants' elective deferrals and participants become fully vested in employer contributions after three years of continuous service. Plan expenses were \$1,028,716 and \$958,454 for the years ended June 30, 2024 and 2023, respectively.

Effective January 31, 2003, the Corporation entered into an agreement to sponsor a Section 457 deferred compensation plan. All contributions to the Section 457 plan are from participating employees; however, all assets of the Section 457 plan are the sole property of the Corporation and are fully subject to claims by the Corporation's general creditors. As of June 30, 2024 and 2023, \$2,996,420 and \$3,949,691, respectively, are recorded as investments internally designated for deferred compensation and a related liability in the same amounts as other liabilities on the balance sheets.

### ***Self-Insured Plans***

Effective May 1, 2002, the Corporation joined the Maryland Hospital Association ("MHA") Workers' Compensation Self-Insurance Group to self-insure for worker's compensation benefits. The annual premium for worker's compensation is calculated based on the Corporation's payroll estimate and MHA rates per payroll classification. The MHA rates are determined based on past experience. Amounts charged to operations for workers' compensation expense were \$379,763 and \$606,805 for the years ended June 30, 2024 and 2023, respectively.

In lieu of paying unemployment tax premiums to the State of Maryland, the Corporation secured a letter of credit with M&T Bank, effective May 21, 2004. As of June 30, 2024, the letter of credit was in the amount of \$490,071. Additionally, the Corporation paid actual Maryland unemployment claims in the amount of \$17,953 and \$78,216 for the years ended June 30, 2024 and 2023, respectively.

The Corporation maintains an agreement with a third-party to administer a self-insured health plan that benefits Hospital employees and their dependents. On behalf of participating employees, the Corporation pays the cost of health claims and an administration fee for each subscriber employee. The participating associates share in the cost by remitting a pre-established premium through payroll deductions.

Additionally, the Hospital obtains stop loss insurance to cover possible claims in excess of expected claims. The stop loss insurance agreements are annual agreements, subject to annual renewals. The Corporation submits a claim for reimbursement of stop loss insurance when claims exceed a pre-established ceiling. The Corporation's net health benefit expense for the fiscal years ended June 30, 2024 and 2023 was \$8,103,226 and \$6,649,195, respectively, net of premiums received from associates during the fiscal years of \$1,295,536 and \$1,275,577, respectively.

The Corporation maintains an agreement with a third-party to coordinate the administration of dental health benefits to Hospital employees and their dependents. This is an annual agreement, subject to annual renewals. On behalf of participating employees, the Hospital pays the cost of claims and a fee for each subscriber employee, and the participating employees remit a portion of the Corporation's cost through a pre-established schedule of payroll deductions.

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**Note 10. Leases Topic 842**

The Corporation leases certain office space and medical equipment under the terms of non-cancellable operating leases and finance leases. Operating lease expense is recognized in operations on a straight-line basis over the lease term. In determining lease asset values, the Corporation considers fixed payment terms, incentives, and options to extend or terminate. Renewal, termination, or purchase options affect the lease term used for determining lease asset value only if the option is reasonably certain to be exercised. Variable payments, such as variable common area maintenance, are expensed in the period incurred and not included in the lease asset or liability values.

The components of lease expense (and related classification in the accompanying statements of operations) were as follows during the years ended June 30:

	<u>2024</u>	<u>2023</u>
Operating lease cost (supplies and other expense)	\$ 2,336,250	\$ 1,183,518
Short-term lease cost (supplies and other expense)	627,367	622,263
Finance lease costs:		
Amortization of right-of-use assets (depreciation expense)	660,599	678,902
Interest on lease liabilities (interest expense)	<u>77,913</u>	<u>69,958</u>
Total lease cost	<u>\$ 3,702,129</u>	<u>\$ 2,554,641</u>

Cash paid for amounts included in the measurement of lease liabilities is as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Operating cash flows from operating leases	\$ 1,623,432	\$ 1,078,514
Operating cash flows from finance leases	77,913	69,958
Financing cash flows from finance leases	<u>660,599</u>	<u>678,902</u>
Total	<u>\$ 2,361,944</u>	<u>\$ 1,827,374</u>

Right-of-use assets obtained in exchange for new lease obligations are as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Right-of-use assets obtained in exchange for new operating lease liabilities	<u>\$ 19,483,646</u>	<u>\$ -</u>
Right-of-use assets obtained in exchange for new finance lease liabilities	<u>\$ -</u>	<u>\$ 1,005,050</u>



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Operating lease right-of-use assets are classified as long-term assets with the related liabilities classified as current and long-term in the accompanying balance sheets.

The following table presents lease-related assets and liabilities at June 30:

	<u>2024</u>	<u>2023</u>
Right-of-use assets - operating leases	\$ 20,939,239	\$ 3,079,025
Current portion of operating lease obligations	1,654,996	970,375
Long-term operating lease obligations	<u>19,284,243</u>	<u>2,108,650</u>
Total operating lease liabilities	<u>\$ 20,939,239</u>	<u>\$ 3,079,025</u>

Current finance lease obligations are included in current portion of long-term obligations in the accompanying balance sheets. Noncurrent finance lease obligations are included in long-term obligations in the accompanying balance sheets.

The following table presents finance lease-related assets and liabilities at June 30:

	<u>2024</u>	<u>2023</u>
Property and equipment, net	\$ 1,169,005	\$ 1,829,704
Current portion of finance lease obligations	474,322	581,632
Long-term finance lease obligations	<u>729,631</u>	<u>1,227,120</u>
Total finance lease liabilities	<u>\$ 1,203,953</u>	<u>\$ 1,808,752</u>

Other information:

	<u>2024</u>	<u>2023</u>
Weighted-average remaining lease term – operating leases	12.27 years	4.02 years
Weighted-average remaining lease term – finance leases	2.04 years	3.04 years
Weighted-average discount rate – operating leases	4.79%	2.88%
Weighted-average discount rate – finance leases	5.35%	5.05%

Future operating lease liability maturities are as follows for the years ended June 30:

	<u>Operating</u>	<u>Finance</u>
2024	\$ 2,628,059	\$ 528,358
2025	2,332,500	412,791
2026	2,335,393	341,069
2027	2,262,317	19,548
2028	1,931,036	-
Thereafter	<u>16,939,570</u>	<u>-</u>
Total	28,428,875	1,301,766
Interest	<u>(7,489,636)</u>	<u>(97,813)</u>
Lease liability	<u>\$ 20,939,239</u>	<u>\$ 1,203,953</u>

## Note 11. Functional Expenses

The Corporation provides general health care services and related services to individual within its geographic location. Expenses related to providing these services, based on management's estimates of expense allocations, are as follows for the years ended June 30:

	<b>2024</b>		
	<b>Healthcare Services</b>	<b>General and Administrative</b>	<b>Total</b>
Salaries	\$ 54,767,081	\$ 18,966,598	\$ 73,733,679
Employee benefits and other related expenses	11,731,575	3,065,618	14,797,193
Professional fees and contracted services	8,577,656	4,366,253	12,943,909
Supplies and other expenses	40,974,126	4,122,866	45,096,992
Utilities	985,561	1,128,063	2,113,624
Maintenance and repairs	7,143,517	2,471,497	9,615,014
Insurance	392,449	1,755,641	2,148,090
Interest	440,735	1,307,585	1,748,320
Depreciation	5,248,540	1,916,080	7,164,620
Amortization	219,184	7,064	226,248
Total	<u>\$130,480,424</u>	<u>\$ 39,107,265</u>	<u>\$169,587,689</u>

	<b>2023</b>		
	<b>Healthcare Services</b>	<b>General and Administrative</b>	<b>Total</b>
Salaries	\$ 54,254,715	\$ 20,008,018	\$ 74,262,733
Employee benefits and other related expenses	10,997,295	2,538,420	13,535,715
Professional fees and contracted services	9,028,899	4,607,311	13,636,210
Supplies and other expenses	38,206,147	4,341,553	42,547,700
Utilities	383,139	1,522,443	1,905,582
Maintenance and repairs	6,550,511	2,160,861	8,711,372
Insurance	410,406	1,604,712	2,015,118
Interest	420,466	1,141,258	1,561,724
Depreciation	6,103,767	1,916,080	8,019,847
Amortization	219,182	7,654	226,836
Total	<u>\$126,574,527</u>	<u>\$ 39,848,310</u>	<u>\$166,422,837</u>

The financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation and amortization, interest, and other occupancy costs, are allocated to a function based on a square footage basis.

