

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.


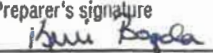
A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization ADVENTIST HEALTHCARE, INC.	D Employer identification number 52-1532556
<input type="checkbox"/> Address change	Doing business as	E Telephone number 301 315 3030
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 820 WEST DIAMOND AVE. 600	G Gross receipts \$ 1,345,842,369.
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878-1419	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: TERRY FORDE SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	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	If "No," attach a list. See instructions
<input type="checkbox"/> Application pending	J Website: WWW.ADVENTISTHEALTHCARE.COM	H(c) Group exemption number ▶ 1071
	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: 1983 M State of legal domicile: MD

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: HEALTH-CARE NETWORK: SERVICES INCLUDING ACUTE CARE, AMBULATORY AND POPULATION HEALTH MANAGEMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	7249
	6 Total number of volunteers (estimate if necessary)	6	358
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,852,281.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,117,078.
9 Program service revenue (Part VIII, line 2g)		811,063,206.	979,431,683.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,043,231.	-15,004,221.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,781,796.	-2,076,640.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		831,441,719.	967,769,251.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,299,487.
	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)	375,397,404.	388,383,877.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,851,509.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	403,685,814.	535,982,783.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	780,382,705.	926,643,245.	
19 Revenue less expenses. Subtract line 18 from line 12	51,059,014.	41,126,006.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,592,455,100.	End of Year 1,771,568,949.
	21 Total liabilities (Part X, line 26)	1,078,327,091.	1,184,411,834.
	22 Net assets or fund balances. Subtract line 21 from line 20	514,128,009.	587,157,115.

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	Nov 14, 2022 Date
	KRISTEN PULIO, SVP & CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KERRI N. BOGDA, CPA	Preparer's signature  Date 11/14/22
	Firm's name ▶ BAKER TILLY US LLP Firm's address ▶ 1570 FRUITVILLE PIKE, STE. 400 LANCASTER, PA 17601	Check if self-employed <input type="checkbox"/> PTIN P00760402 Firm's EIN ▶ 38-0859910 Phone no. 717-740-4863

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 \$ 724,376,370. including grants of \$ 2,276,585.) (Revenue \$ 931,912,729.) THE MISSION OF ADVENTIST HEALTHCARE IS TO "EXTEND GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." IN MEETING THIS MISSION, AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. COMPASSION IS REFLECTED IN OUR MISSION AND OUR ORGANIZATION'S COMMITMENT TO PROVIDING CONSISTENTLY HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE. TO MEET THE NEEDS OF OUR COMMUNITIES, ADVENTIST HEALTHCARE CONTINUES TO INNOVATE AND EXPAND OUR RANGE OF SERVICES TO BUILD A HEALTHIER, ENGAGED COMMUNITY. CONTINUES ON SCHEDULE O.

4b (Code:) (Expenses \$ 42,439,632. including grants of \$) (Revenue \$ 34,987,706.) SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES EXTEND CARE TO INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE CHALLENGES. SHADY GROVE MEDICAL CENTER IS A NONPROFIT, ACCREDITED BY THE JOINT COMMISSION AND PROVIDES PSYCHIATRIC TREATMENT AT FREESTANDING FACILITIES LOCATED ON ADVENTIST HEALTHCARE'S CAMPUS IN ROCKVILLE, MONTGOMERY COUNTY, MARYLAND. CONTINUES ON SCHEDULE O

4c (Code:) (Expenses \$ 14,540,497. including grants of \$) (Revenue \$ 10,678,967.) ADVENTIST HEALTHCARE, INC. EMPLOYS A NUMBER OF PHYSICIANS IN PRIMARY CARE AND SPECIALTY CARE WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE. THERE ARE APPROXIMATELY 20 PRIMARY CARE PHYSICIANS WHO SPAN OVER 6 DISTINCT SITES IN THE MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY AREA. THESE PRIMARY CARE PHYSICIANS AND NURSE PRACTITIONERS SERVE THE COMMUNITY IN PROVIDING PREVENTIVE CARE, ACUTE CARE, AND CHRONIC CARE. ADVENTIST HEALTHCARE ALSO EMPLOYS PHYSICAL MEDICINE SPECIALISTS, WHO SERVE THE COMMUNITY BY PROVIDING INPATIENT AND OUTPATIENT PHYSIATRY SERVICES TO THOSE IN NEED. CONTINUES ON SCHEDULE O.

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

4e Total program service expenses 781,356,499.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 KRISTEN PULIO, SVP & CFO - 301 315 3030
 820 WEST DIAMOND AVE., SUITE 600, GAITHERSBURG, MD 20878-1419

