

PUBLIC INSPECTION COPY

EXTENDED TO NOVEMBER 15, 2021

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning and ending

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	C Name of organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 820 WEST DIAMOND AVE. 500 City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878-1419	D Employer identification number 84-2670875 E Telephone number 301 315 3030 G Gross receipts \$ 51,485,592.
F Name and address of principal officer: TERRY FORDE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ 1071
I 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		
J Website: ▶ WWW.ADVENTISTHEALTHCARE.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2019 M State of legal domicile: MD

Part I Summary

Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HEALTH-CARE NETWORK; SERVICES SUCH AS ACUTE CARE, 24/7 EMERGENCY CARE, AND GENERAL SURGERY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 14 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.		
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	100,518.	549,976.
	9 Program service revenue (Part VIII, line 2g)	8,412,422.	50,843,702.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,234.	91,914.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,527,174.	51,485,592.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,902,100.	29,084,404.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,120.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,221,975.	21,451,622.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,124,075.	50,536,026.
	19 Revenue less expenses. Subtract line 18 from line 12	403,099.	949,566.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	29,044,506.	42,058,847.
	21 Total liabilities (Part X, line 26)	21,585,996.	32,260,901.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,458,510.	9,797,946.

Part II Signature Block

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

Sign Here	Signature of officer JAMES G. LEE, EXEC VICE PRESIDENT & CFO Type or print name and title	Date 11/11/2021
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 38,278,597. including grants of \$) (Revenue \$ 50,843,702.) IN 2020, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC., AN ACUTE CARE HOSPITAL, PROVIDED MEDICAL AND SURGICAL SERVICES TO THE COMMUNITY. IN ADDITION, THEY PROVIDED BENEFITS TO THE COMMUNITY THAT INCLUDED, CHARITY CARE, TEACHING PRECEPTOR OPPORTUNITIES, HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION, COMMUNITY SPONSORSHIP OPPORTUNITIES, AND COMMUNITY ENGAGEMENT ACTIVITIES.

THE HOSPITAL RECEIVED THE FOLLOWING HEALTH AWARDS: WORKPLACE PARTNERSHIP FOR LIFE SILVER RECOGNITION FOR EFFORTS TO INCREASE ORGAN, EYE, AND TISSUE DONOR REGISTRATIONS IN MARYLAND; U.S. NEWS & WORLD REPORT RANKS 2019-20 HIGH PERFORMING HOSPITAL FOR HEART FAILURE IN MARYLAND; CONTINUES ON SCHEDULE O.

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

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

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

4e Total program service expenses 38,278,597.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	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)? 4a		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	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? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	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? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) TERRY FORDE CHAIR; PRESIDENT & CEO,AHC	2.50 47.50	X		X				0.	1,575,074.	308,054.
(2) JOHN SACKETT VICE CHAIR; EVP/COO,AHC	5.00 55.00	X						0.	1,125,840.	67,261.
(3) JAMES G. LEE EVP & CFO, AHC	10.00 40.00	X		X				0.	856,033.	169,870.
(4) EUNMEE SHIM SECY.; PRES OF FWMC & AHC AMB NETWK	50.00 10.00	X		X				0.	665,719.	146,074.
(5) GRIFFIN DAVIS CHIEF MEDICAL OFFICER	40.00					X		292,488.	0.	98,635.
(6) ANN TOUPIN VP, CNO & COO	40.00					X		270,022.	0.	35,961.
(7) SHARNELL SMITH PHYSICIAN	40.00					X		238,954.	0.	36,137.
(8) JOSEPH TUCKER VP & CFO	40.00					X		200,812.	0.	14,346.
(9) HOWARD ROBINSON JR DIRECTOR, PHARMACY	40.00					X		174,526.	0.	13,034.
(10) GINA BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(11) CHARLES DAY, SR. BOARD MEMBER	1.00	X						0.	0.	0.
(12) PASTOR MARCUS HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(13) MICHELLE HEREFORD BOARD MEMBER	1.00	X						0.	0.	0.
(14) ALVIN KIBBLE BOARD MEMBER	1.00	X						0.	0.	0.
(15) KIMBERLY ROBERTSON BOARD MEMBER	1.00	X						0.	0.	0.
(16) SAMEER SHAMMAS BOARD MEMBER	1.00	X						0.	0.	0.
(17) KENNETH FISHER BOARD MEMBER	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	263,095.		
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	286,881.		
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		549,976.		
Program Service Revenue	2 a	PATIENT SERVICES	Business Code			
			622110	50,843,702.	50,843,702.	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f		50,843,702.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real	91,914.		
			(ii) Personal			
	b	Less: rental expenses ...	6b	0.		
	c	Rental income or (loss)	6c	91,914.		
	d	Net rental income or (loss)		91,914.		91,914.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code			
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		51,485,592.	50,843,702.	0.	91,914.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,652,163.	18,817,153.	5,820,164.	14,846.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	780,547.	679,844.	100,703.	
9 Other employee benefits	1,928,256.	1,545,173.	382,990.	93.
10 Payroll taxes	1,723,438.	1,423,243.	299,014.	1,181.
11 Fees for services (nonemployees):				
a Management	62,835.	53,237.	9,598.	
b Legal	7,863.		7,863.	
c Accounting				
d Lobbying	10,000.		10,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,895,381.	8,763,175.	1,132,206.	
12 Advertising and promotion	444,234.	33,394.	410,840.	
13 Office expenses	713,706.	247,096.	466,610.	
14 Information technology	254,573.	225,646.	28,927.	
15 Royalties				
16 Occupancy	2,659,050.	990,859.	1,668,191.	
17 Travel	25,444.	6,661.	18,783.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	29,244.	25,932.	3,312.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	771,201.		771,201.	
23 Insurance	674,003.		674,003.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	5,364,998.	5,364,998.	0.	0.
b COLLECTION FEES/LICENSE	538,519.	102,186.	436,333.	0.
c RECRUITING	571.	0.	571.	0.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	50,536,026.	38,278,597.	12,241,309.	16,120.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,478,956.	2	10,431,976.
	3 Pledges and grants receivable, net	46,000.	3	46,000.
	4 Accounts receivable, net	5,246,936.	4	6,159,719.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	1,121,832.
	8 Inventories for sale or use	1,450,231.	8	1,172,586.
	9 Prepaid expenses and deferred charges	1,229,493.	9	178,238.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,948,065.		
	b Less: accumulated depreciation	10b 858,002.	16,942,559.	10c 19,090,063.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	475,000.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,175,331.	15	3,858,433.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,044,506.	16	42,058,847.	
Liabilities	17 Accounts payable and accrued expenses	10,485,503.	17	9,288,078.
	18 Grants payable		18	
	19 Deferred revenue		19	2,083,004.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,418,015.	23	17,989,019.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,682,478.	25	2,900,800.
	26 Total liabilities. Add lines 17 through 25	21,585,996.	26	32,260,901.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,351,510.	27	9,690,946.
	28 Net assets with donor restrictions	107,000.	28	107,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,458,510.	32	9,797,946.
	33 Total liabilities and net assets/fund balances	29,044,506.	33	42,058,847.

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,485,592.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,536,026.
3	Revenue less expenses. Subtract line 2 from line 1	3	949,566.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,458,510.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,389,870.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,797,946.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

ADVENTIST HEALTHCARE FORT WASHINGTON
MEDICAL CENTER INC.

Employer identification number

84-2670875

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 213,535.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Name of organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		10,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			10,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC. ADVOCATED FOR

STATE BOND FUNDING TO SUPPORT ITS CONTINUED RENOVATION PROJECT TO

PROVIDE STATE OF THE ART, QUALITY CARE TO THE COMMUNITY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,110,000.		3,110,000.
b Buildings		9,232,895.	281,579.	8,951,316.
c Leasehold improvements		2,250,735.	236,593.	2,014,142.
d Equipment		3,582,493.	324,587.	3,257,906.
e Other		1,771,942.	15,243.	1,756,699.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,090,063.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) MORTGAGE RESERVE FUND	1,659,265.
(2) FINANCING LEASE RIGHT-OF-USE ASSET	500,058.
(3) OPERATING LEASE RIGHT-OF-USE ASSET	1,664,644.
(4) SECURITY DEPOSIT & OTHER	34,466.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,858,433.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCING LEASE OBLIGATIONS	514,287.
(3) OPERATING LEASE OBLIGATIONS	1,686,199.
(4) OTHER LONG TERM LIABILITIES	700,314.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,900,800.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	51,198,710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	51,198,710.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	286,882.
c	Add lines 4a and 4b	4c	286,882.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	51,485,592.

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

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

1	Total expenses and losses per audited financial statements	1	50,536,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	50,536,026.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	50,536,026.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FIN 48 NOTES:

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

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

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN 2020.

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

TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RESTRICTED CONTRIBUTIONS

Multiple horizontal lines for supplemental information input.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number	84-2670875
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			370,939.		370,939.	.73%
b Medicaid (from Worksheet 3, column a)			790,755.	652,013.	138,742.	.27%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1,161,694.	652,013.	509,681.	1.00%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			577,973.	20,022.	557,951.	1.10%
f Health professions education (from Worksheet 5)			17,249.		17,249.	.03%
g Subsidized health services (from Worksheet 6)			1,202,780.	166,940.	1,035,840.	2.05%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			23,710.		23,710.	.05%
j Total. Other Benefits			1,821,712.	186,962.	1,634,750.	3.23%
k Total. Add lines 7d and 7j			2,983,406.	838,975.	2,144,431.	4.23%

Part V Facility Information

Section A. Hospital Facilities

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

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

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

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

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , , , X, , , ,

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE URL ON SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE URL ON SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Schedule H (Form 990) 2020

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

Schedule H (Form 990) 2020

Part V Facility Information (continued)

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

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 5: IN 2015, THE PRINCE GEORGE'S COUNTY

GOVERNMENT AND MARYLAND-NATIONAL CAPITAL PARKS AND PLANNING COMMISSION

CONDUCTED A SPECIAL STUDY TO DEVELOP A PRIMARY HEALTHCARE STRATEGIC PLAN

IN PREPARATION FOR ENHANCING THE HEALTHCARE DELIVERY NETWORK. A KEY

RECOMMENDATION FROM THE PLAN WAS TO "BUILD COLLABORATION AMONG PRINCE

GEORGE'S COUNTY HOSPITALS" WHICH INCLUDED CONDUCTING A JOINT COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) WITH THE PRINCE GEORGE'S COUNTY HEALTH

DEPARTMENT. FORT WASHINGTON MEDICAL CENTER INC., ALONG WITH THE OTHER

FOUR HOSPITALS LOCATED IN PRINCE GEORGE'S COUNTY, TEAMED UP WITH THE

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT TO CREATE A "CORE TEAM" TO

FACILITATE THE 2019 CHNA PROCESS. THE PROCESS WAS DEVELOPED TO 1)

MAXIMIZE COMMUNITY INPUT, 2) LEARN FROM THE COMMUNITY EXPERTS, 3) UTILIZE

EXISTING DATA, AND 4) TO ENSURE A COMPREHENSIVE COMMUNITY PRIORITIZATION.