## **Note 12. Business and Credit Concentrations**

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

At June 30, the Corporation had accounts receivable from third-party payors and others as follows:

	<u>2024</u>	<u>2023</u>
Medicare	50%	48%
Medicaid	10%	14%
Blue Cross	17%	15%
Commercial	18%	18%
Self-pay and others	<u>5%</u>	<u>5%</u>
	<u>100%</u>	<u>100%</u>

## **Note 13. Perdue Kresge Challenge for the Community**

In January 2002, the Hospital received notice indicating it was a recipient of a conditional award of up to \$750,000 through the Perdue Kresge Challenge for the Community, an endowment challenge grant program for nonprofit organizations serving the Lower Eastern Shore of Maryland. This grant was contingent upon the Hospital's ability to raise, at a minimum, slightly more than two-thirds of the \$750,000 match (\$502,500) in qualified gifts in the Hospital's named agency-restricted endowment fund (the "Fund"). During 2005, the Hospital met the full challenge and Purdue Kresge matched the \$750,000. By Board designation, all of the income distributed from the Perdue Kresge Challenge endowment will be used to fund physician practice development in the community.

On January 15, 2002, the Fund was established in the Hospital's name in order for the Hospital to participate in the Perdue Kresge Challenge for the Community. The Fund is held by and accounted for in the financial statements of the Community Foundation of the Eastern Shore. An unrelated third party actively manages the investments, which are invested currently in various bonds, mutual funds, and equities. All realized gains and losses are reinvested in the Fund. The Fund has no minimum value requirement. All gifts to the Fund will be invested in perpetuity. The Hospital, as sole beneficiary to any interest earned on the Fund, will receive income distributions earned on the assets of the Fund with no external restrictions regarding use; however, the Board of Trustees has designated all investment income from this endowment fund for funding physician practice development in the community. Income distributions will be made on an annual basis.

Fund activity is presented below for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Beginning fund balance	\$ 2,178,628	\$ 1,996,830
Interest and dividends	77,225	67,470
Net realized and unrealized gains	90,344	238,243
Administrative and management fees	(20,513)	(19,770)
Annual income distributions	<u>(104,786)</u>	<u>(104,145)</u>
Ending fund balance	<u>\$ 2,220,898</u>	<u>\$ 2,178,628</u>

## **Note 14. Certain Risks and Uncertainties**

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

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

The HSCRC has jurisdiction over hospital reimbursement in Maryland by an agreement with CMS based on a waiver from the Medicare prospective payment system under Section 1814(b) of the Social Security Act. In January 2014, CMS approved a waiver to modernize Maryland's unique all-payor rate-setting system for hospital services. The waiver consisted of a five-year performance period. Maryland Hospitals are committed to achieving significant quality improvements including reductions in 30-day readmissions and hospital acquired conditions.

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

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

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

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

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

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

Litigation in the normal course of business, as well as responses to claims and investigations described below, can be expensive, lengthy, and disruptive to normal business operations. Moreover, the results of complex legal proceedings and government investigations are difficult to predict and in certain cases the likelihood of outcome is unknown. Like most healthcare organizations, the Corporation receives inquiries, request for information regarding clinical procedures, licensing, taxes, billing or medical record documentation matters from various State and Federal agencies. The Corporation responds to such requests and provides any detailed information requested. Management is currently unable to estimate, with reasonable certainty, the possible loss, or range of loss, if any, for such lawsuits and investigations. As a result of the current level of governmental and public concerns with health care fraud and abuse, management recognizes that additional investigative activity could occur in the future. In the opinion of management and after consultation with legal counsel, management believes it has established adequate accrued reserves related to all known matters. The outcome of certain litigation, as well as any potential investigative, regulatory, or prosecutorial activity that may occur in the future is unknown. Accordingly, any associated potential future losses resulting from such matters could have an adverse effect on the future financial position, results of operations and liquidity of the Corporation.

**Atlantic General Hospital Corporation**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

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**Note 15. Liquidity and Availability**

Financial assets available for general expenditure within one year of the balance sheet date consist of the following at June 30:

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 13,712,398	\$ 16,799,219
Marketable securities	<u>22,251,323</u>	<u>19,499,911</u>
	35,963,721	36,299,130
Patient accounts receivable, net	17,581,394	12,238,696
Other receivables	<u>454,415</u>	<u>234,192</u>
Total	<u>\$ 53,999,530</u>	<u>\$ 48,772,018</u>

In addition to the assets in the table above, the Corporation has other investments and assets whose use is limited for specified purposes. Because these other investments assets whose use is limited for specified purposes are not available for general expenditure within one year, they are not reflected in the amounts above. The Corporation does, however, have investments and certain other long-term assets whose use is limited by board designation that could be made available for general expenditure within one year, if necessary.

# TAX RETURN FILING INSTRUCTIONS

Form 990-T

**FOR THE YEAR ENDING**

June 30, 2024

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**Prepared For:**

Atlantic General Hospital  
9733 HEALTHWAY DRIVE, BERLIN, MD 21811

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**Prepared By:**

Forvis Mazars, LLP  
500 Ridgefield Court  
Asheville, NC 28806

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**Amount Due or Refund:**

There is no tax due for the current year.

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**Make Amount Due Using:**

Internal Revenue Service - Electronic Funds Transfer Payment System (EFTPS)

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**Tax Return Processed For:**

Electronic filing

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**E-File Authorization Form Must Be Returned On or Before:**

May 15, 2025

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**Special Instructions:**

This return has been prepared for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 990-T at your earliest convenience.

We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 990-T to us by May 15, 2025.

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

OMB No. 1545-0047

**2023**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2023 or other tax year beginning 07/01, 2023, and ending 06/30, 20 24Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <u>ATLANTIC GENERAL HOSPITAL</u>	<b>D</b> Employer identification number <u>52-1656507</u>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <u>C</u> )( <u>3</u> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <u>9733 HEALTHWAY DRIVE</u>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <u>BERLIN, MD 21811</u>	
		<b>C</b> Book value of all assets at end of year <u>143,866,100</u>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) <u>2</u>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <u>(SEE STATEMENT)</u>		Telephone number <u>(410) 641-1100</u>	

**Part I Total Unrelated Business Taxable Income**

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

**Part II Tax Computation**

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

**Part III Tax and Payments**

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0		
b	Other credits (see instructions)	1b	0		
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	<b>Total credits.</b> Add lines 1a through 1d	1e	0		
2	Subtract line 1e from Part II, line 7	2	0		
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e	0		
f	Total amounts due. Add lines 3a through 3e	3f	0		
4	<b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0		
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0		



**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . .	<b>6a</b>	0	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>	0	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . .	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . .	<b>6f</b>	0	
<b>g</b>	Elective payment election amount from Form 3800 . . . . .		0	
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>	0	
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>	0	
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		0
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 0 <b>Refunded</b>	<b>11</b>		0

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✓
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ 1,365,142. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
561000	\$ 239,822	
456110	\$ 118,305	
	\$	
	\$	
<b>6a</b> Reserved for future use . . . . .		
<b>b</b> Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AMY BIBBY	AMY BIBBY	05/15/2024		P00445891
	Firm's name FORVIS MAZARS, LLP	Firm's EIN	44-0160260		
	Firm's address 500 RIDGEFIELD COURT, ASHEVILLE, NC 28806	Phone no.	(828) 254-2254		