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN SACKETT EVP & COO, AHC	40.00 10.00			X				1,755,941.	0.	67,598.
(2) TERRY FORDE PRESIDENT & CEO, AHC	45.00 5.00	X		X				1,671,698.	0.	62,165.
(3) NIV AD PHYSICIAN	50.00					X		1,203,032.	0.	26,752.
(4) JAMES G. LEE EVP/CFO, END 10/2021; EVP, CSO-GWTH	38.00 12.00			X				964,842.	0.	175,915.
(5) PAUL MASSIMIANO PHYSICIAN	50.00					X		1,005,981.	0.	40,914.
(6) ANTHONY RONGIONE PHYSICIAN	50.00					X		988,034.	0.	37,110.
(7) ANITA JENKINS PRESIDENT, HOWARD UNIVERSITY HOSPITAL	50.00					X		952,164.	0.	40,336.
(8) DANIEL L. COCHRAN PRESIDENT, SGMC	44.00 6.00					X		760,570.	0.	179,583.
(9) KENNETH B. DESTEFANO SVP, GENERAL COUNSEL, AHC	50.00					X		726,286.	0.	145,016.
(10) STEVEN BOYCE PHYSICIAN	50.00					X		799,632.	0.	27,758.
(11) EUNMEE SHIM PRES. OF FWMC & AHC AMB NETWK	6.00 44.00					X		645,193.	0.	151,744.
(12) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SVCS	10.00 40.00					X		735,552.	0.	41,536.
(13) ANTHONY STAHL PRESIDENT, WOMC	42.00 8.00					X		566,436.	0.	164,601.
(14) BRENDAN JOHNSON SVP OF HUMAN RESOURCES, AHC	50.00					X		564,736.	0.	129,499.
(15) BRENT REITZ PRESIDENT, POST-ACUTE CARE SVCS, AHC	10.00 40.00					X		562,537.	0.	128,877.
(16) KRISTEN PULIO SVP, CRO; SVP/CFO (START 10/2021)	44.00 6.00					X		552,488.	0.	124,728.
(17) MARISSA LESLIE, MD BOARD; SYSTEM MED DIR OF PSYCHIATRY	40.00	X						380,454.	0.	28,926.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRETT GAMMA, M.D. BOARD MEMBER	1.00	X					51,854.	0.	0.	
(19) EMMANUEL ASIEDU TREASURER	1.00	X					12,000.	0.	0.	
(20) DAVID E. WEIGLEY BOARD CHAIR	1.00	X					11,991.	0.	0.	
(21) NICOLAS CACCIABEVE, M.D. BOARD MEMBER	1.00	X					1,500.	0.	0.	
(22) RICK REMMERS SECRETARY	1.00	X					0.	0.	0.	
(23) PAUL ALPUCHE, ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	
(24) JAMES BOYLE BOARD MEMBER	1.00	X					0.	0.	0.	
(25) ROBERT CLARKE BOARD MEMBER	1.00	X					0.	0.	0.	
(26) FRANKLIN DAVID BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							14,912,921.	0.	1,573,058.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							14,912,921.	0.	1,573,058.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 777

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AYA HEALTHCARE INC, PO BOX 123519 DEPT#3519, DALLAS, TX 75312-3519	STAFFING/RECRUITMENT SERVICES	64,959,059.
USACS INTEGRATED ACUTE CARE SERVICES PO BOX 645948, CINCINNATI, OH 45264	PHYSICIAN PROVIDERS	23,791,020.
QUEST DIAGNOSTICS 14225 NEWBROOK DR, CHANTILLY, VA 19176-1303	CLINICAL LAB SERVICES	21,787,156.
SODEXO INC P.O. BOX 360170, PITTSBURGH, PA 15251-6170	DIETARY AND PLANT OPS	7,668,657.
FLEXRN 2401 YORK RD., TIMONIUM, MD 21093	STAFFING/RECRUITMENT SERVICES	7,204,532.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 185

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JANET DEVINNEY BOARD MEMBER	1.00	X						0.	0.	0.
(28) WALTER F. FENNELL BOARD MEMBER, TERM ENDED MARCH 2021	1.00	X						0.	0.	0.
(29) CHERYL KISUNZU BOARD MEMBER	1.00	X						0.	0.	0.
(30) CHARLES TAPP BOARD MEMBER	1.00	X						0.	0.	0.
(31) HENRY MOSLEY BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	951,272.				
	e Government grants (contributions)	1e	4,075,006.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	392,151.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			5,418,429.			
Program Service Revenue	2 a ACUTE CARE	Business Code					
		621110	915,981,977.	915,981,977.			
	b BEHAVIORAL HEALTH	621110	34,987,706.	34,987,706.			
	c PHYSICIAN PRACTICE	621110	10,678,967.	10,678,967.			
	d						
	e						
	f All other program service revenue	900099	17,783,033.	15,930,752.	1,852,281.		
g Total. Add lines 2a-2f			979,431,683.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,557,525.			5,557,525.	
	4 Income from investment of tax-exempt bond proceeds		520,770.			520,770.	
	5 Royalties						
	6 a Gross rents	6a	(i) Real	4,246,483.			
			(ii) Personal				
	b Less: rental expenses	6b	6,906,555.				
	c Rental income or (loss)	6c	-2,660,072.				
	d Net rental income or (loss)			-2,660,072.		-2,660,072.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	344,818,381.	5,177,341.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	339,793,242.	31,284,996.			
c Gain or (loss)	7c	5,025,139.	26,107,655.				
d Net gain or (loss)			-21,082,516.		-21,082,516.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		221,726.				
b Less: cost of goods sold	10b	88,325.					
c Net income or (loss) from sales of inventory			133,401.		133,401.		
Miscellaneous Revenue	11 a PARKING REVENUE	Business Code					
		621990	399,239.			399,239.	
	b VENDING REVENUE	621990	50,792.			50,792.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			450,031.				
12 Total revenue. See instructions			967,769,251.	977,579,402.	1,852,281.	-17,080,861.	