THE PROCESS INCLUDED: 1) A COMMUNITY RESIDENT SURVEY IN BOTH ENGLISH AND

SPANISH, 2) AN ANALYSIS OF DEMOGRAPHICS AND POPULATION DESCRIPTIONS

THROUGH SOCIOECONOMIC INDICATORS AND COMPREHENSIVE HEALTH INDICATOR

PROFILE, 3) HOSPITAL SERVICE PROFILES OF RESIDENTS SERVICED BY THE CORE

TEAM, 4) A COMMUNITY-BASED ORGANIZATION SURVEY AND KEY INFORMANT

INTERVIEWS, AND 5) A COMMUNITY PRIORITIZATIONS PROCESS THAT INCLUDED 40

REPRESENTATIVES FROM ACROSS THE COUNTY WHO ARE IDENTIFIED BELOW.

KLEINMAN, DDS, MSCD, DUSHANKA, UMD-PUBLIC HEALTH, DEPT. OF EPIDEMIOLOGY &

BIOSTATISTICS;

TERRY, MILLY, AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION;

GRANT, TERESA, PGC DEPARTMENT OF FAMILY SERVICES;

CARVANA, ANTHONY, COMMUNITY COUNSELING AND MENTORING SERVICES, INC.;

Part V Facility Information (continued)

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

MCDONOUGH, MARY LOU, PGC DEPARTMENT OF CORRECTIONS;

HOWELL, MICHELLE, THE ARC;

SHIVER, SANDERS, PGC PUBLIC SCHOOLS;

HOBAN, EVELYN, PGC HEALTH DEPARTMENT;

HALL, PHD, MPH, CLARENCE, PACANET USA;

BELON-BUTLER, ELANA, PGC DEPARTMENT OF FAMILY SERVICES;

GOMEZ, MARIA, MARY'S CENTER;

LOBRANO, MD, MARCIA, COMMUNITY CLINIC, INC.;

MALLOY, COLENTHIA, GREATER BADEN MEDICAL CENTER;

MATTHEWS, SAUNDRA, COMMUNITY CLINIC, INC.;

DEMUS, LESLIE, HEART TO HAND;

SPANN, MONICA, PGC HEALTH DEPARTMENT HEALTH ENTERPRISE ZONE;

ALDOORY, PHD, LINDA, UNIVERSITY OF MARYLAND, DEPARTMENT OF COMMUNICATION;

WILSON, ALICIA, LA CLINICA DEL PUEBLO;

MOORE, MAJOR ELAINE, PGC POLICE DEPARTMENT;

COOPER, MD, CARNELL, DIMENSIONS HEALTHCARE SYSTEM/PRINCE GEORGE'S HOSPITAL

CENTER;

HALL, MD, TRUDY, LAUREL REGIONAL HOSPITAL CENTER;

JOHNSON-THREAT, MD, YVETTE, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER;

MOORE, SHERRI, DOCTORS COMMUNITY HOSPITAL;

SMITH, MD, SHARNELL, FORT WASHINGTON MEDICAL CENTER/NEXUS;

SULLIVAN, TIFFANY, DIMENSIONS HEALTHCARE SYSTEM;

WATERS, MD, JD, FCLM, VICTOR, FORT WASHINGTON MEDICAL CENTER/NEXUS;

PROCTOR, NATALIE STANDINGONTHEROCK, WILD TURKEY CLAN, CEDARVILLE BAND OF

PISCATAWAY CONOY;

DODO, KODJO, PGC HEALTH DEPARTMENT, WIC PROGRAM;

HEWLETT, ELIZABETH, MARYLAND NATIONAL PARK AND PLANNING COMMISSION;

Part V Facility Information (continued)

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

BRYANT, TRACY, UNITED HEALTHCARE COMMUNITY PLAN;

MOOREHEAD, CREIGHTON, NORVARTIS (FORMERLY WITH KAISER);

AMIN, MENA, THE COMMUNITY FOUNDATION, PRINCE GEORGE'S COUNTY;

BARRON, EREK, HOUSE OF DELEGATES;

OWUSU-ASCHEAW, POKUAA, FOR SENATOR JOANNE BENSON;

CREEKMUR, PAMELA B., PGC HEALTH DEPARTMENT;

HARRINGTON, DAVID, PGC CHAMBER OF COMMERCE;

CARTER, MD, PHD, ERNEST, PGC HEALTH DEPARTMENT;

BROWN, ERIC, PGC DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT;

WOOD, DENNIS, PGC FIRE/EMS DEPARTMENT;

BATES, RN, MS, KAREN, OFFICE OF SCHOOL HEALTH, PRINCE GEORGE'S COUNTY

PUBLIC SCHOOLS;

BROWN, GLORIA, PGC DEPARTMENT OF SOCIAL SERVICES;

BRUCE, GERALYN, PGC DEPT. PUBLIC WORKS & TRANSPORTATION;

SNOWDEN, CAROL LYNN, PGC DEPARTMENT OF FAMILY SERVICES.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 6A: DOCTORS COMMUNITY HOSPITAL; LAUREL REGIONAL

HOSPITAL; MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER; AND PRINCE GEORGE'S

HOSPITAL CENTER.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

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

SOUTHERN MARYLAND REGIONAL COALITION FOR CARE TRANSITIONS;

PRINCE GEORGE'S COMMUNITY COLLEGE HEALTH BUSINESS SCHOOL;

Part V Facility Information (continued)

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

FRIENDLY HIGH SCHOOL, BEHAVIORAL HEALTH;

RIVER JORDAN PROJECT, PRINCE GEORGE'S COUNTY DISTRICT 8 HEALTH;

COMMUNITY COALITION;

PRINCE GEORGE'S CHAMBER OF COMMERCE AND AMERICAN DIABETES ASSOCIATION.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

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

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

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

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

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

PART V, SECTION B, LINE 7B:

THE CHNA REPORT CAN ALSO BE FOUND ON THESE LINKS:

[HTTPS://WWW.DCHWEB.ORG/WELLNESS/COMMUNITY-HEALTH-NEED-ASSESSMENT](https://www.dchweb.org/wellness/community-health-need-assessment)

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

PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS

URL:

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

AHC FORT WASHINGTON MEDICAL CENTER INC.:

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

Part V Facility Information (continued)

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

COMMUNITY NEEDS DUE TO BUDGET CONSTRAINTS. HOWEVER, TO ENSURE THAT ALL HEALTH NEEDS WERE MET, FWMC, ALONG WITH THE OTHER FOUR HOSPITALS IN PRINCE GEORGE'S COUNTY AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET EACH IDENTIFIED COMMUNITY HEALTH NEED. WHILE THE CORE TEAM LED THE DATA GATHERING PROCESS OF THE CHNA, THERE WAS RECOGNITION THAT THERE MUST BE SHARED OWNERSHIP OF THE COUNTY'S COMMUNITY'S HEALTH. FWMC IS DIRECTLY ADDRESSING NEEDS RELATED TO DIABETES AND HEART DISEASE THROUGH DIABETIC EDUCATION AND TRAINING CLASSES, AN EXERCISE AND FITNESS PROGRAM, AND COMMUNITY OUTREACH SCREENING PROGRAMS. IN ADDITION, THE HOSPITAL ADDED INPATIENT DIALYSIS AND LITHOTRIPSY SERVICES. FWMC PARTNERS WITH PG COUNTY HEALTH DEPARTMENT AND GILEAD SCIENCES. INC., TO ADDRESS THE GROWING CONCERN OF HIV AND HEPATITIS C IN THE COMMUNITY THROUGH FREE HIV AND HEPATITIS C TESTING IN THE EMERGENCY ROOM DEPARTMENT. IN ORDER TO ASSURE THAT THE COMMUNITY HAS ACCESS TO ALL IDENTIFIED NEEDS, THOSE SERVICES THAT CANNOT BE DIRECTLY DONE BY FWMC ARE SERVICES THAT THE HOSPITAL HAS DEVELOPED A LINK TO CARE TO ASSURE THAT THEY CAN REFER ANY PATIENT TO THE SERVICES THAT ARE IDENTIFIED OR NEEDED.

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

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

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

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

Part V Facility Information *(continued)*

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

Multiple horizontal lines for providing supplemental information.

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

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

Part VI Supplemental Information (Continuation)

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

PART I, LINE 7:

MARYLAND'S UNIQUE ALL PAYER SYSTEM PROVIDES A MECHANISM FOR INCLUDING

UNCOMPENSATED CARE FUNDING IN EACH PROVIDER'S RATES. FOR PURPOSES OF

COMPLETING ADVENTIST HEALTHCARE'S FORM 990, THESE UNCOMPENSATED CARE

ADJUSTMENTS TO OUR APPROVED RATE ORDER ARE NOT PRESENTED AS AN OFFSET TO

THE LEVEL OF UNCOMPENSATED CARE WE PROVIDED.

SINCE THE HSCRC ASSESSES HOSPITALS TO SUBSIDIZE THE STATE'S MEDICAID

BUDGET DEFICIT, THESE ASSESSMENTS (NET OF AMOUNTS BUILT IN RATES) ARE ALSO

COUNTED TOWARD COMMUNITY BENEFITS.

FOR PURPOSES OF PREPARING SCHEDULE H OF FORM 990, ADVENTIST HEALTHCARE

CALCULATED A COST TO CHARGE RATIO AS REFLECTED IN ITS 2020 AUDITED

FINANCIAL STATEMENTS. THE COST TO CHARGE RATIO WAS USED TO REDUCE THE

YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST.

IN ADDITION, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER ALSO

CONSIDERS THE NET MEDICAID DEFICIT ASSESSMENT AS A COMPONENT OF COMMUNITY

BENEFIT. THIS ASSESSMENT IS CHARGED TO ALL MARYLAND HOSPITALS TO FUND THE

STATE MEDICAID BUDGET SHORTFALL.

PART II, COMMUNITY BUILDING ACTIVITIES:

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER'S COMMUNITY BUILDING

Part VI Supplemental Information (Continuation)

ACTIVITIES WERE DONE JOINTLY AT THE CORPORATE LEVEL WITH ADVENTIST
HEALTHCARE, INC. TO CENTRALIZE THE ACTIVITIES PERFORMED AS A SYSTEM.
ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER PLAYED AN INTEGRAL
ROLE AND CONTRIBUTED TO SEVERAL OUTREACH PROGRAMS AS PART OF ITS MISSION.
ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER AND ADVENTIST
HEALTHCARE'S MISSION IS "WE EXTEND GOD'S CARE THROUGH THE MINISTRY OF
PHYSICAL, MENTAL AND SPIRITUAL HEALING." ADVENTIST HEALTHCARE FORT
WASHINGTON MEDICAL CENTER AND ADVENTIST HEALTHCARE GO BEYOND TRADITIONAL
HOSPITAL CARE TO OFFER EXPERTISE AND RESOURCES THAT HELP STRENGTHEN THE
COMMUNITY'S INFRASTRUCTURE IN A WAY THAT PROMOTES HEALTH AND WELL-BEING.