Form **990-T** (2023)

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

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

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

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	9,615			
<b>b</b> Less returns and allowances	0	<b>1c</b> 9,615		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b> 0		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> 9,615		9,615
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts		<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 0		0
<b>6</b> Rent income (Part IV)		<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b> 0	0	0
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b> 0	0	0
<b>11</b> Advertising income (Part IX)		<b>11</b> 0	0	0
<b>12</b> Other income (see instructions; attach statement)		<b>12</b> 0		0
<b>13</b> Total. Combine lines 3 through 12		<b>13</b> 9,615	0	9,615

<b>Part II</b> Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	0
<b>2</b> Salaries and wages		<b>2</b>	13,993
<b>3</b> Repairs and maintenance		<b>3</b>	11
<b>4</b> Bad debts		<b>4</b>	0
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	0
<b>6</b> Taxes and licenses		<b>6</b>	979
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	0	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	0	<b>8b</b> 0
<b>9</b> Depletion		<b>9</b>	0
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	0
<b>11</b> Employee benefit programs		<b>11</b>	1,662
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	0
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	0
<b>14</b> Other deductions (attach statement)		<b>14</b>	8,003
<b>15</b> Total deductions. Add lines 1 through 14		<b>15</b>	24,648
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	(15,033)
<b>17</b> Deduction for net operating loss. See instructions		<b>17</b>	0
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16		<b>18</b>	(15,033)

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

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

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

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

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

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

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

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

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

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

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

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

  

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

  

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

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

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

  

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

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

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

## Part IX Advertising Income

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

**A** ☐

**B** ☐

**C** ☐

**D** ☐

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

**A**

**B**

**C**

D

## 2 Gross advertising income

**a** Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . . 0

### 3 Direct advertising costs by periodical

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . . 0

**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . .

## 5 Readership costs

## 6 Circulation income

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .

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

**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0

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

**1. Name**

## 2. Title

**3. Percentage of time devoted to business**

#### 4. Compensation attributable to unrelated business

(1)		%
-----	--	---

(2)		%
-----	--	---

(3)		%
-----	--	---

(4)		%
-----	--	---

<b>Total.</b> Enter here and on Part II, line 1 . . . . .	0
---	---

**Part XI** **Supplemental Information** (see instructions)

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	1,801,796			
<b>b</b> Less returns and allowances	1,565,119	<b>1c</b> 236,677		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b> 0		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> 236,677		236,677
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts		<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 0		0
<b>6</b> Rent income (Part IV)		<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b> 0	0	0
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b> 0	0	0
<b>11</b> Advertising income (Part IX)		<b>11</b> 0	0	0
<b>12</b> Other income (see instructions; attach statement)		<b>12</b> 0		0
<b>13</b> Total. Combine lines 3 through 12		<b>13</b> 236,677	0	236,677

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	0
<b>2</b> Salaries and wages		<b>2</b>	0
<b>3</b> Repairs and maintenance		<b>3</b>	1,210
<b>4</b> Bad debts		<b>4</b>	0
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	0
<b>6</b> Taxes and licenses		<b>6</b>	720
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	0	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	0	<b>8b</b> 0
<b>9</b> Depletion		<b>9</b>	0
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	0
<b>11</b> Employee benefit programs		<b>11</b>	0
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	0
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	0
<b>14</b> Other deductions (attach statement)		<b>14</b>	264,427
<b>15</b> Total deductions. Add lines 1 through 14		<b>15</b>	266,357
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	(29,680)
<b>17</b> Deduction for net operating loss. See instructions		<b>17</b>	0
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16		<b>18</b>	(29,680)

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

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

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

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

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

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

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

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

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

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

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

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

  

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

  

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

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

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

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

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



## Part IX Advertising Income

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

**A** ☐

B ☐C ☐D ☐

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

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .				0

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1			0

**Part XI** Supplemental Information (see instructions)

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	JAMES KANUCH, 9733 HEALTHWAY DRIVE, BERLIN, MD 21811

Description	Amount
<b>PHYSICIAN BILLING SERVICES</b>	
(1) PAYROLL TAXES	848
(2) LICENSES & TAXES	131
<b>Total</b>	<b>979</b>
<b>PHARMACY</b>	
(1) LICENSES & TAXES	720

Description	Amount
<b>PHYSICIAN BILLING SERVICES</b>	
(1) OFFICE EXPENSE	993
(2) OCCUPANCY	187
(3) PURCHASED SERVICES	6,802
(4) TRAVEL	21
<b>Total</b>	<b>8,003</b>
<b>PHARMACY</b>	
(1) OFFICE EXPENSE	10,648
(2) PURCHASED SERVICES	3,647
(3) CONTRACTED SERVICES	249,993
(4) BOOKS & SUBSCRIPTIONS	24
(5) MARKETING	115
<b>Total</b>	<b>264,427</b>

Form **5471**

(Rev. December 2022)

Department of the Treasury  
Internal Revenue Service**Information Return of U.S. Persons With Respect  
to Certain Foreign Corporations**Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information

OMB No. 1545-0123

Attachment  
Sequence No. **121**Information furnished for the foreign corporation's annual accounting period (tax year required by  
section 898) (see instructions) beginning 01/01/2023 , and ending 12/31/2023

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

Filer's tax year beginning 7/1/2023 , and ending 6/30/2024

<b>D</b> Check box if this is a final Form 5471 for the foreign corporation . . . . .	<input type="checkbox"/>
<b>E</b> Check if any excepted specified foreign financial assets are reported on this form (see instructions) . . . . .	<input type="checkbox"/>
<b>F</b> Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 . . . . .	<input type="checkbox"/>
<b>G</b> If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) . . . . .	
<b>H</b> Person(s) on whose behalf this information return is filed:	

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

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

<b>1a</b> Name and address of foreign corporation  FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.  P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS		<b>b(1)</b> Employer identification number, if any 98-0464065
		<b>b(2)</b> Reference ID number (see instructions)
		<b>c</b> Country under whose laws incorporated CAYMAN ISLANDS
<b>d</b> Date of incorporation 12/14/2004	<b>e</b> Principal place of business CAYMAN ISLANDS	<b>f</b> Principal business activity code number 524290
		<b>g</b> Principal business activity OTHER INSURANCE
		<b>h</b> Functional currency code USD

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

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States  N/A	<b>b</b> If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
	N/A	N/A
<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation  ARTEX RISK SOLUTIONS (CAYMAN) LTD. P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different  SAME AS 2C	

**Schedule A Stock of the Foreign Corporation**

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 49958V

Form **5471** (Rev. 12-2022)



**Schedule C** **Income Statement** (see instructions)

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

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

**Schedule F Balance Sheet**

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

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash . . . . .	1	
2 a	Trade notes and accounts receivable . . . . .	2a	
b	Less allowance for bad debts . . . . .	2b	
3	Derivatives . . . . .	3	
4	Inventories . . . . .	4	
5	Other current assets (attach statement) . . . . .	5	
6	Loans to shareholders and other related persons . . . . .	6	
7	Investment in subsidiaries (attach statement) . . . . .	7	
8	Other investments (attach statement) . . . . .	8	
9 a	Buildings and other depreciable assets . . . . .	9a	
b	Less accumulated depreciation . . . . .	9b	
10 a	Depletable assets . . . . .	10a	
b	Less accumulated depletion . . . . .	10b	
11	Land (net of any amortization) . . . . .	11	
12	Intangible assets:		
a	Goodwill . . . . .	12a	
b	Organization costs . . . . .	12b	
c	Patents, trademarks, and other intangible assets . . . . .	12c	
d	Less accumulated amortization for lines 12a, 12b, and 12c . . . . .	12d	
13	Other assets (attach statement) . . . . .	13	
14	Total assets . . . . .	14	
<b>Liabilities and Shareholders' Equity</b>			
15	Accounts payable . . . . .	15	
16	Other current liabilities (attach statement) . . . . .	16	
17	Derivatives . . . . .	17	
18	Loans from shareholders and other related persons . . . . .	18	
19	Other liabilities (attach statement) . . . . .	19	
20	Capital stock:		
a	Preferred stock . . . . .	20a	
b	Common stock . . . . .	20b	
21	Paid-in or capital surplus (attach reconciliation) . . . . .	21	
22	Retained earnings . . . . .	22	
23	Less cost of treasury stock . . . . .	23	
24	Total liabilities and shareholders' equity . . . . .	24	