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 ...	2,207,141.	2,207,141.		
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	69,444.	69,444.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,485,461.		11,485,461.	
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	315,053,883.	267,180,973.	46,940,642.	932,268.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,955,000.	8,144,268.	4,781,201.	29,531.
9 Other employee benefits	26,362,550.	21,644,708.	4,617,846.	99,996.
10 Payroll taxes	22,526,983.	18,130,023.	4,328,193.	68,767.
11 Fees for services (nonemployees):				
a Management	5,896,807.	4,163,377.	1,733,430.	
b Legal	2,700,994.		2,700,994.	
c Accounting	565,804.		565,804.	
d Lobbying	110,000.		110,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	826,888.		826,888.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	238,800,865.	232,176,337.	6,146,980.	477,548.
12 Advertising and promotion	1,908,874.	228,139.	1,677,829.	2,906.
13 Office expenses	6,223,212.	3,576,804.	2,554,599.	91,809.
14 Information technology	24,128,917.	18,096,687.	5,996,566.	35,664.
15 Royalties				
16 Occupancy	67,613,057.	43,746,747.	23,827,628.	38,682.
17 Travel	1,251,966.	949,085.	293,438.	9,443.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	836,722.	460,845.	358,283.	17,594.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,338,348.	34,944,012.	11,388,277.	6,059.
23 Insurance	12,142,864.	732,711.	11,410,153.	
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	123,142,794.	123,142,794.		
b COLLECTION FEES/LICENSE	1,803,646.	1,762,404.		41,242.
c RECRUITING	1,691,025.		1,691,025.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	926,643,245.	781,356,499.	143,435,237.	1,851,509.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	428,209.	1	1,473,508.
	2 Savings and temporary cash investments	101,033,421.	2	126,285,471.
	3 Pledges and grants receivable, net	1,289,123.	3	594,674.
	4 Accounts receivable, net	99,793,336.	4	112,800,167.
	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	1,547,552.	5	3,093,424.
	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	37,517,089.	7	82,141,928.
	8 Inventories for sale or use	10,298,319.	8	9,429,233.
	9 Prepaid expenses and deferred charges	14,549,067.	9	17,360,310.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,177,357,036.		
	b Less: accumulated depreciation	10b 431,092,803.		
	11 Investments - publicly traded securities	693,539,752.	10c	746,264,233.
	12 Investments - other securities. See Part IV, line 11	429,458,680.	11	533,967,844.
	13 Investments - program-related. See Part IV, line 11	42,635,856.	12	46,335,191.
	14 Intangible assets	49,430,284.	13	5,177,341.
	15 Other assets. See Part IV, line 11	6,832,860.	14	6,670,022.
16 Total assets. Add lines 1 through 15 (must equal line 33)	104,101,552.	15	79,975,603.	
	1,592,455,100.	16	1,771,568,949.	
Liabilities	17 Accounts payable and accrued expenses	166,403,094.	17	217,240,032.
	18 Grants payable		18	
	19 Deferred revenue	50,092,819.	19	8,284,769.
	20 Tax-exempt bond liabilities	536,789,709.	20	730,060,117.
	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	165,468,623.	23	99,954,686.
	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	159,572,846.	25	128,872,230.
	26 Total liabilities. Add lines 17 through 25	1,078,327,091.	26	1,184,411,834.
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	512,363,696.	27	583,513,364.
	28 Net assets with donor restrictions	1,764,313.	28	3,643,751.
	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	514,128,009.	32	587,157,115.
33 Total liabilities and net assets/fund balances	1,592,455,100.	33	1,771,568,949.	

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	967,769,251.
2	Total expenses (must equal Part IX, column (A), line 25)	2	926,643,245.
3	Revenue less expenses. Subtract line 2 from line 1	3	41,126,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	514,128,009.
5	Net unrealized gains (losses) on investments	5	-4,433,701.
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	36,336,801.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	587,157,115.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RESTRICTED _____ _____ _____	\$ 349,505.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	RESTRICTED _____ _____ _____	\$ 601,767.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	RESTRICTED _____ _____ _____	\$ 83,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	RESTRICTED _____ _____ _____	\$ 159,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	RESTRICTED _____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	RESTRICTED _____ _____ _____	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RESTRICTED <hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	RESTRICTED <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	RESTRICTED <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	RESTRICTED <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11	RESTRICTED <hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12	RESTRICTED <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.			
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		110,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			110,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

IN 2021, ADVENTIST HEALTHCARE, INC. ENGAGED IN LOBBYING ACTIVITIES AT

THE LOCAL, STATE AND FEDERAL LEVEL. ACTIVITIES INCLUDED DISCUSSIONS

WITH ELECTED OFFICIALS AT ALL LEVELS OF GOVERNMENT ON THE IMPACT OF THE

COVID-19 PANDEMIC ON HOSPITALS AND HEALTHCARE PROVIDERS AND ENSURING

CONTINUED SUPPORT FOR EACH IN ORDER TO PROVIDE NEEDED ACCESS TO CARE

Part IV Supplemental Information *(continued)*

FOR THE COMMUNITY. AT THE STATE LEVEL, LEGISLATORS WERE CONTACTED

REGARDING ACCESS TO CARE, HEALTHCARE BILLING REFORM, MENTAL HEALTH

POLICY, SUPPORT FOR CHILDREN'S BEHAVIORAL HEALTH SERVICES AND WORKFORCE

DEVELOPMENT. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WORKED WITH

LEGISLATORS ON ISSUES RELATED TO FEDERAL HEALTH REFORM AND ACCESS TO

CARE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic), a table for lines 2a-2d (Total number, acreage, historic structures, National Register), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements and amounts for art and historical treasures.