IN 2020, A MAJORITY OF ADVENTIST HEALTHCARE'S COMMUNITY BUILDING
ACTIVITIES CONSISTED OF: LOWERING HEALTHCARE COSTS AND PROMOTING HEALTH
AND WELLBEING OF THE COMMUNITY; ADVOCATING ON COMMUNITY HEALTH
IMPROVEMENTS THROUGH OUR GOVERNMENT RELATIONS AND PUBLIC POLICY
DEPARTMENT; AND ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS.

GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES:
IN 2020, ADVENTIST HEALTHCARE WORKED WITH STATE AND FEDERAL LEADERS TO
ENSURE ACCESS TO CARE AND ADEQUATE SUPPORT FOR HEALTHCARE PROVIDERS
THROUGHOUT THE COVID19 PANDEMIC. WE ALSO CONTINUED TO SUPPORT OUR
COMMUNITY PARTNERS LIKE MANNA FOOD AND OTHERS TO ENSURE VULNERABLE
POPULATIONS HAD ACCESS TO FOOD AND OTHER ESSENTIAL NEEDS. WE WORKED WITH
THE MARYLAND HOSPITAL ASSOCIATION TO EXPAND ACCESS TO CARE, IN PART BY
SUPPORTING PUBLIC POLICY THAT SUPPORTS HEALTH PROFESSIONALS WHO PROVIDE
PUBLIC SERVICE IN MARYLAND STATE OR LOCAL GOVERNMENT OR NONPROFIT AGENCIES
IN MARYLAND TO LOW INCOME OR UNDERSERVED RESIDENTS. WE WORK CLOSELY WITH
LOCAL CHAMBERS OF COMMERCE TO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT

Part VI Supplemental Information (Continuation)

PROJECTS ACROSS MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY.

HEALTH PARTNERSHIPS WITHIN THE COMMUNITY:

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

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

DISPARITIES, IMPROVING ACCESS TO CULTURALLY APPROPRIATE CARE AND PROVIDING

COMMUNITY WELLNESS OUTREACH AND EDUCATION. A TEAM OF HEALTH EDUCATORS,

CLINICAL CARE COORDINATORS, NURSES, PATIENT NAVIGATORS, PUBLIC HEALTH

RESEARCHERS AND INTERNS WORK TOGETHER TO ENSURE THE DELIVERY OF

POPULATION-BASED CARE AND PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE

SERVE.

ADVENTIST HEALTHCARE WORKS TO ADDRESS NOT JUST THE PHYSICAL AND MENTAL

HEALTH NEEDS OF OUR PATIENTS AND COMMUNITY MEMBERS, BUT TO ADDRESS

WHOLE-PERSON HEALTH. TO DO THIS, WE DEVELOP PARTNERSHIPS AND COLLABORATE

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

EXPAND OUR EXPERTISE AND RESOURCES AND THEREFORE HAVE A LARGER COLLECTIVE

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

PARTNERSHIPS IS DESCRIBED BELOW:

1) FAITH COMMUNITY NURSE NETWORK (FCN):

ADVENTIST HEALTHCARE, THROUGH OUR FAITH COMMUNITY HEALTH NETWORK, SERVES

THE LOCAL COMMUNITIES OF FAITH (CHURCHES, TEMPLES, MOSQUES, ETC.), BY

PROVIDING ASSESSMENT, TRAINING AND CONSULTATION, EMPOWERING THEM TO BECOME

CENTERS OF HEALTH AND HEALING, RESULTING IN IMPROVED WHOLE PERSON HEALTH.

WE "PROMOTE COMMUNITY HEALTH THROUGH FAITH LEADERS". TOGETHER, SINCE 1995,

Part VI Supplemental Information (Continuation)

THIS PARTNERSHIP HAS HELPED IN

ACHIEVING A THRIVING CULTURE DEMONSTRATING PHYSICAL, MENTAL AND SPIRITUAL
WELLBEING.

OUR COMMITMENT IS TO HELP OUR COMMUNITIES OF FAITH TO DEVELOP STRONG
HEALTH MINISTRIES TO REACH THE MEMBERS AND SURROUNDING COMMUNITIES. THIS
IS ACCOMPLISHED THROUGH THE ON-GOING TRAININGS OF THE FAITH COMMUNITY
NURSES, HEALTH MINISTERS, HEALTH TEAMS, PASTORS AND ADMINISTRATORS,
SUPPLYING EVIDENCE-BASED EDUCATION AND TOOLS NECESSARY TO ASSESS THE NEEDS
AND RISK FACTORS, OUTLINE LIFESTYLE STRATEGIES FOR DISEASE PREVENTION AND
MANAGEMENT, IMPLEMENT HEALTH PROGRAMMING (BASED ON ASSESSMENT RESULTS)
WITH ONGOING MEASUREMENT AND EVALUATION OF HEALTH OUTCOMES, THEREBY
INCREASING THE POTENTIAL FOR OPTIMAL HEALTH AND WHOLENESS. ALL OF THIS IS
DONE IN CONJUNCTION WITH THE NEEDS IDENTIFIED IN THE ADVENTIST
HEALTHCARE'S COMMUNITY HEALTH NEEDS ASSESSMENT.

IT IS NOT A NEW IDEA FOR CHURCHES TO DEVELOP AND IMPLEMENT HEALTH
PROGRAMS. CHURCHES CAN BRING A HOLISTIC PERSPECTIVE TO AN UNDERSTANDING OF
HEALTH AS BEING IN HARMONY WITH ONESELF, ONE'S GOD, OTHERS AND THE
ENVIRONMENT. THE CHURCH IS A KNOWN AND TRUSTED PLACE WHERE PEOPLE FEEL
COMFORTABLE IN THEIR MOST VULNERABLE HOUR. IT IS A NATURAL "REFERENCE
POINT." AT ADVENTIST HEALTHCARE, WE BELIEVE THIS TO BE A NECESSARY,
NATURAL, SYMBIOTIC AND SYNERGISTIC PARTNERSHIP.

2)HEALTHY MONTGOMERY:

HEALTHY MONTGOMERY IS THE LOCAL HEALTH IMPROVEMENT COALITION FOR
MONTGOMERY COUNTY, MARYLAND. ADVENTIST HEALTHCARE PARTNERS WITH AND
SUPPORTS HEALTHY MONTGOMERY BOTH STRATEGICALLY AND FINANCIALLY.

Part VI Supplemental Information (Continuation)

REPRESENTATIVES FROM ADVENTIST HEALTHCARE SIT ON THE HEALTHY MONTGOMERY

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

WORKGROUP, AMONG OTHERS. ADVENTIST HEALTHCARE ALSO CONTRIBUTES \$50,000

ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY.

HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS SUCH AS

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

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

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

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

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

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

MANY ACCOMPLISHMENTS, HEALTHY MONTGOMERY HAS BEEN ABLE TO PROVIDE LOCAL

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

THIS DATA MORE EASILY AVAILABLE, COMMUNITY STAKEHOLDERS, ADVENTIST

HEALTHCARE INCLUDED, ARE BETTER ABLE TO IDENTIFY NEEDS IN THE COMMUNITY

THAT MAY HAVE OTHERWISE BEEN MASKED BY LESS GRANULAR DATA. THIS ALLOWS

FOR MORE STRATEGIC AND TARGETED HEALTH PREVENTION AND PROMOTION

PROGRAMMING TO BE DEVELOPED.

3) PRINCE GEORGE'S HEALTHCARE ACTION COALITION:

PRINCE GEORGE'S HEALTHCARE ACTION COALITION (PGHAC) SERVES AS A COMMUNITY

HEALTH NETWORK AND FORUM FOR COLLABORATION TO ADVANCE THE HEALTH OF PRINCE

GEORGE'S COUNTY. THIS COMMUNITY-POWERED COALITION REPRESENTS OVER 70

COMMUNITY ORGANIZATIONS, HEALTH CARE PROVIDERS AND STAKEHOLDERS IN

COMMUNITY HEALTH.

THE COALITION WAS FORMED IN 2012 UNDER THE LEADERSHIP OF PRINCE GEORGE'S

Part VI Supplemental Information (Continuation)

COUNTY HEALTH DEPARTMENT (PGCHD), WITH HEALTH OFFICER PAMELA CREEKMUR

SERVING AS CHAIRWOMAN. THE PGHAC LEADS THE PROCESS FOR DEVELOPING AND

EXECUTING THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR THE COUNTY. THIS

INCLUDES ORGANIZING SEVERAL WORK GROUPS AND BRINGING TOGETHER PARTNERS IN

AREAS SUCH AS HEALTH EQUITY, BEHAVIORAL HEALTH AND HEALTHY EATING AND

ACTIVE LIVING.

4) NEXUS MONTGOMERY:

NEXUS MONTGOMERY IS A PARTNERSHIP OF FOUR HEALTH SYSTEMS IN MONTGOMERY

COUNTY, MARYLAND, INCLUDING ADVENTIST HEALTHCARE, HOLY CROSS HEALTH,

MEDSTAR MONTGOMERY AND SUBURBAN HOSPITAL. THE PARTNERSHIP IS FOCUSED ON

IMPROVING THE WELL-BEING OF PATIENTS AND COMMUNITY MEMBERS AND REDUCING

POTENTIAL AVOIDABLE UTILIZATION (PAU)'S AND TOTAL COST OF CARE. EXAMPLES

OF STRATEGIES AND PROGRAMS THAT THE PARTNERSHIP HAS WORKED ON INCLUDE:

WELLNESS AND INDEPENDENCE FOR SENIORS AT HOME (WISH), HOSPITAL CARE

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

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

ADULTS TO REDUCE HOSPITAL ADMISSIONS; IMPROVE TRANSITIONS FROM

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

COMMUNITY-BASED RESOURCES FOR THE SEVERELY MENTALLY ILL. MOST RECENTLY

NEXUS IS MOVING FORWARD WITH A REGIONAL INITIATIVE TO ADDRESS DIABETES

PREVENTION AND MANAGEMENT IN OUR COMMUNITY.

5) CASA:

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDED CASA DE

MARYLAND GRANT FUNDING TO SUPPORT ACCESS TO CARE AND SOCIAL SERVICES AMONG

LOW-INCOME POPULATIONS IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. FUNDS

WERE USED FOR SERVICES SUCH PROVIDE HEALTH AND SOCIAL SERVICE NAVIGATION

Part VI Supplemental Information (Continuation)

ASSISTANCE, ASSISTANCE ENROLLING IN OR PRESERVING HEALTH INSURANCE THROUGH

PUBLIC OPTIONS AND HEALTH LITERACY WORKSHOPS.

FUND WERE UTILIZED TO INCREASE CAPACITY FOR THEIR MULTILINGUAL HEALTH AND

SOCIAL SERVICES HOTLINE WHICH PROVIDES HEALTH EDUCATION AND INFORMATION,

AS WELL AS NAVIGATIONAL ASSISTANCE TO HEALTH SERVICES, FOOD BANKS,

SHELTER, AND OTHER VITAL SOCIAL SERVICES. THE HOTLINE WAS ALSO ASSISTING

CALLERS IN ACCESSING COVID TESTING AND TREATMENT, QUARANTINE SUPPORT AND

CONTACT TRACING, AS WELL AS UNEMPLOYMENT AND OTHER PUBLIC BENEFITS.