**Schedule G Other Information**

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



**Schedule G** Other Information (continued)

	Yes	No
<b>6 a</b> Is the filer of this Form 5471 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? . . . . . If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
<b>b</b> Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) . . . . . \$ _____		
<b>c</b> Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer included in its computation of FDDEI . . . . . \$ _____		
<b>d</b> Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in its computation of FDDEI . . . . . \$ _____		
<b>7</b> During the tax year, was the foreign corporation a participant in any cost-sharing arrangement? . . . . . If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
<b>8</b> From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? . . . . .		X
<b>9a</b> Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the tax year? . . . . . If "Yes," go to line 9b.		X
<b>b</b> Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year . . . . . _____		
<b>10</b> During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? . . . . . If "Yes," see instructions and attach statement.		X
<b>11</b> During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? . . . . . If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
<b>12</b> During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? . . . . .		X
<b>13</b> During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? . . . . .		X
<b>14</b> Did you answer "Yes" to any of the questions in the instructions for line 14? . . . . . If "Yes," enter the corresponding code(s) from the instructions and attach statement <u>SEE STATEMENT</u>	X	
<b>15</b> Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? . . . . . If "Yes," enter the amount . . . . . \$ _____		X
<b>16</b> Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? . . . . . If "Yes," enter the amount . . . . . \$ _____		X
<b>17a</b> Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)? . . . . .		X
<b>b</b> If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)? . . . . .		
<b>18</b> Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? . . . . .		X
<b>19a</b> Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding three tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? . . . . .		X
<b>b</b> If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) . . . . . \$ _____ (2) The amount of such related party indebtedness . . . . . \$ _____		

**Schedule I Summary of Shareholder's Income From Foreign Corporation** (see instructions)

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

Name of U.S. shareholder **SAME AS 5471** Identifying number **52-1656507**

<b>1 a</b>	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	<b>1a</b>	
<b>b</b>	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	<b>1b</b>	
<b>c</b>	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	<b>1c</b>	
<b>d</b>	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	<b>1d</b>	
<b>e</b>	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	<b>1e</b>	
<b>f</b>	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	<b>1f</b>	
<b>g</b>	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	<b>1g</b>	
<b>h</b>	Other subpart F income (enter result from Worksheet A)	<b>1h</b>	132,165
<b>2</b>	Earnings invested in U.S. property (enter the result from Worksheet B)	<b>2</b>	
<b>3</b>	Reserved for future use	<b>3</b>	
<b>4</b>	Factoring income	<b>4</b>	
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.		
<b>5 a</b>	Section 245A eligible dividends (see instructions)	<b>5a</b>	
<b>b</b>	Extraordinary disposition amounts (see instructions)	<b>5b</b>	
<b>c</b>	Extraordinary reduction amounts (see instructions)	<b>5c</b>	
<b>d</b>	Section 245A(e) dividends (see instructions)	<b>5d</b>	
<b>e</b>	Dividends not reported on line 5a, 5b, 5c, or 5d	<b>5e</b>	0
<b>6</b>	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	<b>6</b>	

- 7 a** Was any income of the foreign corporation blocked?
- b** Did any such income become unblocked during the tax year (see section 964(b))?
- If the answer to either question is "Yes," attach an explanation.

Yes	No
	X
	X
	X

- 8 a** Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?
- b** If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ \_\_\_\_\_ and at the end of the tax year \$ \_\_\_\_\_. Provide an attachment detailing any changes from the beginning to the ending balances.
- c** Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ \_\_\_\_\_ and at the end of the tax year \$ \_\_\_\_\_. Provide an attachment detailing any changes from the beginning to the ending balances.
- 9** Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instruction) \$ **NONE**

Form **5471** (Rev. 12-2022)

**SCHEDULE I-1  
(Form 5471)**(Rev. December 2021)  
Department of the Treasury  
Internal Revenue Service**Information for Global Intangible Low-Taxed Income**▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471 SAME AS 5471		Identifying number 52-1656507
Name of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	EIN (if any) 98-0464065	Reference ID number (see instructions)
Separate Category (Enter code - see instructions)		PAS

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income (see instructions if cost of goods sold exceed gross receipts)	<b>1</b>	4,863,576		
<b>2</b> Exclusions (see instructions if cost of goods sold exceed gross receipts)				
<b>a</b> Effectively connected income	<b>2a</b>			
<b>b</b> Subpart F income	<b>2b</b>	4,863,576		
<b>c</b> High-tax exception income per section 954(b)(4)	<b>2c</b>			
<b>d</b> Related party dividends	<b>2d</b>			
<b>e</b> Foreign oil and gas extraction income	<b>2e</b>			
<b>3</b> Total exclusions (combine lines 2a through 2e)	<b>3</b>	4,863,576		
<b>4</b> Gross income less total exclusions (line 1 minus line 3) (see instructions)	<b>4</b>	0		
<b>5</b> Deductions properly allocable to amount on line 4	<b>5</b>	0		
<b>6</b> Tested income (loss) (line 4 minus line 5) (see instructions)	<b>6</b>		1.00	
<b>7</b> Tested foreign income taxes	<b>7</b>		1.00	
<b>8</b> Qualified business asset investment (QBAI)	<b>8</b>		1.00	
<b>9 a</b> Interest expense included on line 5	<b>9a</b>			
<b>b</b> Qualified interest expense	<b>9b</b>			
<b>c</b> Tested loss QBAI amount	<b>9c</b>			
<b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	<b>9d</b>	0	1.00	
<b>10 a</b> Interest income included in line 4	<b>10a</b>			
<b>b</b> Qualified interest income	<b>10b</b>			
<b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	<b>10c</b>	0	1.00	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71400M

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

SCHEDULE G-1
(Form 5471)

Cost Sharing Arrangement

(December 2021)
Department of the Treasury
Internal Revenue Service

Attach to Form 5471.

OMB No. 1545-0123

Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471: SAME AS 5471
Identifying number: 52-1656507
Name of foreign corporation: FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.
EIN (if any): 98-0464065
Reference ID number (see instructions):

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

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

SEE STATEMENT

2 During the course of the tax year, did the foreign corporation become a participant in the CSA?
3 Was the CSA in effect before January 5, 2009?
4 What was the foreign corporation's share of reasonably anticipated benefits for the CSA during the tax year?
5 a Did a U.S. taxpayer make any platform contributions...
b If the answer to question 5a is "Yes," enter the present value of the platform contributions...
c If the answer to question 5a is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s).
6 a Enter the total amount of stock-based compensation deductions claimed by the filer for the tax year...
b Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA...
c Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles...
7 a For the tax year, enter the total amount of intangible development costs for the CSA.
b For the tax year, enter the amount of intangible development costs allocable to the foreign corporation based on the foreign corporation's reasonably anticipated benefits share.