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		27,871,549.		27,871,549.
b Buildings		677,127,200.	194,601,628.	482,525,572.
c Leasehold improvements		53,579,099.	28,115,820.	25,463,279.
d Equipment		333,350,236.	187,710,078.	145,640,158.
e Other		85,428,952.	20,665,277.	64,763,675.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				746,264,233.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	6,297,263.
(3) PROFESSIONAL LIABILITY INS: SE	17,655,001.
(4) OTHER LONG TERM LIABILITIES	3,175,998.
(5) CONSTRUCTION PAYABLE	8,443,365.
(6) FINANCING LEASE OBLIGATIONS	21,316,972.
(7) OPERATING LEASE OBLIGATIONS	71,983,631.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	128,872,230.

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
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
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
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
3	Subtract line 2e from line 1		3
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
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

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

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN 2021 OR 2020.

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

TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM/MEDICAL SERVICES	MEDICAL SERVICES	108,600.
3 a Subtotal	0	0			108,600.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			108,600.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	THIS DONATION WAS PROVIDED IN AN EFFORT TO HELP ADDRESS COVID-19 CHALLENGES	50,000.	CHECK	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	TO HELP WITH THE INSTALLATION OF EQUIPMENT IN INDIA'S SEVENTH-DAY ADVENTIST	19,444.	CHECK	0.		

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

3 Enter total number of other organizations or entities ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

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

PRIORITY HEALTH NEEDS AND OUTCOMES FOR THE PEOPLE AND COMMUNITIES WE

SERVE. THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDES

FUNDING FOR ORGANIZATIONS WHOSE ACTIVITIES SUPPORT OUR MISSION TO PROMOTE

HEALTH EQUITY AND WELLNESS IN OUR COMMUNITY.

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

ACTIVITIES ALIGN WITH OUR MISSION AND OUR FUNDING OBJECTIVES:

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

PREVENTION AND WELLNESS PROGRAMS

2. PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH

2021 FUNDING PRIORITIES:

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

COMMUNITY HEALTH NEEDS ASSESSMENTS.

IN 2021 WE CONTINUED TO FOCUS ON PRIORITIZED NEEDS IDENTIFIED THROUGH OUR

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AS WELL AS NEEDS EXACERBATED BY

COVID-19.

OUR FUNDING PRIORITIES INCLUDED:

1. ACCESS TO CARE

2. MENTAL HEALTH FOR ADULTS AND YOUTH

3. WORKFORCE DEVELOPMENT

4. SOCIAL SERVICES

5. EDUCATIONAL EQUITY FOR YOUTH

Part V Supplemental Information

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

6. RACIAL EQUITY AND JUSTICE

7. REHABILITATION AND DISABILITY SERVICES

8. HIV & HEPATITIS C

ADDITIONALLY, FUNDING REQUESTS HAD TO:

- 1. BE DESIGNED TO ADDRESS DOCUMENTED HEALTH DISPARITIES OR INEQUITIES
- 2. HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED
- 3. ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION
- 4. INCLUDE MEANINGFUL PARTNERSHIPS (PREFERRED BUT NOT REQUIRED)

APPLICATION AND REVIEW PROCESS:

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

GRANT MONITORING:

ALL GRANT RECIPIENTS (GRANTS TYPICALLY RANGE FROM \$10,000-\$100,000) ARE ASKED TO COMPLETE BOTH A MID-YEAR PROGRESS REPORT AS WELL AS A FINAL END-OF-YEAR REPORT.

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

- NUMBER OF INDIVIDUALS WHO HAVE BEEN SERVED THUS FAR;
- OUTCOMES, TO DATE, OF THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL APPLICATION;

ORIGINAL APPLICATION;

- DESCRIPTION OF THE WORK THAT HAS BEEN COMPLETED TO DATE;
- CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED;
- CHALLENGES OR DELAYS THAT HAVE BEEN ENCOUNTERED;

Part V Supplemental Information

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

- EXPENDITURE OF FUNDS THUS FAR;

- ESTIMATED EXPENDITURES FOR THE DURATION OF THE GRANT PERIOD.

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

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

- OUTCOMES FOR THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL

APPLICATION AS WELL AS ANY OTHER OUTCOMES;

- DESCRIPTION OF THE WORK THAT WAS ACCOMPLISHED;

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

- CHALLENGES OR DELAYS THAT WERE ENCOUNTERED;

- EXPENDITURE OF GRANT FUNDS.

SPONSORSHIP MONITORING:

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

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

REPORT, SPONSORSHIP RECIPIENTS ARE ASKED TO DESCRIBE THE FOLLOWING:

- NUMBER OF PARTICIPANTS

- EVENT/PROGRAM OUTCOMES

THE INFORMATION PROVIDED IN THESE REPORTS IS UTILIZED TO EVALUATE THE

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

TO INFORM DECISION MAKING REGARDING FUTURE FUNDING AND PARTNERSHIP

ENDEAVORS WITH EACH GRANTEE.

PART II, COLUMN (D):

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(D) PURPOSE OF GRANT: THIS DONATION WAS PROVIDED IN AN EFFORT TO HELP

ADDRESS COVID-19 CHALLENGES IN INDIA.

Part V Supplemental Information

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

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(D) PURPOSE OF GRANT: TO HELP WITH THE INSTALLATION OF EQUIPMENT IN

INDIA'S SEVENTH-DAY ADVENTIST HOSPITALS.