PART III, LINE 2:

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

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

DEBT PROVISION THAT HAS BEEN REPORTED IN THE 2020 AUDITED FINANCIAL

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

TOTAL OPERATING EXPENSE IS DIVIDED BY TOTAL CHARGES AS REFLECTED IN THE

ORGANIZATION'S GENERAL LEDGER.

THE BAD DEBT EXPENSE THAT IS RECORDED IN THE GENERAL LEDGER REFLECTS THE

AMOUNT OF PROVISION MANAGEMENT DEEMS NECESSARY TO REPORT PATIENT ACCOUNTS

RECEIVABLE AT THEIR NET REALIZABLE VALUE. IN EVALUATING THE

COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, WE ANALYZE HISTORICAL

TRENDS FOR EACH MAJOR PAYOR AND ESTIMATE THE APPROPRIATE ALLOWANCE FOR

DOUBTFUL COLLECTIONS.

PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:

6) LEADERSHIP MONTGOMERY:

LEADERSHIP MONTGOMERY'S MISSION IS TO EDUCATE, INSPIRE, CONVENE, AND

CONNECT LEADERS TO ADVANCE MONTGOMERY COUNTY. THEY OFFER SEVERAL

Part VI Supplemental Information (Continuation)

PROGRAMS FOR BUILDING A NETWORK OF ENGAGED LEADERS IN OUR COMMUNITY.

THEY ALSO HAVE A STRONG FOCUS ON VOLUNTEERING THROUGH THEIR CORPORATE

VOLUNTEER COUNCIL PROGRAM WHICH IS DESIGNED TO CONNECT BUSINESSES AND

PROFESSIONALS TO STRUCTURED VOLUNTEER AND COMMUNITY ENGAGEMENT

OPPORTUNITIES. ADDITIONALLY, THEY HAVE A STRONG FOCUS ON RACIAL EQUITY

AND SOCIAL JUSTICE. THEIR REAL INCLUSION PROGRAM EXAMINES THE SYSTEMIC

BELIEFS, PRACTICES AND POLICIES THAT HAVE PERPETUATED RACIAL INEQUITIES

AND SITUATES THAT ANALYSIS WITHIN THE CONTEXT OF ORGANIZATIONAL

LEADERSHIP.

IN 2020 ADVENTIST HEALTHCARE PROVIDED LEADERSHIP MONTGOMERY WITH GRANT

FUNDING TO EXPAND THEIR RACIAL EQUITY PROGRAMS AND TRAININGS AS WELL AS

TO ASSIST WITH THE COORDINATION OF VIRTUAL VOLUNTEER OPPORTUNITIES IN

THE COMMUNITY.

7) IDENTITY:

IDENTITY IS A NON-PROFIT AIMED AT CREATING OPPORTUNITIES FOR LATINO AND

OTHER MULTICULTURAL YOUTH IN MONTGOMERY COUNTY TO REALIZE THEIR HIGHEST

POTENTIAL THROUGH INCREASED RESILIENCE AGAINST NEGATIVE BEHAVIORS AND

INCREASED SELF-MANAGEMENT AND SELF-EFFICACY. THEIR PROGRAMS PROVIDE

SOCIAL AND EMOTIONAL SUPPORT, ACADEMIC AID, AND WORKFORCE DEVELOPMENT

SKILL-BUILDING SUPPORTED BY WRAPAROUND SERVICES, INCLUDING FAMILY CASE

MANAGEMENT, BEHAVIORAL HEALTH (INDIVIDUAL, FAMILY AND GROUP THERAPY

UTILIZING BOTH TRADITIONAL AND NON-TRADITIONAL TECHNIQUES), ACCESS TO

HEALTHCARE AND FITNESS AND RECREATION. ALL PROGRAMS ARE TRAUMA-INFORMED

AND ARE BASED ON THE POSITIVE YOUTH DEVELOPMENT MODEL.

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDED IDENTITY

Part VI Supplemental Information (Continuation)

WITH GRANT DOLLARS IN 2020 TO RESPOND TO THE TRAUMATIC MENTAL HEALTH
IMPACTS OF COVID-19 BY SUPPORTING YOUTH DEVELOPMENT SPECIALISTS AND
PARENT OUTREACH WORKERS IN PROVIDING TRAUMA-INFORMED MENTAL HEALTH
SUPPORT SERVICES; UP TO 250 HOURS OF VIRTUAL CLINICAL THERAPY; AND
PSYCHO EDUCATIONAL GROUPS AND WEBINARS.

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER AND ADVENTIST
HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY BUILDING
ACTIVITIES IN 2021. PROVIDING COMMUNITY BUILDING ACTIVITIES IS
ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION.

PART III, LINE 4:

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

PART III, LINE 8:

ACUTE CARE HOSPITALS IN MARYLAND ARE EXEMPT FROM MEDICARE REIMBURSEMENT
METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND MEDICAID) PAY
HOSPITALS' CHARGES, WHICH ARE REGULATED BY THE STATE'S HEALTH SERVICES
COST REVIEW COMMISSION (HSCRC). SPECIFICALLY, MEDICARE IS AWARDED A

Part VI Supplemental Information (Continuation)

DISCOUNT OF 7.7% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS, AS WELL AS A 2% REDUCTION FOR SEQUESTRATION. A SHORTFALL WILL ONLY EXIST WHEN THE MEDICARE COLLECTION EXPERIENCE IS LOWER THAN THE FACILITY'S COST TO CHARGE RATIO. IF SUCH A SHORTFALL EXISTS, NONE OF IT SHOULD BE COUNTED TOWARDS A COMMUNITY BENEFIT CALCULATION.

ADVENTIST HEALTHCARE USES ITS INCOME STATEMENT TO COMPUTE A COST TO CHARGE RATIO USED TO ESTIMATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS.

PART III, LINE 9B:

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

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

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

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

Part VI Supplemental Information (Continuation)

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

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

PART VI, LINE 2:

FORT WASHINGTON MEDICAL CENTER (FWMC) PARTICIPATED AS A MEMBER OF A "CORE TEAM" COMPRISED OF 5 HOSPITALS IN PRINCE GEORGE'S COUNTY AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2019. AS REQUIRED TO IDENTIFY THE NEEDS OF THOSE LIVING IN ITS PRIMARY AND SECONDARY SERVICE AREAS IN PRINCE GEORGE'S COUNTY, CHARLES COUNTY, AND WASHINGTON, D.C. THIS COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED TO IDENTIFY HEALTH NEEDS AND DEVELOP STRATEGIES TO IMPROVE HEALTH CONDITIONS IN THE SURROUNDING COMMUNITIES SERVICED BY THE HOSPITAL. IN ADDITION, WE ARE ACTIVELY INVOLVED WITH THE PRINCE GEORGE'S COUNTY HEALTHCARE ACTION COALITION (PGHAC) DEVELOPED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO ASSIST IN MAKING MARYLAND HEALTHIER. PGHAC'S MISSION IS TO IMPROVE THE HEALTH OF THE RESIDENTS OF PRINCE GEORGE'S COUNTY BY INCREASING ACCESS TO CARE, PROMOTING COLLABORATION AMONG HEALTH CARE PROVIDERS AND KEY STAKEHOLDERS, AND INTEGRATING AND COORDINATING PATIENT CARE TO REDUCE DUPLICATION OF AND

Part VI Supplemental Information (Continuation)

ENHANCE SEAMLESS HEALTH SERVICE DELIVERY. FWMC IS INVOLVED WITH THE
"ACCESS TO CARE" WORK GROUP WITH A FOCUS ON ENSURING RESIDENTS RECEIVE
NEEDED HEALTH CARE, PARTICULARLY LOW INCOME, UNINSURED/UNDERINSURED ADULTS
AND CHILDREN. THE ORGANIZATION HAS BEEN INVOLVED FROM THE BEGINNING OF
THE INITIATIVE WORKING WITH PUBLIC HEALTH EXPERTS, AGENCIES, HOSPITAL
PERSONNEL AND COMMUNITY ORGANIZATIONS TO LAY A FOUNDATION FOR ADDRESSING
THIS ISSUE AND ESTABLISHING WAYS TO PROMOTE AND COMMUNICATE THE INITIATIVE
AND MONITOR
AND MEASURE ITS OVERALL EFFECTIVENESS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY:

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

Part VI Supplemental Information (Continuation)

WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL
HARDSHIP, CUSTOMER SERVICE REPS AND SELF-PAY COLLECTORS WILL NOTIFY THE
PATIENT OF THE AVAILABILITY OF ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE
AND MAIL A CHARITY APPLICATION TO THE PATIENT AND (6) RESIDENTS WHO
PARTICIPATE IN OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY,
ETC., ARE INFORMED OF ADVENTIST HEALTHCARE'S CHARITY PROGRAM PRIOR TO
RECEIVING SERVICES.

PART VI, LINE 4:

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

Part VI Supplemental Information (Continuation)

D.C. TEMPLE HILLS HAS A POPULATION OF 37,588 PEOPLE, AFRICAN AMERICAN
COMPRISE THE MAJORITY OF THE POPULATION WITH 85.36% RESIDENTS, 6.48% WHITE
RESIDENTS AND 6.80% HISPANIC RESIDENTS. THERE IS A SMALL POPULATION OF
NATIVE HAWAIIAN, ASIANS, AMERICAN INDIAN AND PACIFIC ISLANDERS. NEARLY
16.8% OF THE POPULATION IS CONSIDERED BELOW THE POVERTY LINE. THE MEDIAN
TEMPLE HILLS HOUSEHOLD INCOME IS \$60,920 AND THE AVERAGE AGE OF THE TEMPLE
HILLS RESIDENT IS 31 YEARS.

PART VI, LINE 6:

AFFILIATED HEALTH CARE:

ADVENTIST HEALTHCARE, BASED IN GAITHERSBURG, MD., IS A FAITH-BASED,
NOT-FOR-PROFIT ORGANIZATION OF DEDICATED PROFESSIONALS WHO WORK TOGETHER
EACH DAY TO PROVIDE EXCELLENT WELLNESS, DISEASE MANAGEMENT AND HEALTH-CARE
SERVICES TO THE COMMUNITY. WE WERE FOUNDED UPON THE PRINCIPLE OF WELLNESS
MORE THAN 100 YEARS AGO AND TODAY PROVIDE INNOVATIVE CARE TO HEART-ATTACK
VICTIMS, CANCER PATIENTS, PREMATURE BABIES AND THE COMMUNITY AS A WHOLE.
OUR UNWAVERING FOCUS HAS ALWAYS BEEN ON THE HEALTH AND WELLNESS OF THE
COMMUNITIES WE SERVE. WE ARE ALREADY A STEP AHEAD AS HEALTH CARE REFORM IS
CHALLENGING HOSPITAL SYSTEMS NATIONWIDE TO IMPROVE THE HEALTH OF
POPULATIONS; OUR INTEGRATED, HEALTH-CARE DELIVERY NETWORK INCLUDES FOUR
NATIONALLY ACCREDITED, ACUTE-CARE AND SPECIALTY HOSPITALS, MENTAL HEALTH
SERVICES, HOME HEALTH AGENCIES AND URGENT CARE CENTERS, SERVING THE
WASHINGTON, D.C. METROPOLITAN AREA.