SCHEDULE E  
(Form 5471)  
(Rev. December 2021)  
Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471  
SAME AS 5471

Identifying number  
52-1656507

Name of foreign corporation  
FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

EIN (if any)  
98-0464065

Reference ID number (see instructions)

a Separate Category (Enter code - see instructions)

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

c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

PAS

Part I

Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspended Taxes	(d) Country or U.S. Possession to Which Tax is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	
1			<input type="checkbox"/>				
2			<input type="checkbox"/>				
3			<input type="checkbox"/>				
4			<input type="checkbox"/>				
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1		<input type="checkbox"/>					
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4					0	
6	Total (combine lines 1 through 4 of column (m))						0

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax is Paid (Enter code - see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)	
1					
2					
3					
4					
5	Total (Combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6			0	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71397A

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

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

Part II

Election

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

☐ Yes

☒ No

If "Yes," state date of election

Part III

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

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								0
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))								

Schedule E-1

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

IMPORTANT: Enter amounts in U.S. dollars.		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Txes
1 a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination				
3 a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E,Part I, Section 1, line 5, column (l)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E,Part I, Section 2, line 5, column (i)				
7	Other adjustments (attach statement)				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)				
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement)				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in column (a), (b) and (c))				
14	Reserved for future use				
15	Reduction for other taxes not deemed paid				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, column (a), (b), and (c), must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, column (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

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

Schedule E-1

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

(e) Taxes related to previously taxed E&P (see instructions)										
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1 a										
b										
c										
2										
3 a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

**SCHEDULE H**

**(Form 5471)**

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

**Current Earnings and Profits**

► **Attach to Form 5471.**

OMB No. 1545-0123

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

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

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

<b>1</b>	Current year net income or (loss) per foreign books of account . . . . .		<b>1</b>	0
<b>2</b>	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):			
		Net Additions	Net Subtractions	
<b>a</b>	Capital gains or losses . . . . .	<b>2a</b>		2,926,933
<b>b</b>	Depreciation and amortization . . . . .	<b>2b</b>		
<b>c</b>	Depletion . . . . .	<b>2c</b>		
<b>d</b>	Investment or incentive allowance . . . . .	<b>2d</b>		
<b>e</b>	Charges to statutory reserves . . . . .	<b>2e</b>		
<b>f</b>	Inventory adjustments . . . . .	<b>2f</b>		
<b>g</b>	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)) . . . . .	<b>2g</b>		
<b>h</b>	Foreign currency gains or losses . . . . .	<b>2h</b>		
<b>i</b>	Other (attach statement) . . . . .	<b>2i</b>	4,318,083	1,097,840
<b>3</b>	Total net additions . . . . .	<b>3</b>	4,318,083	
<b>4</b>	Total net subtractions . . . . .	<b>4</b>		4,024,773
<b>5 a</b>	Current earnings and profits (line 1 plus line 3 minus line 4) . . . . .	<b>5a</b>		293,310
<b>b</b>	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions) . . . . .	<b>5b</b>		
<b>c</b>	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines . . . . .	<b>5c</b>		293,310
<b>(i)</b>	General category (enter amount on applicable Schedule J, Part I, line 3, column (a)) . . . . .	<b>5c(i)</b>		
<b>(ii)</b>	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)) . . . . .	<b>5c(ii)</b>	293,310	
<b>(iii)</b>	Section 901(j) category:			
<b>(A)</b>	Enter the country code of the sanctioned country ► _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a) . . . . .	<b>5c(iii)(A)</b>		
<b>(B)</b>	Enter the country code of the sanctioned country ► _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a) . . . . .	<b>5c(iii)(B)</b>		
<b>(C)</b>	Enter the country code of the sanctioned country ► _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a) . . . . .	<b>5c(iii)(C)</b>		
<b>(D)</b>	Enter the country code of the sanctioned country ► _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a) . . . . .	<b>5c(iii)(D)</b>		
<b>d</b>	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)) . . . . .	<b>5d</b>		293,310
<b>e</b>	Enter exchange rate used for line 5d . . . . . ► <b>1.00</b>			

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71399W

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



**SCHEDULE J  
(Form 5471)**

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

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

► **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471

SAME AS 5471

Identifying number

52-1656507

Name of foreign corporation

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

EIN (if any)

98-0464065

Reference ID number (see instructions)

**a** Separate Category (Enter code - see instructions)

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

GEN

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

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

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

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
<b>1 a</b>	Balance at beginning of year (as reported on prior year Schedule J)	-309,649	-12,877,111				
<b>b</b>	Beginning balance adjustments (attach statement)	309,649	12,877,111				
<b>c</b>	Adjusted beginning balance (combine lines 1a and 1b)						
<b>2 a</b>	Reduction for taxes unsuspended under anti-splitter rules						
<b>b</b>	Disallowed deduction for taxes suspended under anti-splitter rules						
<b>3</b>	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)						
<b>4</b>	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
<b>5 a</b>	E&P carried over in nonrecognition transaction						
<b>b</b>	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
<b>6</b>	Other adjustments (attach statement)						
<b>7</b>	Total current and accumulated E&P (combine lines 1c through 6)						
<b>8</b>	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
<b>9</b>	Actual distributions						
<b>10</b>	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
<b>11</b>	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
<b>12</b>	Other adjustments (attach statement)						
<b>13</b>	Hovering deficit offset of undistributed post- transaction E&P (see instructions)						
<b>14</b>	Balance at beginning of next year (combine lines 7 through 13)						

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

Cat. No. 21111K

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

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

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

  

(e) Previously Taxed E&P (see instructions)			(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1 a			207,845
b			-12,978,915
c			-207,845
2 a			12,978,915
b			
3			
4			
5 a			
b			
6			
7			
8			
9			
10			
11			
12			
13			
14			

**Part II** **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))****Important:** Enter amounts in functional currency.

<b>1</b>	Balance at beginning of year . . . . .	▶	<b>1</b>	NONE
<b>2</b>	Additions (amounts subject to future recapture) . . . . .	▶	<b>2</b>	NONE
<b>3</b>	Subtractions (amounts recaptured in current year) . . . . .	▶	<b>3</b>	NONE
<b>4</b>	Balance at end of year (combine lines 1 through 3) . . . . .	▶	<b>4</b>	NONE

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

Name of person filing Form 5471		Identifying number
SAME AS 5471		52-1656507
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	98-0464065	
a Separate Category (Enter code - see instructions)		PAS
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		

Part I Accumulated E&P of Controlled Foreign Corporation

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

Important: Enter amounts in functional currency.		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1 a	Balance at beginning of year (as reported on prior year Schedule J)						
b	Beginning balance adjustments (attach statement)	-309,649	-12,877,111				
c	Adjusted beginning balance (combine lines 1a and 1b)	-309,649	-12,877,111				
2 a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	293,310					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5 a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	-16,339	-12,877,111				
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P	-293,310					
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	-309,649	-12,877,111				

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

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

<b>(e) Previously Taxed E&amp;P</b> (see instructions)				<b>(f)</b> Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
	<b>(viii)</b> Section 951A PTEP	<b>(ix)</b> Section 245A(d) PTEP	<b>(x)</b> Section 951(a)(1)(A) PTEP	
<b>1 a</b>				
<b>b</b>			207,845	-12,978,915
<b>c</b>			207,845	-12,978,915
<b>2 a</b>				
<b>b</b>				
<b>3</b>				293,310
<b>4</b>				
<b>5 a</b>				
<b>b</b>				
<b>6</b>				
<b>7</b>			207,845	-12,685,605
<b>8</b>			293,310	
<b>9</b>			-483,665	-483,665
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>			17,490	-13,169,270

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

**Part II**      **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))****Important:** Enter amounts in functional currency.

<b>1</b>	Balance at beginning of year . . . . .	▶	<b>1</b>	NONE
<b>2</b>	Additions (amounts subject to future recapture) . . . . .	▶	<b>2</b>	NONE
<b>3</b>	Subtractions (amounts recaptured in current year) . . . . .	▶	<b>3</b>	NONE
<b>4</b>	Balance at end of year (combine lines 1 through 3) . . . . .	▶	<b>4</b>	NONE

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

**SCHEDULE P**

**(Form 5471)**

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

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

► Attach to Form 5471.

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

OMB No. 1545-0123

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

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

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

For Paperwork Reduction Act Notice, see instructions.