PART I, LINE 3:

ON 3/30/2021, ADVENTIST HEALTHCARE, INC., TRANSFERRED CASH IN THE

AMOUNT OF CHF 100,000 (USD \$108,600) TO ADVENTIST HEALTHCARE

INTERNATIONAL SA, A CORPORATION INCORPORATED IN SWITZERLAND. THE CASH

WAS USED TO FUND THE OPERATIONS OF ADVENTIST HEALTHCARE INTERNATIONAL

SA, FOR FUTURE ESTABLISHMENTS OF A HOSPITAL AND HEALTHCARE FACILITIES

CONSISTENT WITH THE HEALTH CARE MINISTRY OF THE SEVENTH-DAY ADVENTIST

CHURCH. ADVENTIST HEALTHCARE, INC. IS A 100% SHAREHOLDER OF ADVENTIST

HEALTHCARE INTERNATIONAL SA. ADVENTIST HEALTHCARE, INC. IS FILING A

FORM 926 AND A FORM 5471 RELATED TO THIS TRANSACTION.

**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

2021

Open to Public Inspection

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

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	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	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:	3b	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"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	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)			18,124,593.		18,124,593.	1.96%
b Medicaid (from Worksheet 3, column a)			14,344,719.	11,888,475.	2,456,244.	.27%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			32,469,312.	11,888,475.	20,580,837.	2.23%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,152,844.	262,384.	7,890,460.	.85%
f Health professions education (from Worksheet 5)			1,632,979.	69,599.	1,563,380.	.17%
g Subsidized health services (from Worksheet 6)			172,292,589.	142,508,256.	29,784,333.	3.21%
h Research (from Worksheet 7)			2,838,554.	585,830.	2,252,724.	.24%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			917,285.		917,285.	.10%
j Total. Other Benefits			185,834,251.	143,426,069.	42,408,182.	4.57%
k Total. Add lines 7d and 7j			218,303,563.	155,314,544.	62,989,019.	6.80%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			179,114.		179,114.	.02%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			599,424.		599,424.	.06%
7 Community health improvement advocacy			229,724.		229,724.	.02%
8 Workforce development						
9 Other						
10 Total			1,008,262.		1,008,262.	.10%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 32,418,096.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 264,255,795.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 253,099,249.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 11,156,546.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 5

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

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SHADY GROVE MEDICAL CENTER 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-023	X	X					X			
2 WHITE OAK MEDICAL CENTER 11890 HEALING WAY SILVER SPRING, MD 20904 SEE PART VI FOR WEBSITE 15-031	X	X					X		RELOCATED FROM TAKOMA PARK TO WHITE OAK	
3 AHC-REHABILITATION - ROCKVILLE 9909 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE STLIC:15-077 ADVENTIST REHAB HOSP OF MARYLAND EIN:20-1486678	X								SAME SEPARATE LEGAL ENTITY AS LICENSE 15-081	
4 AHC-REHABILITATION - TAKOMA PARK 7600 CARROLL AVENUE TAKOMA PARK, MD 20912 SEE PART VI FOR WEBSITE STLIC:15-081 ADVENTIST REHAB HOSP OF MARYLAND EIN:20-1486678	X								SAME SEPARATE LEGAL ENTITY AS LICENSE 15-077	
5 AHC FORT WASHINGTON MEDICAL CENTER INC 11711 LIVINGSTON ROAD FORT WASHINGTON, MD 20744 SEE PART VI FOR WEBSITE STLIC:16-003 AHC FORT WASHINGTON MEDICAL CENTER EIN:84-2670875	X	X					X		SEPARATE LEGAL ENTITY MANAGED BY AHC	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? 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) 2021

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Billing and Collections

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

	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-REHABILITATION - ROCKVILLE

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

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 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>ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Schedule H (Form 990) 2021

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.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2021

Part V Facility Information (continued)

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

SHADY GROVE MEDICAL CENTER:

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

CONDUCTED CHNA IN 2019:

A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND REPRESENTATIVE SAMPLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED TO ACHIEVE THIS INCLUDING PARTNERING WITH THE LOCAL HEALTH IMPROVEMENT COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.

PARTNERSHIP WITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION. HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS. THE GROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZED NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY. THE DASHBOARD ENCOMPASSES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS. ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE (AHC) PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY

Part V Facility Information (continued)

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

MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP.

IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY

MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE

NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN

COMPLETING THE PRIORITIZATION PROCESS.

COMMUNITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED

OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND

PERCEIVED COMMUNITY HEALTH NEEDS AND STRENGTHS. AVAILABLE IN ENGLISH AND

SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT

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

THROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION,

THREE PRIZES WERE OFFERED AS INCENTIVES. ALL SURVEY PARTICIPANTS WERE

PROVIDED WITH THE OPTION TO ENTER THE VOLUNTARY RAFFLE UPON COMPLETING THE

SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA

GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE

RAFFLE ENTRY WAS STORED SEPARATELY FROM AND NOT ASSOCIATED WITH SURVEY

RESPONSES TO MAINTAIN CONFIDENTIALITY.

KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO THE

DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE

CONDUCTED WITH COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE

INTERESTS OF DIVERSE AND OFTEN HARD TO REACH POPULATIONS.

STAKEHOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED

REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS:

Part V Facility Information (continued)

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

> COUNTY GOVERNMENT;

> SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;

> HEALTHCARE FOUNDATIONS;

> HEALTH CARE PRACTITIONERS & CLINICS;

> FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;

> SCHOOL & UNIVERSITY SYSTEMS;

> BEHAVIORAL HEALTH;

> HOUSING & HOMELESSNESS;

> FOOD SECURITY & DISTRIBUTION;

> EMPLOYMENT & WORKFORCE DEVELOPMENT;

> MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;

> LGBTQ COMMUNITIES;

> PEOPLE WITH DISABILITIES;

> MINORITY AND IMMIGRANT POPULATIONS.

TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE

INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK.

EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP

ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES

ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD

LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.

PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON

PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL

ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST

HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

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.

WHITE OAK MEDICAL CENTER:

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

CONDUCTED CHNA IN 2019:

A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND REPRESENTATIVE SAMPLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED TO ACHIEVE THIS INCLUDING PARTNERING WITH THE LOCAL HEALTH IMPROVEMENT COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.

PARTNERSHIP WITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION. HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS. THE GROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZED NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY. THE DASHBOARD ENCOMPASSES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS.

ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE (AHC) PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS

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.

INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE
DIRECTION FOR THE GROUP.

IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY
MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE
NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN
COMPLETING THE PRIORITIZATION PROCESS.

COMMUNITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED
OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND
PERCEIVED COMMUNITY HEALTH NEEDS AND STRENGTHS. AVAILABLE IN ENGLISH AND
SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT
COMMUNITY EVENTS AND PROGRAMS, VIA EMAIL AND LISTSERVS, SOCIAL MEDIA, AND
THROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION,
THREE PRIZES WERE OFFERED AS INCENTIVES. ALL SURVEY PARTICIPANTS WERE
PROVIDED WITH THE OPTION TO ENTER THE VOLUNTARY RAFFLE UPON COMPLETING THE
SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA
GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE
RAFFLE ENTRY WAS STORED SEPARATELY FROM AND NOT ASSOCIATED WITH SURVEY
RESPONSES TO MAINTAIN CONFIDENTIALITY.

KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO THE
DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE
CONDUCTED WITH COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE
INTERESTS OF DIVERSE AND OFTEN HARD TO REACH POPULATIONS.

STAKEHOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED

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.

REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS:

> COUNTY GOVERNMENT;

> SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;

> HEALTHCARE FOUNDATIONS;

> HEALTH CARE PRACTITIONERS & CLINICS;

> FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;

> SCHOOL & UNIVERSITY SYSTEMS;

> BEHAVIORAL HEALTH;

> HOUSING & HOMELESSNESS;

> FOOD SECURITY & DISTRIBUTION;

> EMPLOYMENT & WORKFORCE DEVELOPMENT;

> MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;

> LGBTQ COMMUNITIES;

> PEOPLE WITH DISABILITIES;

> MINORITY AND IMMIGRANT POPULATIONS.

TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE

INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK.

EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP

ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES

ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD

LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.

PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON

PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL

ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST

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.

HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

AHC-REHABILITATION - ROCKVILLE:

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

CONDUCTED CHNA IN 2019:

A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND REPRESENTATIVE SAMPLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED TO ACHIEVE THIS INCLUDING PARTNERING WITH THE LOCAL HEALTH IMPROVEMENT COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.

PARTNERSHIP WITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION. HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS. THE GROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZED NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY. THE DASHBOARD ENCOMPASSES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS.

ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE

INFRASTRUCTURE OF HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL

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.

SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE (AHC) PLAY AN ACTIVE

ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS

INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE

DIRECTION FOR THE GROUP.

IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY

MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE

NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN

COMPLETING THE PRIORITIZATION PROCESS.

COMMUNITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED

OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND

PERCEIVED COMMUNITY HEALTH NEEDS AND STRENGTHS. AVAILABLE IN ENGLISH AND

SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT

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

THROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION,

THREE PRIZES WERE OFFERED AS INCENTIVES. ALL SURVEY PARTICIPANTS WERE

PROVIDED WITH THE OPTION TO ENTER THE VOLUNTARY RAFFLE UPON COMPLETING THE

SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA

GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE

RAFFLE ENTRY WAS STORED SEPARATELY FROM AND NOT ASSOCIATED WITH SURVEY

RESPONSES TO MAINTAIN CONFIDENTIALITY.

KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO THE

DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE

CONDUCTED WITH COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE

INTERESTS OF DIVERSE AND OFTEN HARD TO REACH POPULATIONS.

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.

STAKEHOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED

REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS:

- > COUNTY GOVERNMENT;
- > SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;
- > HEALTHCARE FOUNDATIONS;
- > HEALTH CARE PRACTITIONERS & CLINICS;
- > FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;
- > SCHOOL & UNIVERSITY SYSTEMS;
- > BEHAVIORAL HEALTH;
- > HOUSING & HOMELESSNESS;
- > FOOD SECURITY & DISTRIBUTION;
- > EMPLOYMENT & WORKFORCE DEVELOPMENT;
- > MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;
- > LGBTQ COMMUNITIES;
- > PEOPLE WITH DISABILITIES;
- > MINORITY AND IMMIGRANT POPULATIONS.

TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE

INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK.

EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP

ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES

ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD

LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.

PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON

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.

PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL

ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST

HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

AHC-REHABILITATION - TAKOMA PARK:

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

CONDUCTED CHNA IN 2019:

A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND

REPRESENTATIVE SAMPLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED

TO ACHIEVE THIS INCLUDING PARTNERING WITH THE LOCAL HEALTH IMPROVEMENT

COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND

COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.