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

Part VI Supplemental Information (Continuation)

HEALTHCARE FORT WASHINGTON MEDICAL CENTER, ADVENTIST HEALTHCARE
REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES, THE REGINALD S.
LOURIE CENTER FOR CHILDREN'S SOCIAL & EMOTIONAL WELLNESS, ADVENTIST
HEALTHCARE URGENT CARE CENTERS, AND OTHER HEALTH SERVICES. TOGETHER MORE
THAN 2,000 AFFILIATED PRIMARY AND SPECIALTY CARE PHYSICIANS, ADVENTIST
HEALTHCARE ENCOMPASSES MANY OF THE NECESSARY CARE DELIVERY COMPONENTS
NEEDED TO DELIVER POPULATION-BASED CARE ACROSS THE CONTINUUM.

OUR COMMITMENT TO THE COMMUNITY EXTENDS BEYOND OUR WALLS TO ENCOMPASS THE
MOST VULNERABLE AND UNDERSERVED. IN 2020, THERE WERE APPROXIMATELY 673,144
OVERALL ENCOUNTERS ACROSS ALL OF OUR FACILITIES AND PROGRAMS. WE ALSO
PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFIT. AS ONE OF THE
LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE
DEDICATED COMMITMENT OF 5,934 EMPLOYEES AND NUMEROUS VOLUNTEERS PROVIDING
OVER 25,929 HOURS OF TIME, THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE
COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY.

IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST
HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO
IMPROVE ACCESS TO HEALTH CARE FOR LOW-INCOME AND UNINSURED INDIVIDUALS, AS
WELL AS HISTORICALLY UNDER-SERVED COMMUNITIES INCLUDING MINORITIES AND
IMMIGRANTS. OUR GOAL IS EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS
FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR
DEMOGRAPHIC CHARACTERISTICS.

VISIT WWW.ADVENTISTHEALTHCARE.COM TO LEARN EVEN MORE ABOUT OUR SERVICES
AND OUR LONGSTANDING BELIEF THAT A HEALTHY LIFESTYLE IS THE BEST WAY TO
PREVENT DISEASE, AND THAT PREVENTION IS MUCH BETTER THAN A CURE.

Part VI Supplemental Information (Continuation)

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

MD

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2020

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVENTIST HEALTHCARE FORT WASHINGTON
MEDICAL CENTER INC.

Employer identification number
84-2670875

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TERRY FORDE CHAIR; PRESIDENT & CEO,AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	910,479.	363,083.	301,512.	272,570.	35,484.	1,883,128.	189,349.
(2) JOHN SACKETT VICE CHAIR; EVP/COO,AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	646,430.	194,690.	284,720.	26,000.	41,261.	1,193,101.	100,516.
(3) JAMES G. LEE EVP & CFO, AHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	579,230.	165,825.	110,978.	147,781.	22,089.	1,025,903.	71,660.
(4) EUNMEE SHIM SECY.; PRES OF FWMC & AHC AMB NETWK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	407,395.	133,295.	125,029.	115,594.	30,480.	811,793.	64,375.
(5) GRIFFIN DAVIS CHIEF MEDICAL OFFICER	(i)	277,370.	448.	14,670.	79,469.	19,166.	391,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANN TOUPIN VP, CNO & COO	(i)	182,012.	0.	88,010.	21,000.	14,961.	305,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHARNELL SMITH PHYSICIAN	(i)	220,656.	17,200.	1,098.	18,423.	17,714.	275,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSEPH TUCKER VP & CFO	(i)	138,913.	0.	61,899.	13,912.	434.	215,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HOWARD ROBINSON JR DIRECTOR, PHARMACY	(i)	122,727.	0.	51,799.	7,547.	5,487.	187,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

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

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

Part III Supplemental Information

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

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

PART I, LINES 4A-B:

CERTAIN EMPLOYEES RECEIVED COMPENSATION FROM A DISTRIBUTION UNDER AN
EXECUTIVE RETENTION 457F PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015.
PRE-TAX CONTRIBUTIONS ARE ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON
JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED, OR SOONER BASED ON CERTAIN
EXCEPTIONS. THERE IS TYPICALLY A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS
ARE RELEASED. CONTRIBUTIONS ACCUMULATED IN 2018 WERE GENERALLY DISTRIBUTED
ON JANUARY 1, 2020 AND CONTRIBUTIONS ACCUMULATED IN 2019 WILL GENERALLY BE
DISTRIBUTED ON JANUARY 1, 2021. AMOUNTS LISTED UNDER PART II, COLUMN F
INCLUDE PAYOUT AMOUNTS WHICH WERE CONSIDERED DEFERRED COMPENSATION FROM THE
457F PLAN IN OUR PRIOR YEAR RETURNS AND THESE AMOUNTS ARE NOW BEING SHOWN
UNDER THE OTHER REPORTABLE INCOME, COLUMN B (III).

Part III Supplemental Information

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

THE 457(F) PLAN DISCUSSED IMMEDIATELY ABOVE PAYS CERTAIN PARTICIPANTS

SUPPLEMENTAL RETIREMENT PAYMENTS IN DIRECT CASH, RATHER THAN RETENTION

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

FOLLOWING TWO EXECUTIVES RECEIVED SUPPLEMENTAL RETIREMENT PAYMENTS UNDER

THIS PLAN FEATURE:

JOHN SACKETT: \$130,857 EARLY LUMP-SUM;

ANN TOUPIN: \$46,648 EARLY LUMP-SUM.

ALSO, IN 2020, A SEVERANCE PAYMENT WAS MADE TO:

ANN TOUPIN: \$36,485;

JOSEPH TUCKER: \$38,430.

PART I, LINE 7:

THE ANNUAL INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION

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

EMPLOYEE AND PATIENT ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL

PERFORMANCE, AMONG OTHER THINGS. THE ANNUAL INCENTIVE COMPENSATION APPLIES

TO DIRECTORS AND ABOVE.

Part III Supplemental Information

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

SUPPLEMENTAL INFORMATION:

OTHER REPORTABLE COMPENSATION INCLUDES RETENTION PAYMENTS AND LUMP-SUM

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

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

REPORTABLE COMPENSATION ALSO INCLUDES LONG-TERM DISABILITY COVERAGE,

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

(ONLY FOR EMPLOYEES WHO LEAVE OUR ORGANIZATION), IMPUTED VALUE OF LIFE

INSURANCE BENEFITS, AND SEVERANCE, AS APPLICABLE. CERTAIN EXECUTIVES

CAN ALSO RECEIVE REPORTABLE COMPENSATION THROUGH A SUPPLEMENTAL

EXECUTIVE RETIREMENT PLAN (SERP), ONCE THEY HAVE VESTED IN THE PLAN.

NON-TAXABLE BENEFITS INCLUDES PRE-TAX PAYROLL DEDUCTIONS (SUCH AS

FLEXIBLE MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT

PREMIUMS), AND THE EMPLOYER PORTION OF CERTAIN EMPLOYEE BENEFITS SUCH

AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE, AND LIFE

INSURANCE, ETC.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

THE HOSPITAL RECEIVED THE FOLLOWING HEALTH AWARDS, CONTINUED:

HEALTHGRADES FIVE-STAR COMMENDATION FOR ORTHOPEDIC TREATMENT;

HEALTHGRADES FIVE-STAR FOR APPENDIX SURGERIES.

FOR OPERATIONAL CLARITY, IN OCTOBER 2019, ADVENTIST HEALTHCARE FORT

WASHINGTON MEDICAL CENTER BECAME PART OF THE ADVENTIST HEALTHCARE

SYSTEM. GIVEN THE CHANGES IN HEALTHCARE BOTH NATIONALLY AND IN

MARYLAND, JOINING ADVENTIST HEALTHCARE ALLOWS ADVENTIST HEALTHCARE FORT

WASHINGTON MEDICAL CENTER TO EXPAND ITS HIGH-QUALITY HEALTHCARE

SERVICES IN PRINCE GEORGE'S COUNTY AND OVERCOME THE CHALLENGES OF

OPERATING AS A STANDALONE COMMUNITY HOSPITAL.

IN COMBINATION WITH A GRANT RECEIVED FROM GILEAD SCIENCES, INC.,

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER ADDRESSES THE HIV

EPIDEMIC IN PRINCE GEORGE'S COUNTY AND HELPS PREVENT DEVELOPING

COMPLICATIONS SUCH AS LIVER FAILURE, LIVER CANCER, AND CIRRHOSIS

BROUGHT ON BY A HEPATITIS C DIAGNOSIS. THE PROGRAM ALSO ALLOWS FWMC TO

ADMINISTER 20,000 HIV AND HEPATITIS C TESTS TO PATIENTS WHO COME

THROUGH ITS EMERGENCY DEPARTMENT. THE PROGRAM HAS LINKED NEARLY 300 OF

PATIENTS TO LIFE-SAVING CARE AFTER BEING DIAGNOSED IN 2019. THIS

PROGRAM NOT ONLY PROVIDES DIAGNOSTIC AWARENESS, BUT IT ALSO PROVIDES

NAVIGATIONAL SERVICES FOR FOLLOW UP AND CONTINUED CARE BASED ON THE

TEST RESULTS.

IN ADDITION, IN THE SUMMER OF 2020, FORT WASHINGTON MEDICAL CENTER

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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INCREASED ITS CAPACITY TO HELP RESOLVE THE COVID-19 CRISIS. THE HOSPITAL SERVES AS A COVID-19 RAPID TESTING SITE FOR SOUTHERN PRINCE GEORGE'S COUNTY, BUT SPECIFICALLY FOR COMMUNITY MEMBERS WHO WERE HAVING A DIFFICULT TIME ACCESSING OTHER TESTING SITES IN THE COUNTY. THE SITE OFFERS FREE TESTING THREE DAYS A WEEK AT ITS ADVENTIST HEALTHCARE MEDICAL GROUP FORT WASHINGTON PRIMARY CARE LOCATION, A QUARTER OF A MILE FROM THE HOSPITAL. TO DATE, THE SITE HAS TESTED OVER 1,000 RESIDENTS.

IN ADDITION, THE HOSPITAL IN PARTNERSHIP WITH ALLENTOWN PHARMACY, GREATER BADEN MEDICAL SERVICES, MEDCO, AND DISTRICT 8 COUNCILWOMAN MONIQUE ANDER-WALKER, IMPLEMENTED A PHARMACY ASSISTANCE PROGRAM. THE PROGRAM ASSISTS PATIENTS WITH CHRONIC HEALTH CONDITIONS BY COVERING THE COST OF THE PRESCRIPTIONS. FOR PATIENTS, THE PROGRAM REMOVES THE WORRY OF FINANCES SO THAT PATIENTS CAN FOCUS ON GETTING BETTER. THE PROGRAM AIMS TO HELP AT LEAST 25-30 PATIENTS A MONTH.