Cat.No. 49203F

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
<b>1 a</b>								
<b>b</b>								
<b>c</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>								
<b>7</b>								
<b>8</b>								
<b>9</b>								
<b>10</b>								
<b>11</b>								
<b>12</b>								



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

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

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1 a							190,355	190,355
b							-190,355	-190,355
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

**SCHEDULE P**

**(Form 5471)**

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

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

OMB No. 1545-0123

▶ **Attach to Form 5471.**

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

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

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

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

For Paperwork Reduction Act Notice, see instructions.

Cat.No. 49203F

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
<b>1 a</b>								
<b>b</b>								
<b>c</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>								
<b>7</b>								
<b>8</b>								
<b>9</b>								
<b>10</b>								
<b>11</b>								
<b>12</b>								

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

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

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
<b>1 a</b>							0	0
<b>b</b>							190,355	190,355
<b>c</b>							190,355	190,355
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>							190,355	190,355
<b>7</b>							132,165	132,165
<b>8</b>							-322,521	-322,521
<b>9</b>								
<b>10</b>								
<b>11</b>								
<b>12</b>							0	0

**SCHEDULE Q**  
**(Form 5471)**

(December 2022)  
Department of the Treasury  
Internal Revenue Service

**CFC Income by CFC Income Groups**

OMB No. 1545-0123

Attach to Form 5471.

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

Name of person filling Form 5471

SAME AS 5471

Identifying number

52-1656507

Name of foreign corporation

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

EIN (if any)

98-0464065

Reference ID number (see instructions)

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

**A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) . . . . .

PAS

**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) . . . . .

**C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions) . . . . .

Complete a separate Schedule Q for U.S. source income and foreign source income.

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

Complete a separate Schedule Q for FOGEI or FORI income.

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

Enter amounts in functional currency  
of the foreign corporation (unless  
otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expenses	(v) Other Interest Expenses	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>a</b> Dividends, Interest, Rents, Royalties, & Annuities (Total) . . . . .		4,863,576	4,570,266				
(1) Unit name: FREESTATE HEALTHCARE	CJ	4,863,576	4,570,266				
(2) Unit name: .....							
<b>b</b> Net Gain From Certain Property Transactions (Total) . . . . .							
(1) Unit name: .....							
(2) Unit name: .....							
<b>c</b> Net Gain From Commodities Transactions (Total) . . . . .							
(1) Unit name: .....							
(2) Unit name: .....							
<b>d</b> Net Foreign Currency Gain (Total)							
(1) Unit name: .....							
(2) Unit name: .....							
<b>e</b> Income Equivalent to Interest (Total)							
(1) Unit name: .....							
(2) Unit name: .....							
<b>f</b> Other . . . . .							
(1) Unit name: .....							
(2) Unit name: .....							
<b>g</b> Foreign Base Company Sales Income (Total) . . . . .							
(1) Unit name: .....							
(2) Unit name: .....							

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

For Paperwork Reduction Act Notice, see instructions.

Cat.No. 73414U

Schedule Q (Form 5471) (12-2022)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
<b>1</b>									
<b>a</b>				293,310		49,347,120			293,310
(1)				293,310		49,347,120	<input type="checkbox"/>		293,310
(2)							<input type="checkbox"/>		
<b>b</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
<b>c</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
<b>d</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
<b>e</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
<b>f</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
<b>g</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		



Enter amounts in functional currency of the foreign corporation (unless otherwise noted).		(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expenses	(v) Other Interest Expenses	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b>	Subpart F Income Groups							
<b>h</b>	Foreign Base Company Services Income (Total) . . . . .							
	(1) Unit name: .....							
	(2) Unit name: .....							
<b>i</b>	Full Inclusion Foreign Base Company Income (Total) . . . . .							
	(1) Unit name: .....							
	(2) Unit name: .....							
<b>j</b>	Insurance Income (Total) . . . . .							
	(1) Unit name: .....							
	(2) Unit name: .....							
<b>k</b>	International Boycott Income . . . . .							
<b>l</b>	Bribes, Kickbacks, and Other Payments . . . . .							
<b>m</b>	Section 901(j) income . . . . .							
<b>2</b>	Recaptured Subpart F Income . . . . .							
<b>3</b>	Tested Income Group (Total) . . . . .							
	(1) Unit name: .....							
	(2) Unit name: .....							
<b>4</b>	Residual Income Group (Total) . . . . .							
	(1) Unit name: .....							
	(2) Unit name: .....							
<b>5</b>	Total . . . . .		4,863,576	4,570,266				

Important: See Computer-Generated Schedule Q in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
<b>1</b>									
<b>h</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
<b>i</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
<b>j</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
<b>k</b>									
<b>l</b>									
<b>m</b>									
<b>2</b>									
<b>3</b>									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
<b>4</b>									
(1)									
(2)									
<b>5</b>				293,310					293,310

**SCHEDULE R  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**Distributions From a Foreign Corporation**

OMB No. 1545-0123

▶ **Attach to Form 5471.**

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

Name of person filling Form 5471

SAME AS 5471

**Identifying number**

52-1656507

Name of foreign corporation

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

EIN (if any)

98-0464065

**Reference ID number** (see instructions)

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NON TAXABLE CASH DIVIDEND UNDER IRC §959	12/31/2023	322,521	322,521
2	NON TAXABLE CASH DIVIDEND UNDER IRC §301	12/31/2023	2,810,005	0
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

For Paperwork Reduction Act Notice, see instructions.

Cat.No. 73415F

Schedule R (Form 5471) (12-2020)

**LINE 2I, SCH H (FORM 5471) - OTHER**

		ADDITIONS	SUBTRACTIONS
1	RELATED PARTY PREMIUMS	1	1,097,840
2	RELATED PARTY LOSS RESERVES AND CLAIMS PAID	2	4,318,083
TOTAL OTHER		4,318,083	1,097,840

**LINE 19, SCH G (FORM 5471) - QUESTIONS**

- 1

QUESTION # 3

CODE: DED

DEDUCTIONS TAKEN INTO ACCOUNT: 122,843
- 2

QUESTION # 21

CODE: EP

EXCESS SUBPART F INCOME OVER EARNINGS AND PROFITS: 422,650

**FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.**

**DECEMBER 31, 2023**

**EIN: 98-0464065**

**FORM 5471, SCHEDULE G-1:**

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

**FORM 5471, SCHEDULE J, LINE 1b - BEGINNING BALANCE ADJUSTMENTS:**

THE FOREIGN CORPORATION IS ADJUSTING THE BEGINNING BALANCE OF POST-2017 E&P NOT PREVIOUSLY TAXED (COLUMN (a)), POST-1986 UNDISTRIBUTED EARNINGS (COLUMN (b)), AND SECTION 951(a)(1)(A) PTEP (COLUMN (e)(x)) TO PROPERLY CATEGORIZE THE ACCUMULATED E&P OF THE CONTROLLED FOREIGN CORPORATION IN THE PASSIVE CATEGORY OF INCOME.

**FORM 5471, SCHEDULE P, LINE 1b - BEGINNING BALANCE ADJUSTMENTS:**

THE SHAREHOLDER IS ADJUSTING THE BEGINNING BALANCE OF SECTION 951(a)(1)(A) PTEP (COLUMN (j)) TO PROPERLY CATEGORIZE THE PREVIOUSLY TAXED E&P OF THE SHAREHOLDER IN THE PASSIVE CATEGORY OF INCOME.

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

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

OMB No. 1545-0026

Attachment  
Sequence No. **128**

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

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

4 Name of transferee (foreign corporation) <u>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</u>	5a Identifying number, if any <u>98-0464065</u>
6 Address (including country) <u>P.O. BOX 10233 GRAND CAYMAN CJ KY1-1002</u>	5b Reference ID number (see instructions)

7 Country code of country of incorporation or organization (see instructions)

CJ

8 Foreign law characterization (see instructions)

CORPORATION

- 9 Is the transferee foreign corporation a controlled foreign corporation? . . . ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 11-2018)

**Part III Information Regarding Transfer of Property** (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		564,452.		

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

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

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

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☐ No
- 12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☐ No  
If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☐ No  
If "No," skip Section C and questions 14a through 15.