PARTNERSHIP WITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO

THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY

MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION. HEALTHY

MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL

SYSTEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS,

AND OTHER COMMUNITY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND

WELL-BEING FOR ALL COUNTY RESIDENTS. THE GROUP WORKS TO SET A HEALTH

PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZED

NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE

TOP PRIORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY.

THE DASHBOARD ENCOMPASSES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH,

HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS.

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.

ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE (AHC) PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP.

IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN COMPLETING THE PRIORITIZATION PROCESS.

COMMUNITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND PERCEIVED COMMUNITY HEALTH NEEDS AND STRENGTHS. AVAILABLE IN ENGLISH AND SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT COMMUNITY EVENTS AND PROGRAMS, VIA EMAIL AND LISTSERVS, SOCIAL MEDIA, AND THROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION, THREE PRIZES WERE OFFERED AS INCENTIVES. ALL SURVEY PARTICIPANTS WERE PROVIDED WITH THE OPTION TO ENTER THE VOLUNTARY RAFFLE UPON COMPLETING THE SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE RAFFLE ENTRY WAS STORED SEPARATELY FROM AND NOT ASSOCIATED WITH SURVEY RESPONSES TO MAINTAIN CONFIDENTIALITY.

KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO THE DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE

Part V Facility Information (continued)

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

CONDUCTED WITH COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE

INTERESTS OF DIVERSE AND OFTEN HARD TO REACH POPULATIONS.

STAKEHOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED

REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS:

> COUNTY GOVERNMENT;

> SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;

> HEALTHCARE FOUNDATIONS;

> HEALTH CARE PRACTITIONERS & CLINICS;

> FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;

> SCHOOL & UNIVERSITY SYSTEMS;

> BEHAVIORAL HEALTH;

> HOUSING & HOMELESSNESS;

> FOOD SECURITY & DISTRIBUTION;

> EMPLOYMENT & WORKFORCE DEVELOPMENT;

> MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;

> LGBTQ COMMUNITIES;

> PEOPLE WITH DISABILITIES;

> MINORITY AND IMMIGRANT POPULATIONS.

TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE

INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK.

EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP

ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES

ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD

LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.

Part V Facility Information (continued)

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

PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

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 FROM MULTIPLE SECTORS AND

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.

POPULATIONS SUCH AS:

AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION;

COMMUNITY CLINIC, INC.;

COMMUNITY COUNSELING AND MENTORING SERVICES, INC.;

DIMENSIONS HEALTHCARE SYSTEM/PRINCE GEORGE'S HOSPITAL CENTER;

DOCTORS COMMUNITY HOSPITAL;

FORT WASHINGTON MEDICAL CENTER/NEXUS;

GREATER BADEN MEDICAL CENTER;

HEART TO HAND;

HOUSE OF DELEGATES;

LA CLINICA DEL PUEBLO;

LAUREL REGIONAL HOSPITAL CENTER;

MARY'S CENTER;

MARYLAND NATIONAL PARK AND PLANNING COMMISSION;

MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER;

NORVARTIS;

OFFICE OF SCHOOL HEALTH, PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS;

PACANET USA;

PGC CHAMBER OF COMMERCE;

PGC DEPARTMENT OF CORRECTIONS;

PGC DEPARTMENT OF FAMILY SERVICES.

PGC DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT;

PGC DEPARTMENT OF SOCIAL SERVICES;

PGC DEPT. PUBLIC WORKS & TRANSPORTATION;

PGC FIRE/EMS DEPARTMENT;

PGC HEALTH DEPARTMENT HEALTH ENTERPRISE ZONE;

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.

PGC HEALTH DEPARTMENT, WIC PROGRAM;

PGC HEALTH DEPARTMENT;

PGC POLICE DEPARTMENT;

PGC PUBLIC SCHOOLS;

THE ARC;

THE COMMUNITY FOUNDATION, PRINCE GEORGE'S COUNTY;

UMD-PUBLIC HEALTH, DEPT. OF EPIDEMIOLOGY & BIostatISTICS;

UNITED HEALTHCARE COMMUNITY PLAN;

UNIVERSITY OF MARYLAND, DEPARTMENT OF COMMUNICATION;

WILD TURKEY CLAN, CEDARVILLE BAND OF PISCATAWAY CONOY.

AHC-REHABILITATION - ROCKVILLE:

PART V, SECTION B, LINE 6A: ADVENTIST REHABILITATION TAKOMA PARK AND

ADVENTIST REHABILITATION ROCKVILLE CONDUCTED THEIR CHNAS IN PARTNERSHIP.

AHC-REHABILITATION - TAKOMA PARK:

PART V, SECTION B, LINE 6A: ADVENTIST REHABILITATION TAKOMA PARK AND

ADVENTIST REHABILITATION ROCKVILLE CONDUCTED THEIR CHNAS IN PARTNERSHIP.

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 Facility Information (continued)

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

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

SOUTHERN MARYLAND REGIONAL COALITION FOR CARE TRANSITIONS;

PRINCE GEORGE'S COMMUNITY COLLEGE HEALTH BUSINESS SCHOOL;

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.

SHADY GROVE MEDICAL CENTER:

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

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

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

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

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

WHITE OAK MEDICAL CENTER:

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

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

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

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

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

Part V Facility Information (continued)

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

AHC-REHABILITATION - ROCKVILLE:

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

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

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

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

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

AHC-REHABILITATION - TAKOMA PARK:

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

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

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

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

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

AHC FORT WASHINGTON MEDICAL CENTER INC.:

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

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE

OFFICE) WHICH IS LOCATED AT:

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

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

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

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 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)

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A

SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS

IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS:

CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION

SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CA](https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8ca)

F-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF

PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A

PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING,

ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND

PARTNERS.