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

GENERAL EXPLANATION:

EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX EXEMPT ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.) ARE PAID THROUGH A COMMON PAYMASTER, ADVENTIST HEALTHCARE, INC. AND ARE REPORTED ON ITS FORM 941. SALARY AND BENEFIT EXPENSES REPORTED ON THEIR RESPECTIVE RETURNS ARE ACTUAL CHARGES RELATED TO THE EMPLOYEES WORKING ON THE SPECIFIC TAX EXEMPT ENTITY.

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

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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ADVENTIST HEALTHCARE, INC. ANY APPLICABLE FORMS 1099 ARE PROCESSED BY

ADVENTIST HEALTHCARE, INC.

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

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

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

ADVENTIST HEALTHCARE, INC. IS THE SOLE MEMBER OF ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.

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

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

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

DECISIONS SUBJECT TO APPROVAL.

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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SEE BY LAWS, ARTICLE II, SECTION 2: RESERVED AUTHORITY AND RESPONSIBILITY.

THE FOLLOWING ACTIONS SHALL BE RESERVED TO THE MEMBER:

A. THE ADOPTION, ALTERING, AMENDING OR REPLACING OF THE ARTICLES OF

INCORPORATION OR THE BYLAWS OF THE CORPORATION;

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

CORPORATION;

C. APPOINTMENT OF MEMBERS OF THE BOARD OF DIRECTORS FROM NOMINEES

SUBMITTED BY THE NOMINATING COMMITTEE (AS DEFINED HEREUNDER);

D. REMOVAL OF MEMBERS OF THE BOARD OF DIRECTORS;

E. APPOINTMENT AND REMOVAL OF THE PRESIDENT OF THE CORPORATION, IN

CONSULTATION WITH THE BOARD OF DIRECTORS;

F. THE PURCHASE, SALE OR DISPOSITION OF REAL PROPERTY OF THE CORPORATION;

G. AUTHORIZATION AND APPROVAL OF THE ISSUANCE OF DEBT AND THE USE OF

PROCEEDS OF SUCH DEBT FOR AND ON BEHALF OF THE CORPORATION;

H. DEVELOPMENT OF CAPITAL INVESTMENT, CAPITAL ALLOCATION AND BORROWING

POLICIES FOR THE CORPORATION;

I. CEASING THE PROVISION OF HEALTH CARE SERVICES NECESSARY FOR OPERATION

AS A LICENSED GENERAL ACUTE CARE FACILITY AT ANY SITE;

J. ADOPTING THE HOSPITAL CORPORATION'S ANNUAL AND LONG-TERM CAPITAL AND

OPERATION BUDGETS;

K. MAKING ANY CHANGES IN ANY OF THE CORPORATION'S INSURANCE PROGRAM; AND

L. RECOMMENDING ANY UNBUDGETED CAPITAL EXPENDITURE OF THE HOSPITAL

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

ALL MEMBERS HAVE RIGHTS TO VOTE.

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

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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THE FORM 990 WAS REVIEWED IN DETAIL PRIOR TO FILING. VARIOUS SECTIONS WERE REVIEWED BY THE EXECUTIVE MANAGEMENT TEAM AND CERTAIN KEY SECTIONS BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. AN OVERALL REVIEW WAS CONDUCTED BY THE ORGANIZATION'S FINANCE DEPARTMENT WITH THE ORGANIZATION'S OUTSIDE TAX ADVISORS. PRIOR TO FILING, ALL MEMBERS OF THE BOARD ARE PROVIDED A COPY OF THIS FORM 990 THROUGH EMAIL, WITH A LINK TO THE COMPANY'S INTRANET WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:
PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE ORGANIZATION.

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

NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A RELATIONSHIP BETWEEN AN ADVENTIST HEALTHCARE EMPLOYEE AND AN OUTSIDE FIRM OR BUSINESS ENDEAVOR, OR OTHER POTENTIAL CONFLICT OF INTEREST. HOWEVER, IF A COVERED PERSON HAS ANY BUSINESS, FINANCIAL, OR OTHER RELATIONSHIP WITH

Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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ANY ORGANIZATION WHEREBY THE EXISTENCE OF THAT RELATIONSHIP EITHER CREATES

A CONFLICT OF INTEREST OR IS PERCEIVED TO CREATE A CONFLICT OF INTEREST,

THE COVERED PERSON MUST DISCLOSE THIS RELATIONSHIP TO THE DESIGNATED SENIOR

MANAGER, OR GOVERNING BOARD, AS THE CASE MAY BE, AT THE LOCATION WHERE THE

EMPLOYEE IS ASSIGNED. THE SENIOR MANAGER WILL REVIEW THE RELATIONSHIP, MAKE

COMMENTS AND RECOMMENDATIONS, AND FORWARD ALL DOCUMENTATION TO THE

ORGANIZATIONAL INTEGRITY COMMITTEE FOR A FINAL DECISION.

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED

BY THE HUMAN RESOURCES DEPARTMENT, ORGANIZATIONAL INTEGRITY DEPARTMENT AND

THE LEGAL DEPARTMENT.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	5,232,102.
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MANAGEMENT AND GENERAL EXPENSES	336,817.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	5,568,919.
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CONSULTING AND PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	3,531,073.
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MANAGEMENT AND GENERAL EXPENSES	795,389.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	4,326,462.
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Name of the organization ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.	Employer identification number 84-2670875
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 9,895,381.

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

OTHER RESTRICTED NET ASSETS ACTIVITY 1,389,870.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FORT WASHINGTON AMBULATORY SERVICES, LLC - 81-4231152, 174 WATERFRONT STREET, SUITE 225, OXON HILL, MD 20745	AMBULATORY SERVICES	MARYLAND	-446,027.	3,251,151.	ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC.

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

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

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

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

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ADVENTIST HEALTHCARE, INC.

DIRECT CONTROLLING ENTITY: MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION

NAME OF RELATED ORGANIZATION:

ADVENTIST REHABILITATION, INC.

DIRECT CONTROLLING ENTITY: ADVENTIST REHABILITATION HOSPITAL OF MARYLAND,

INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN,

INC.

EIN: 52-1255870

820 W. DIAMOND AVE SUITE 600

GAITHERSBURG, MD 20878-1419

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC

EIN: 81-5410250

820 WEST DIAMOND AVE. SUITE 600

GAITHERSBURG, MD 20878

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ADVENTIST HEALTHCARE SURGERY CENTER AT NATIONAL HARBOR LLC

Part VII Supplemental Information

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

EIN: 85-2814304

251 NATIONAL HARBOR BOULEVARD, SUITE 200

OXEN HILL, MD 20745

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

Consolidated Financial Statements
and Supplementary Information

December 31, 2020

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

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December 31, 2020

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Independent Auditors' Report

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

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity (collectively, the Corporation), which comprise the consolidated balance sheet as of December 31, 2020, the related consolidated statement of operations, changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity as of December 31, 2020, and the results of their operations, changes in net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 13, 2021, on our consideration of the Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of this report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control over financial reporting or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.

Report on Supplementary Information

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

The image shows a handwritten signature in black ink that reads "Baker Tilly US, LLP". The signature is written in a cursive, flowing style.

Wilkes-Barre, Pennsylvania
May 13, 2021

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

Consolidated Balance Sheet

December 31, 2020

Assets**Current Assets**

Cash	\$	10,020,975
Patient accounts receivable		6,159,719
Other receivables		1,167,833
Inventories		1,172,586
Prepaid expenses and other current assets		178,238

Total current assets 18,699,351

Property and Equipment, Net 19,090,061

Financing Lease Right-of-Use Asset 500,059

Operating Lease Right-of-Use Asset 1,664,644

Assets Whose Use is Limited 1,659,265

Deposits and Other Noncurrent Assets 445,467

Total assets \$ 42,058,847

Liabilities and Net Assets**Current Liabilities**

Accounts payable and accrued liabilities	\$	6,291,790
Accrued salaries & benefits		2,996,288
Deferred revenues		2,083,004
Due to third party payors		640,647
Medicare advance and accelerated payments		3,096,315
Current maturities of:		
Mortgage loan		519,768
Financing lease obligations		100,144
Operating lease obligations		317,782

Total current liabilities 16,045,738

Construction Payable 289,312

Mortgage Loan, Net 5,484,315

Financing Lease Obligations 414,143

Operating Lease Obligations 1,368,418

Other Liabilities 411,002

Medicare Advance and Accelerated Payments 8,247,974

Total liabilities 32,260,902

Net Assets

Without donor restrictions		9,690,945
With donor restrictions		107,000

Total net assets 9,797,945

Total liabilities and net assets \$ 42,058,847

See notes to consolidated financial statements

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

Consolidated Statement of Operations

Year Ended December 31, 2020

Revenue

Net patient service revenue	\$ 47,004,287
Other revenues	377,906
COVID-19 grant income	<u>3,816,517</u>
Total revenues	<u>51,198,710</u>

Expenses

Salaries and wages	24,652,164
Employee benefits	4,432,243
Contract labor	5,568,919
Medical supplies	5,364,998
General and administrative	6,413,448
Building and maintenance	2,329,068
Insurance	674,003
Interest	329,982
Depreciation and amortization	<u>771,201</u>
Total expenses	<u>50,536,026</u>

Revenues in excess of expenses 662,684

Net assets released from restriction for purchase of property and equipment	286,882
Forgiveness of amounts due from related party	(627,668)
Other net asset activity	<u>(80,988)</u>
Increase in net assets without donor restrictions	<u>\$ 240,910</u>

See notes to consolidated financial statements

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

Consolidated Statement of Changes in Net Assets

Year Ended December 31, 2020

Net Assets Without Donor Restrictions

Revenues in excess of expenses	\$ 662,684
Net assets released from restriction for purchase of property and equipment	286,882
Forgiveness of amounts due from related party	(627,668)
Other net asset activity	<u>(80,988)</u>

Increase in net assets without donor restrictions 240,910

Net Assets With Donor Restrictions

Restricted gifts and donations	286,882
Net assets released from restriction for purchase of property and equipment	<u>(286,882)</u>

Increase in net assets with donor restrictions -

Increase in net assets 240,910

Net Assets, Beginning 9,557,035

Net Assets, Ending \$ 9,797,945

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

Consolidated Statement of Cash Flows

Year Ended December 31, 2020

Cash Flows From Operating Activities

Increase in net assets	\$ 240,910
Adjustments to reconcile increase in net assets to net cash provided by operating activities:	
Depreciation and amortization	771,201
Restricted contributions	(286,882)
Decrease in operating lease right-of-use assets and obligations	412,147
Payments on operating lease obligations	(390,591)
Interest expense on financing lease obligation	7,106
Forgiveness of amounts due from related party	627,668
Amortization of discount	24,277
Changes in assets and liabilities:	
Patient accounts receivable	(912,783)
Other receivables	(2,754,535)
Inventories, prepaid expenses and other current assets	873,832
Deposits and other noncurrent assets	73,630
Accounts payable and accrued liabilities	(1,750,564)
Accrued salaries and benefits	895,507
Deferred revenues	2,101,640
Due to third party payors	60,901
Medicare advance and accelerated payments	11,344,289
Other liabilities	411,002
Net cash provided by operating activities	<u>11,748,755</u>

Cash Flows From Investing Activities

Purchase of property and equipment	<u>(2,570,886)</u>
Net cash used in investing activities	<u>(2,570,886)</u>

Cash Flows From Financing Activities

Principal payments on long-term debt	(499,670)
Payment of insurance premiums on long-term debt	(358,794)
Proceeds from restricted contributions	286,882
Principal payments on financing lease obligations	<u>(64,269)</u>
Net cash used in financing activities	<u>(635,851)</u>
Net increase in cash	8,542,018

Cash and Restricted Cash, Beginning3,138,222**Cash and Restricted Cash, Ending**\$ 11,680,240**Supplemental Disclosure of Cash Flow Information**

Interest paid	<u>\$ 298,599</u>
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Supplemental Schedule of Noncash Investing and Financing Activities

Financing lease obligations incurred for equipment	<u>\$ 304,030</u>
Operating lease obligations and right-of-use assets	<u>\$ 1,825,497</u>
Construction payable	<u>\$ 289,312</u>

Reconciliation of Cash and Restricted Cash

Cash	\$ 10,020,975
Cash included in assets whose use is limited	<u>1,659,265</u>
Total cash and restricted cash	<u>\$ 11,680,240</u>

See notes to consolidated financial statements

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

Notes to Consolidated Financial Statements

December 31, 2020

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Adventist HealthCare Fort Washington Medical Center, Inc. (FWMC), a subsidiary of Adventist HealthCare, Inc. (AHC), is a 28-bed acute care hospital located in Fort Washington, Maryland. FWMC is the sole member of Fort Washington Ambulatory Services, LLC (FWAS). FWMC and FWAS are tax-exempt under Section 501(c)(3) of the IRC.