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

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

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

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

SEE STATEMENT

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

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 33.330 % (b) After 33.330 %
- 17** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- |  |                              |  |
|--|------------------------------|--|
| <b>a</b> Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>c</b> Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>d</b> Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. ☐ Yes ☒ No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form **926** (Rev. 11-2018)



ATLANTIC GENERAL HOSPITAL CORPORATION

EIN: 52-1656507

ATTACHMENT TO FORM 926, PART III

\*\*\*\*\*

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

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

ATLANTIC GENERAL HOSPITAL CORPORATION

EIN: 52-1656507

9733 HEALTHWAY DRIVE

BERLIN, MD 21811

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

(I.): FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

EIN: 98-0464065

P.O. BOX 10233

GRAND CAYMAN KY1-1002, CAYMAN ISLANDS

INCORPORATED IN THE CAYMAN ISLANDS

(II.): INSURANCE PREMIUMS RECEIVED FROM RELATED PARTIES CONSIDERED TO  
BE DEEMED CONTRIBUTIONS TO CAPITAL OF THE ABOVE CORPORATION OCCURRED  
ON VARIOUS DATES THROUGHOUT THE YEAR. THE TOTAL AMOUNT OF THE DEEMED  
CONTRIBUTIONS WAS \$564,452.

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

NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR DEEMED CASH  
CONTRIBUTIONS TO CAPITAL OF \$564,452. THE TAXPAYER OWNED 33.33% OF  
THE STOCK OF THE TRANSFEREE CORPORATION BOTH BEFORE AND AFTER THESE  
TRANSFERS.

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

CASH IN THE AMOUNT OF \$564,452 (US DOLLARS)

REGULATION §1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH  
PREVIOUSLY DEDUCTED LOSSES:

NOT APPLICABLE

CONTINUED ON NEXT PAGE

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

NOT APPLICABLE



MARYLAND  
FORM  
500

CORPORATION INCOME  
TAX RETURN



23500016

2023

\$

OR FISCAL YEAR BEGINNING 0701 2023, ENDING 06302024

521656507

► Federal Employer Identification Number (9 digits)

FEIN Applied for Date (MMDDYY)

► Date of Organization or Incorporation (MMDDYY)

► Business Activity Code No. (6 digits)

Print Using Blue or Black Ink Only

ATLANTIC GENERAL HOSPITAL

Name

9733 HEALTHWAY DRIVE

Current Mailing Address (PO Box, Number, Street and Apt. No.)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

BERLIN

City or Town

MD  
State

21811

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

Do not write in this space.

► ME

► YE

Amended  
Return ►



STAPLE CHECK  
HERE

CHECK HERE IF:

- ☐ Name or address has changed ► ☐ Inactive corporation ☐ First filing of the corporation ► ☐ Final Return  
► ☐ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX ► ☐ Carryback ► ☐ Carryforward  
Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C

line 25c.) See Instructions. Check applicable box:

☐ 1120 ☐ 1120-REIT ☒ 990T

☐ Other: IF 1120S, FILE ON FORM 510 ..... 1a. 00

1b. Special Deductions (Federal Form 1120 line 29b or

Form 1120-C line 26b.) ..... 1b. 00

1c. Federal Taxable Income before net operating loss deduction

(Subtract line 1b from 1a) ..... ► 1c. 00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions ..... ► 2a. 00

2b. Decoupling Modification Addition adjustment

(Enter code letter(s) from instructions.) ..... ► 2b. 00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) ..... 2c. 00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions ..... ► 3a. 00

3b. Dividends for domestic corporation claiming foreign tax credits

(Federal form 1120/1120C Schedule C line 18) ..... ► 3b. 00



235000116

NAME ATLANTIC GENERAL H FEIN 521656507

<b>3c.</b>	Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c) . . . . .	▶ 3c.	00
<b>3d.</b>	Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.) . . . . .	▶ 3d.	00
<b>3e.</b>	Total Maryland Subtraction Adjustments to Federal Taxable Income (Add lines 3a through 3d.) . . . . .	3e.	00
<b>4.</b>	Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.) . . . . .	4.	00
<b>5.</b>	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) . . . . .	▶ 5.	1723269 00
<b>6.</b>	<b>Maryland Adjusted Federal Taxable Income</b> (If line 4 is less than or equal to zero, enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and enter result. If result is less than zero, enter zero.) . . . . .	6.	00

**MARYLAND ADDITION MODIFICATIONS**  
(All entries must be positive amounts.)

<b>7a.</b>	State and local income tax . . . . .	▶ 7a.	00
<b>7b.</b>	Dividends and interest from another state, local or federal tax exempt obligation . . . . .	▶ 7b.	00
<b>7c.</b>	Net operating loss modification recapture (Do not enter NOL carryover. See instructions.) . . . . .	▶ 7c.	00
<b>7d.</b>	Domestic Production Activities Deduction . . . . .	▶ 7d.	00
<b>7e.</b>	Deduction for Dividends paid by captive REIT . . . . .	▶ 7e.	00
<b>7f.</b>	Other additions (Enter code letter(s) from instructions and attach schedules) . . . . .	▶ 7f.	00
<b>7g.</b>	Total Addition Modifications (Add lines 7a through 7f) . . . . .	7g.	00

**MARYLAND SUBTRACTION MODIFICATIONS**  
(All entries must be positive amounts.)

<b>8a.</b>	Income from US Obligations . . . . .	▶ 8a.	00
<b>8b.</b>	Other subtractions (Enter code letter(s) from instructions and attach schedule) . . . . .	▶ 8b.	00
	If you are claiming subtraction H, enter your state cannabis business license number: ▶		
<b>8c.</b>	Total Subtraction Modifications (Add lines 8a and 8b) . . . . .	8c.	00

**NET MARYLAND MODIFICATIONS**

<b>9.</b>	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.) . . . . .	9.	00
<b>10.</b>	Maryland Modified Income (Add lines 6 and 9.) . . . . .	10.	00

**APPORTIONMENT OF INCOME**

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

<b>11.</b>	Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000000.) . . . . .	▶ 11.	.000000
<b>12.</b>	Maryland apportionment income (Multiply line 10 by line 11.) . . . . .	12.	00
<b>13.</b>	Maryland taxable income (from line 10 or line 12, whichever is applicable.) . . . . .	13.	00
<b>14.</b>	Tax (Multiply line 13 by 8.25%) . . . . .	14.	00
<b>15a.</b>	Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2022 overpayment . . . . .	▶ 15a.	00
<b>15b.</b>	Tax paid with an extension request (Form 500E) . . . . .	▶ 15b.	00
<b>15c.</b>	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)		
<b>15d.</b>	Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)		
<b>15e.</b>	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here ▶ <input type="checkbox"/> if you are a non-profit corporation.		

You must file this form electronically to  
claim business tax credits from Form 500CR.