Principles of Consolidation

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

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through May 13, 2021, the date the consolidated financial statements were available to be issued.

Use of Estimates

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

Maryland Health Services Cost Review Commission

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

In January 2014, the Centers for Medicare and Medicaid Services approved a modernized waiver that grants Maryland (via the HSCRC) the authority to regulate hospital revenue within a rigorous per capita expenditure limit. Maryland's All Payer Model Agreement builds on decades of innovation and equity in healthcare payment and delivery - with an aim to enhance patient care, improve health outcomes and lower costs.

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

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

Notes to Consolidated Financial Statements

December 31, 2020

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

The HSCRC requires rate-regulated hospitals under its jurisdiction to calculate the amount of revenue lost or gained due to variances from approved rates. Revenue lost due to undercharges in rates is recouped through increases in prospective rates. Similarly, revenue gained due to overcharges in rates is paid back, wholly or in part, through reductions in prospective rates. These price variances reflect the variance between actual patient charges and the pro-rata share of approved rate orders. The net amounts are reported as a component of net patient service revenue and patient accounts receivable in the accompanying consolidated financial statements. Since the HSCRC's rate year extends from July 1 through June 30, these amounts will continue to fluctuate until the end of the rate year as actual patient charges deviate from the total approved charging authority. At the conclusion of the rate year ended June 30, 2019, any over/under charges are amortized on the straight-line basis over the following rate year when the price variance adjustments are actually built into the entity's rate order. Due to unique funding made available by the Coronavirus Aid, Relief, and Economic Security (CARES) Act during 2020, net patient service revenue for hospital under the HSCRC jurisdiction were recognized as actual charges and no accrual for net overcharges or undercharges were made for the period July 1, 2019 through December 31, 2020. The variance between the HSCRC approved Global Budget and the amount charged for services during this period was calculated as lost revenues covered by the CARES Act Providing Relief Fund and reported as other revenues in the accompanying consolidated statement of operations.

Patient Accounts Receivable

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

Other Receivables

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients. These services include, but are not limited to, fees from educational programs, rental of health care facility space, interest earned and management services provided to unconsolidated subsidiaries. Other receivables are written off when they are determined to be uncollectible based on management's assessment of individual accounts.

Assets Whose Use is Limited

Assets whose use is limited is comprised of cash held by a trustee in accordance with the United States Department of Housing and Urban Development (HUD) mortgage loan.

Inventories

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

Property and Equipment

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

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

Notes to Consolidated Financial Statements

December 31, 2020

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

Impairment losses are recognized in the consolidated statements of operations as a component of revenues in excess of expenses as they are determined. The Corporation reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, the Corporation calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, an impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. There were no impairment losses reported in 2020.

Leases and Right-of-Use Assets

Under Topic 842, the Corporation evaluates at contract inception whether a lease exists and recognizes a lease obligation and right-of-use (ROU) asset for all leases with a term greater than 12 months. Leases are classified as either financing or operating. All lease liabilities are measured as the present value of the future lease payments using a discount rate. The future lease payments used to measure the lease liability include fixed payments, as well as the exercise price of any options to purchase the underlying asset that have been deemed reasonably certain of being exercised, if applicable. Future lease payments for optional renewal periods that are not reasonably certain of being exercised are excluded from the measurement of the lease liability. For all leases, the ROU asset is initially derived from the measurement of the lease liability and adjusted for certain items, such as initial direct costs and lease incentives received. ROU assets are subject to long-lived impairment testing.

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

Due to Third Party Payors

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

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

Notes to Consolidated Financial Statements

December 31, 2020

Settlements with third party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on reimbursable costs, the terms of the payment agreement with the payor, correspondence with the payor and the Corporation's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information become available), or as years are settled or no longer subject to such audits, reviews and investigations. Adjustments arising from a change in the transaction price, were not significant in 2020.

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

Medicare Advance and Accelerated Payments

The CARES Act included provisions to expand the Centers for Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program in order to improve cash flows for providers impacted by the COVID-19 pandemic. In April 2020, the Corporation received \$11,344,289 in advance payments under this program, of which \$3,096,315 is classified as a current liability and \$8,247,974 is classified as a long-term liability in the accompanying consolidated balance sheet.

Repayment of the advances is scheduled to begin one year after receipt of the advances and end 17 months later (29 months from initial payment), at which time the advances are required to be repaid in full. The Corporation began repaying the Medicare advance in April 2021 and has recorded an estimated current portion based on historical Medicare payment trends. The repayments are expected to occur automatically through a partial offset in Medicare payments due to the Corporation for services rendered to Medicare program beneficiaries.

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 includes amounts available for use in general operations and not subject to donor restrictions. All revenue not restricted by donors 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.

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

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

Notes to Consolidated Financial Statements

December 31, 2020

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

Revenues In Excess of Expenses

The consolidated statement of operations includes the determination of revenues in excess of expenses. Revenues in excess of expenses is the Corporation's performance indicator. Changes in net assets without donor restriction which are excluded from the determination of revenues in excess of expenses, consistent with industry practice, include contributions of long-lived assets (including contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets), forgiveness of amounts due from related party, and other net asset without donor restriction activity.

Net Patient Service Revenue

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

Performance obligations are determined based on the nature of the services provided by the Corporation. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected (or actual) charges, ultimately adjusted in accordance with the charging authority awarding at the beginning of every year by the HSCRC. The Corporation believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the hospital receiving services over multiple days. 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 in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 606-10-50-14(a) and as a result is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

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

Notes to Consolidated Financial Statements

December 31, 2020

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

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

COVID-19 Grant Income and Deferred Revenues

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

In March 2020, the CARES Act was signed into law to combat the financial effects of COVID-19. The CARES Act created a Provider Relief Fund to provide financial support for hospitals and other healthcare providers. The Company received \$5,985,304 in the year ended December 31, 2020 related to this funding. In accordance with the terms and conditions in place at December 31, 2020, the Corporation could apply the funding against eligible expenses, and then lost revenues. The Corporation's methodology for calculating lost revenues was based on the difference between charges and the prospective Global Budget allowed by the HSCRC.

Noncompliance with the terms and conditions could result in repayment of some or all of the support, which can be subject to government review and interpretation. The Department of Health and Human Services (HHS) has indicated Relief Fund payments are subject to future reporting and audit requirements. These matters could cause reversal or claw-back of amounts previously recognized; however, an estimate of the possible effects cannot be made as of the date these financial statements were issued. In addition, it's unknown whether there will be further developments in the regulatory guidance.

The Corporation has incurred lost revenues and eligible expenses in accordance with the terms and conditions of the Provider Relief Fund that were applicable as of December 31, 2020 of \$3,816,517, which were recognized and included in COVID-19 grant income in the accompanying consolidated statement of operations for the year ended December 31, 2020. A portion of the funding was also applied to eligible capital expenditures of \$286,882 and is included in net assets released from restriction for purchase of property and equipment in the accompanying consolidated statement of operations for the year ended December 31, 2020.

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

Notes to Consolidated Financial Statements

December 31, 2020

Deferred revenues are primarily comprised of \$1,881,905 in funding received from the Provider Relief Fund. The Corporation has not overcome the barriers for recognition and therefore these amounts are reflected as a refundable advance in the accompanying consolidated balance sheet as of December 31, 2020.

Income Taxes

The Corporation accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined there were no tax uncertainties that met the recognition threshold in 2020.

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

Charity Care

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

The Corporation maintains records to identify and monitor the level of charity care it provides. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the Corporation amounted to \$439,927 in 2020.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

2. Accounting Standard

Contributed Nonfinancial Assets

During September 2020, the FASB issued Accounting Standards Update (ASU) No. 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. ASU No. 2020-07 improves financial reporting by providing new presentation and disclosure requirements about contributed nonfinancial assets, including additional disclosure requirements for recognized contributed services. The standard will be required to be applied retrospectively for annual periods beginning after June 15, 2021. The Corporation has not yet determined the impact adoption of ASU No. 2020-07 will have on its consolidated financial statements.

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

Notes to Consolidated Financial Statements

December 31, 2020

3. Net Patient Service Revenue

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

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

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

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

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

Net patient service revenue disaggregated by payor for the year ended December 31, 2020 are as follows:

	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Third Party Payors</u>	<u>Self-Pay and Other</u>	<u>Total</u>
December 31, 2020	<u>\$ 17,512,625</u>	<u>\$ 4,724,700</u>	<u>\$ 22,377,580</u>	<u>\$ 2,389,382</u>	<u>\$ 47,004,287</u>

4. Related-Party Transactions

During the year ended December 31, 2020, AHC provided the Corporation with working capital advances of \$4,500,000. The working capital advances were repaid during 2020 by the Corporation.

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

Notes to Consolidated Financial Statements

December 31, 2020

5. Property and Equipment, Net

Property and equipment, net consists of the following at December 31, 2020:

Land and improvements	\$ 3,562,459
Building and improvements	11,968,731
Office furniture and equipment	2,561,639
Computer software and hardware	<u>918,743</u>
Total	19,011,572
Less accumulated depreciation	<u>(941,103)</u>
Total	18,070,469
Construction in progress	<u>1,019,592</u>
	<u>\$ 19,090,061</u>

Construction in progress as of December 31, 2020 consists primarily of major renovations of clinical facilities. There are no material purchase commitments related to construction in progress as of December 31, 2020.