235000216

NAME ATLANTIC GENERAL H FEIN 521656507

- 15f. Nonresident tax paid on behalf of the corporation by pass-through entities  
(Attach Maryland Schedule 510/511 K-1.) . . . . . ▶ 15f. 00
- 15g. If amending, total payments made with original plus additional tax paid  
after original was filed. . . . . ▶ 15g. 00
- 15h. Total payments and credits (add lines 15a through 15g) . . . . . 15h. 00
16. Balance of tax due (If line 14 exceeds line 15h enter the difference.) . . . . . ▶ 16. 00
17. Overpayment (If line 15h exceeds line 14, enter the difference.) . . . . . ▶ 17. 00
- 17a. If amending prior overpayment (Total all refunds previously issued.) . . . . . 17a. 00
18. Interest and/or penalty from Form 500UP or late payment interest  
for original return. . . . . ▶ 18. 00
19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.) . . . . . ▶ 19. 00
20. Amount of overpayment from original return to be applied to estimated tax for 2024  
(not to exceed the net of lines 17 minus 17a and 18.) . . . . . ▶ 20. 00
21. Amount of overpayment TO BE REFUNDED  
(Add lines 18 and 20, and subtract the total from line 17.)  
(If amending subtract lines 17a and 18 from line 17.) . . . . . ▶ 21. 00

**DIRECT DEPOSIT OF REFUND** (See Instructions.) **Verify that all account information is correct and clearly legible.**  
If you are requesting direct deposit of your refund, complete the following.

▶ ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶ ☐ Check here if this refund will go to an account outside of the United States.

22a. Type of account: ▶ ☐ Checking ☐ Savings

22b. Routing Number (9-digits): ▶

22c. Account number: ▶

22d. Name as it appears on the bank account:

**INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)**

23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**).  
(If line 6 is less than zero, enter on line 23.) . . . . . 23. 00
24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per  
Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the  
amount from line 9 on line 24.) . . . . . 24. 00

**FOR USE IF AMENDING THE RETURN**

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

- ▶ ☐ 1. Amended to claim a Net Operating Loss Deduction
- ☐ 2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)
- ☐ 3. Amended to claim Business Tax Credit.
- ☐ 4. Amended to claim nonresident PTE Tax Credit
- ☐ 5. Amended to report income omitted on previous filing
- ☐ 6. Amended to change apportionment factor
- ☐ 7. Amended for another reason

Explanation of Changes:



235000316

NAME ATLANTIC GENERAL H FEIN 521656507

**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate corporations. See instructions.)

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
<b>NOTE:</b> Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.			
<b>1. Receipts</b>			
a. Gross receipts or sales less returns and allowances . . . . . ▶	00	00	
b. Dividends . . . . .	00	00	
c. Interest . . . . .	00	00	
d. Gross rents . . . . .	00	00	
e. Gross royalties . . . . .	00	00	
f. Capital gain net income . . . . .	00	00	
g. Other income (Attach schedule.) . . . . .	00	00	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) . . . . . ▶	00	00	.000000 ◀

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

<b>2. Property</b>			
a. Inventory . . . . .	00	00	
b. Machinery and equipment . . . . .	00	00	
c. Buildings . . . . .	00	00	
d. Land . . . . .	00	00	
e. Other tangible assets (Attach schedule.) . . . . .	00	00	
f. Rent expense capitalized (multiply by eight) . . . . .	00	00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) . . . . . ▶	00	00	.000000 ◀
<b>3. Payroll</b>			
a. Compensation of officers . . . . .	00	00	
b. Other salaries and wages . . . . .	00	00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) . . . . . ▶	00	00	.000000 ◀

**4. Maryland apportionment factor** Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000000 on line 11, page 2.) . . . . . .000000 ◀

▶ ☐ Check here if special apportionment or alternative apportionment formula is used.





NAME ATLANTIC GENERAL H FEIN 521656507

**SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)**

1. Telephone number of corporation tax department: (410) 641-1100
2. Address of principal place of business in Maryland (if other than indicated on page 1): \_\_\_\_\_
3. Brief description of operations in Maryland: PASSIVE INVESTMENTS
4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? . . . . ☐ Yes ☐ No  
If "yes", indicate tax year(s) here: \_\_\_\_\_ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? . . . . . ☐ Yes ☒ No
6. Is this entity part of the federal consolidated filing? . . . . . ☐ Yes ☒ No  
**If a multistate operation, provide the following:**
7. Is this entity a multistate corporation that is a member of a unitary group? . . . . . ☐ Yes ☒ No
8. Is this entity a multistate manufacturer with more than 25 employees? . . . . . ☐ Yes ☒ No

**SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)**

1. **Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.**  
List the name(s) of the qualified charitable entity on the lines below.

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**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Check here ☒ if you authorize your preparer to discuss this return with us.

Officer's signature

Date

JAMES KANUCH, VP FINANCE

Officer's Name and Title

AMY BIBBY

Printed name of the Preparer / or Firm's name

500 RIDGEFIELD COURT

Street address of preparer or Firm's address

AMY BIBBY

Preparer's signature (Required by Law)

05/15/2024

Date

ASHEVILLE, NC 28806

City, State, ZIP Code + 4

(828) 254-2254

Telephone number of preparer

► P00445891

Preparer's PTIN (Required by Law)

CODE NUMBERS (3 digits per line)

**INCLUDE ALL REQUIRED PAGES OF FORM 500**

**Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:**

Comptroller Of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, Maryland 21411-0001



MARYLAND  
FORM  
**EL102B**

**INCOME TAX PAYMENT  
VOUCHER FOR  
BUSINESS & FIDUCIARY  
ELECTRONIC FILERS**



**2023**

Comptroller of Maryland  
Revenue Administration Division  
PO Box 2601  
Annapolis, MD 21404-2601

**Account Type:** ☐ C Corp ☐ S Corp  
☐ Fiduciary ☐ Other entity

ATLANTIC GENERAL HOSPITAL

Name of corporation, pass through entity, estate or trust

521656507

Federal Employer Identification Number

Name and Title of Fiduciary

9733 HEALTHWAY DRIVE

Street Address

BERLIN

City or town

MD

State

21811

ZIP Code

+4



**If payment is made by electronic funds withdrawal (direct debit), do not submit this form.**

**Amount paid with this voucher. .... \$ 00**

*Cut along this line and file with your payment*

MARYLAND  
FORM  
**EL102B**

**INCOME TAX PAYMENT VOUCHER FOR  
BUSINESS & FIDUCIARY ELECTRONIC  
FILERS**

**2023**

**Payment by Electronic Funds Withdrawal (direct debit)**

The balance due on an electronically filed Form 500, Form 510, Form 511, or 504 may be paid by electronic funds withdrawal (direct debit). **To have the funds automatically withdrawn, provide the direct debit payment option information when electronically filing the tax return.** Complete the authorization area on Form EL101B. **If electing the direct debit option, do not submit Form EL102B.**

**Payment by Electronic Funds Transfer (EFT)**

The balance due on an electronically filed Form 500 may be paid by Electronic Funds Transfer (EFT) using either the ACH Credit or ACH Debit method. To register for the EFT Program, complete Form EFT, Authorization Agreement for Electronic Funds Transfer available at [marylandtaxes.gov](http://marylandtaxes.gov). If you have any questions, please contact our Taxpayer Services Division by calling 1-800-638-2937 or from Central Maryland 410-260-7980. **If electing the EFT option, do not submit Form EL102B.**

**Payment by Online Bill Pay**

If your paper or electronic tax return has a balance due, you may pay electronically at [marylandtaxes.gov](http://marylandtaxes.gov) by selecting Bill Pay. The amount that you designate will be debited from your bank or financial institution on the date that you choose. Note: Payments must include notice number.

**Payment by Check or Money Order**

If the entity elected not to pay electronically, make the check or money order payable to the Comptroller of Maryland. Write the entity's federal employer identification number, type of tax, and tax year being paid in blue or black ink on the check. Do not use red ink.

If the entity received a notice showing the balance due, mail the payment with the voucher in the return envelope. Otherwise, use Form EL102B to pay any balance due on the electronically filed tax return.

Enter the name, federal employer identification number and address in the space provided. Check the box to indicate the account type. Write the payment amount on the line titled "Amount paid with this voucher."

**DO NOT SEND CASH.**

**Do not mail this form with any other document.** It must be mailed separately to ensure credit for timely payment.

Mail your completed Form EL102B and payment to:

**Comptroller of Maryland  
Revenue Administration Division  
PO Box 2601  
Annapolis, MD 21404-2601**