6. Mortgage Loan

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

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

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

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

Notes to Consolidated Financial Statements

December 31, 2020

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

Years ending December 31:	
2021	\$ 519,768
2022	540,675
2023	562,422
2024	585,045
2025	608,577
Thereafter	<u>3,430,362</u>
	6,246,849
Less:	
Current maturities	(519,768)
Discount	<u>(242,766)</u>
Noncurrent portion of mortgage loan, net	<u>\$ 5,484,315</u>

7. Leases

The Corporation leases office space and equipment used in operations. For many of these leases, the Corporation is responsible for paying property taxes, insurance, as well as maintenance and repair costs. The Corporation's real estate leases generally have initial lease terms of 3 to 7 years or more and typically include one or more options to renew, with renewal terms that generally extend the lease term for an additional five to ten years or more. The Corporation assesses renewal options using a "reasonably certain" threshold, which is understood to be a high threshold, and therefore the majority of its leases' terms do not include renewal periods for accounting purposes. For leases where the Corporation is reasonably certain to exercise its renewal option, the option periods are included within the lease term and, therefore, the measurement of the right-of-use asset and lease liability. The payment structure of the Corporation's leases generally include annual escalation clauses that are either fixed or variable in nature, some of which are dependent upon published indices. Leases with an initial term of 12 months or less are not recorded on the consolidated balance sheets and expenses for these leases are recognized on a straight-line basis over the lease term as an operating expense.

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

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

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

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

Notes to Consolidated Financial Statements

December 31, 2020

Future minimum payments under operating lease obligations as of December 31, 2020 were as follows:

Years ending December 31:	
2021	\$ 363,766
2022	362,232
2023	347,322
2024	311,926
2025	225,000
Thereafter	<u>212,153</u>
Total	1,822,399
Lease amount representing interest	<u>136,199</u>
Total operating lease obligations	1,686,200
Less current portion	<u>317,782</u>
Long-term obligation	<u>\$ 1,368,418</u>

Future minimum payments under financing lease obligations as of December 31, 2020 were as follows:

Years ending December 31:	
2021	\$ 112,210
2022	112,210
2023	112,210
2024	79,428
2025	48,070
Thereafter	<u>96,140</u>
Total	560,268
Less amount representing interest	<u>45,981</u>
Total financing lease obligations	514,287
Less current portion	<u>100,144</u>
Total	<u>\$ 414,143</u>

Total lease costs are comprised of the following in 2020:

Financing lease cost:	
Amortization of right-of-use asset	\$ 56,724
Interest on lease obligations	7,106
Operating lease cost	<u>412,146</u>
Total lease cost	<u>\$ 475,976</u>

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

Notes to Consolidated Financial Statements

December 31, 2020

Other supplemental information as of and for the year ended December 31, 2020 is as follows:

Weighted-average remaining lease term:	
Financing lease obligations	5.56 years
Operating lease obligations	5.16 years
Weighted-average discount rate:	
Financing lease obligations	3.00%
Operating lease obligations	3.05%

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

8. Defined Contribution Retirement Plan

The Corporation sponsors a 401(a) defined contribution retirement plan, which covers substantially all full-time employees. After twelve months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2 percent of eligible employees' compensation, plus a matching employer contribution equal to 50 percent of employee contributions (to the 403(b) plan) up to 6 percent of base salary. The Corporation also has a 403(b) retirement savings plan for employees. Employee contributions are made to the 403(b) retirement savings plan. Retirement plan expense was \$719,161 in 2020.

9. Commitments and Contingencies

Litigation and Claims

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

Insurance

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

Remediation

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

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

Notes to Consolidated Financial Statements

December 31, 2020

COVID-19

The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses and communities. The Corporation's evaluation of the effects of these events is ongoing as of the date the accompanying consolidated financial statements were available to be issued. COVID-19 may impact various parts of the Corporation's 2021 operations and financial performance. The extent of the impact will depend on future developments, including the duration and spread of the outbreak and related governmental or other regulatory actions.

10. Business and Credit Concentrations

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

At December 31, 2020, concentrations of gross receivables from third party payors and others are as follows:

Medicare	16 %
Medicaid	7
Other third party payors	52
Self-pay and others	<u>25</u>
	<u>100 %</u>

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

11. Liquidity and Availability

The Corporation's financial assets available for general expenditure within one year of the consolidated balance sheet date, consist of the following at December 31, 2020:

Cash	\$ 10,020,975
Patient accounts receivable	6,159,719
Other receivables	<u>1,167,833</u>
Total	<u>\$ 17,348,527</u>

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

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

Notes to Consolidated Financial Statements

December 31, 2020

12. Functional Expenses

The Corporation provides acute care and related services to the community. Expenses related to providing these services were as follows for the year ended December 31, 2020:

	<u>Program</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Salaries and wages	\$ 18,817,154	\$ 5,820,164	\$ 14,846	\$ 24,652,164
Employee benefits	3,648,265	782,704	1,274	4,432,243
Contract labor	5,232,102	336,817	-	5,568,919
Medical supplies	5,364,998	-	-	5,364,998
General and administrative	4,225,219	2,188,229	-	6,413,448
Building and maintenance	990,859	1,338,209	-	2,329,068
Insurance	-	674,003	-	674,003
Interest	-	329,982	-	329,982
Depreciation and amortization	-	771,201	-	771,201
Total	<u>\$ 38,278,597</u>	<u>\$ 12,241,309</u>	<u>\$ 16,120</u>	<u>\$ 50,536,026</u>

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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled Entity (collectively, the Corporation), which comprise the consolidated balance sheet as of December 31, 2020, and the related consolidated statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated May 13, 2021.

Internal Control Over Financial Reporting

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

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did identify a certain deficiency in internal control, described in the accompanying schedule of findings and responses as item 2020-001, that we consider to be a material weakness.

Compliance and Other Matters

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

The Corporation's Response to Finding

The Corporation's response to the finding identified in our audit is described in the accompanying schedule of findings and responses. The Corporation's response was not subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we express no opinion on it.

Purpose of This Report

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

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
May 13, 2021

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

Schedule of Findings and Responses

Year Ended December 31, 2020

Section II - Financial Statement Findings

2020-001 Material Weakness - Internal Control over Financial Reporting

Criteria: Management is responsible for controls over the year-end financial reporting process, including controls over procedures used to enter transaction totals in the general ledger, initiate, authorize, record and process journal entries into the general ledger, recording of recurring and nonrecurring adjustments to the consolidated financial statements, and preparation and review of account reconciliations.

Condition/Context: During the course of our audit, we identified several adjusting journal entries, several of which were individually material, that were significant to the consolidated financial statements as a whole.

Cause: The Corporation's review procedures and control activities, which are a normal and required component of internal control over financial reporting, were not effective in preventing or detecting these misstatements.

Effect: There was an incomplete review of financial reconciliations prepared by accounting personnel which led to adjustments to the consolidated financial statements during the audit process.

Recommendation: We recommend that reconciliations be performed on a timely basis for all significant accounts, and that they be reviewed by someone other than the preparer.

Views of

Responsible Officials: AHC utilizes a centralized approach to accounting and financial report preparation for all AHC entities. The Corporation transitioned from their legacy accounting system to AHC's accounting system in July 2020. The accounting function for the Corporation was not centralized until January 2021. AHC acknowledges that the number of adjustments necessary in the Corporation's 2020 audit lead to this material weakness. Now that the accounting and financial reporting are centralized, and subject to AHC's internal controls, we are confident that this finding will not recur.

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

 Consolidating Schedule, Balance Sheet
 December 31, 2020

	Fort Washington Medical Center	Fort Washington Ambulatory Services	Total
Assets			
Current Assets			
Cash	\$ 8,515,698	\$ 1,505,277	\$ 10,020,975
Patient accounts receivable	6,159,719	-	6,159,719
Other receivables	1,099,204	68,629	1,167,833
Inventories	1,172,586	-	1,172,586
Prepaid expenses and other current assets	178,238	-	178,238
Total current assets	17,125,445	1,573,906	18,699,351
Property and Equipment, Net	17,431,683	1,658,378	19,090,061
Financing Lease Right-of-Use Asset	500,059	-	500,059
Operating Lease Right-of-Use Asset	1,664,644	-	1,664,644
Assets Whose Use is Limited	1,659,265	-	1,659,265
Deposits and Other Noncurrent Assets	426,600	18,867	445,467
Total assets	<u>\$ 38,807,696</u>	<u>\$ 3,251,151</u>	<u>\$ 42,058,847</u>
Liabilities and Net Assets			
Current Liabilities			
Accounts payable and accrued liabilities	\$ 6,269,926	\$ 21,864	\$ 6,291,790
Accrued salaries & benefits	2,996,288	-	2,996,288
Deferred revenues	2,083,004	-	2,083,004
Due to third party payors	640,647	-	640,647
Medicare advance and accelerated payments	3,096,315	-	3,096,315
Current maturities of:			
Mortgage loan	519,768	-	519,768
Financing lease obligations	100,144	-	100,144
Operating lease obligations	317,782	-	317,782
Total current liabilities	16,023,874	21,864	16,045,738
Construction Payable	289,312	-	289,312
Mortgage Loan, Net	5,484,315	-	5,484,315
Financing Lease Obligations	414,143	-	414,143
Operating Lease Obligations	1,368,418	-	1,368,418
Other Liabilities	411,002	-	411,002
Medicare Advance and Accelerated Payments	8,247,974	-	8,247,974
Total liabilities	<u>32,239,038</u>	<u>21,864</u>	<u>32,260,902</u>
Net Assets			
Without donor restrictions	6,461,658	3,229,287	9,690,945
With donor restrictions	107,000	-	107,000
Total net assets	<u>6,568,658</u>	<u>3,229,287</u>	<u>9,797,945</u>
Total liabilities and net assets	<u>\$ 38,807,696</u>	<u>\$ 3,251,151</u>	<u>\$ 42,058,847</u>

Adventist HealthCare Fort Washington Medical Center, Inc. and Controlled EntityConsolidating Schedule, Statement of Operations
Year Ended December 31, 2020

	Fort Washington Medical Center	Fort Washington Ambulatory Services	Total
Revenue			
Net patient service revenue	\$ 47,004,287	\$ -	\$ 47,004,287
Other revenues	508,264	(130,358)	377,906
COVID-19 grant income	3,816,517	-	3,816,517
Total revenues	<u>51,329,068</u>	<u>(130,358)</u>	<u>51,198,710</u>
Expenses			
Salaries and wages	24,652,164	-	24,652,164
Employee benefits	4,432,243	-	4,432,243
Contract labor	5,568,919	-	5,568,919
Medical supplies	5,364,998	-	5,364,998
General and administrative	6,411,665	1,783	6,413,448
Building and maintenance	2,187,180	141,888	2,329,068
Insurance	674,003	-	674,003
Interest	329,982	-	329,982
Depreciation and amortization	599,203	171,998	771,201
Total expenses	<u>50,220,357</u>	<u>315,669</u>	<u>50,536,026</u>
Revenues in excess of (less than) expenses	1,108,711	(446,027)	662,684
Net assets released from restriction			
for purchase of property and equipment	286,882	-	286,882
Forgiveness of amounts due from related party	-	(627,668)	(627,668)
Other net asset activity	252,657	(333,645)	(80,988)
Increase (decrease) in net assets without donor restrictions	<u>\$ 1,648,250</u>	<u>\$ (1,407,340)</u>	<u>\$ 240,910</u>