IN ADDITION TO THESE PROGRAMS, ADVENTIST HEALTHCARE IS COMMITTED TO

PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR

COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND. THE ADVENTIST HEALTHCARE

COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT

ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING

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.

FUNDING OBJECTIVES:

HEALTH & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, THE PRIORITIES

FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND

INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR

THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND

LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF

NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

WHITE OAK MEDICAL CENTER:

PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A

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.

SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS

IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS:

CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION

SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CA](https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8ca)

F-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF

PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A

PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING,

ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND

PARTNERS.

IN ADDITION TO THESE PROGRAMS, ADVENTIST HEALTHCARE IS COMMITTED TO

PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR

COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND. THE ADVENTIST HEALTHCARE

COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT

ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING

FUNDING OBJECTIVES:

HEALTH & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, THE PRIORITIES

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.

FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND

INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR

THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND

LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF

NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

AHC-REHABILITATION - ROCKVILLE:

PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A

SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS

IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS:

CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION

SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CA](https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8ca)

F-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF

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.

PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A

PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING,

ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND

PARTNERS.

IN ADDITION TO THESE PROGRAMS, ADVENTIST HEALTHCARE IS COMMITTED TO

PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR

COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND. THE ADVENTIST HEALTHCARE

COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT

ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING

FUNDING OBJECTIVES:

HEALTH & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, THE PRIORITIES

FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

Part V Facility Information (continued)

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

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND

INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR

THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND

LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF

NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

AHC-REHABILITATION - TAKOMA PARK:

PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A

SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS

IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS:

CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION

SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CA](https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8ca)

F-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF

PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A

PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING,

ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND

PARTNERS.

IN ADDITION TO THESE PROGRAMS, ADVENTIST HEALTHCARE IS COMMITTED TO

PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR

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 THROUGH THE COMMUNITY PARTNERSHIP FUND. THE ADVENTIST HEALTHCARE

COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT

ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING

FUNDING OBJECTIVES:

HEALTH & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE

PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.

WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, THE PRIORITIES

FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND

INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR

THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND

LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF

NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

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 11: THE HOSPITAL ALONE CANNOT ADDRESS ALL

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

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

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

IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET

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

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

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

ADDRESSING NEEDS RELATED TO 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.

SHADY GROVE MEDICAL CENTER:

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

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

Part V Facility Information (continued)

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

HTTPS://WWW.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

WHITE OAK MEDICAL CENTER:

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

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/

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

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

AHC-REHABILITATION - ROCKVILLE:

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

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/

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

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

AHC-REHABILITATION - TAKOMA PARK:

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

OUR PATIENT FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/

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

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

Part V Facility Information *(continued)*

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

AHC FORT WASHINGTON MEDICAL CENTER INC.:

PART V, SECTION B, LINE 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT
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 D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (describe)
1 ADVENTIST HOME HEALTH SERVICES, INC. 12041 BOURNEFIELD WAY, SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
2 REGINALD S. LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE, MD 20852	NAME CONT.: AND YOUNG CHILDREN, INC. INFANT & CHILDREN DEVELOPMENT CARE CTR.
3 SHADY GROVE ADVENTIST RADIATION 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	NAME CONTINUED: ONCOLOGY CENTER. OUTPATIENT CANCER TREATMENT CENTER.
4 ADVENTIST HEALTHCARE URGENT CARE 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	NAME CONTINUED: CENTERS, INC. CENTERS ALSO IN GERMANTOWN, LAUREL, TAKOMA PARK
5 ADVENTIST REHABILITATION, INC. 831 E. UNIVERSITY BOULEVARD #14 SILVER SPRING, MD 20903	REHABILITATION

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 AND THIS IS IMPUTED ON SCHEDULE H, PART

I, LINE 7B.

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

CALCULATED A COST TO CHARGE RATIO AS REFLECTED IN ITS 2021 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 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 I, LINE 7G:

Part VI Supplemental Information (Continuation)

SUBSIDIZED HEALTH SERVICES INCLUDED PAYMENTS FOR NON-EMPLOYED BUT HOSPITAL-BASED PHYSICIANS, NON-RESIDENT HOSPITAL STAFF, HOSPITALISTS, EMERGENCY ON-CALL, OFF-CAMPUS EMERGENCY CENTER, AND WOMEN'S AND CHILDREN'S SERVICES SUBSIDIES.

PART II, COMMUNITY BUILDING ACTIVITIES:

ADVENTIST HEALTHCARE, INC. CONTRIBUTED TO NUMEROUS COMMUNITY BUILDING ACTIVITIES AS PART OF FULFILLING ADVENTIST HEALTHCARE'S MISSION. ADVENTIST HEALTHCARE'S MISSION IS "WE EXTEND GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." ADVENTIST HEALTHCARE GOES BEYOND TRADITIONAL HOSPITAL CARE TO OFFER EXPERTISE AND RESOURCES THAT HELP STRENGTHEN THE COMMUNITY'S INFRASTRUCTURE IN A WAY THAT PROMOTES HEALTH AND WELL-BEING.

IN 2021, 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 2021, ADVENTIST HEALTHCARE WORKED WITH FEDERAL, STATE, AND LOCAL LEADERS TO EXPAND ACCESS TO CARE AND SECURE ADEQUATE SUPPORT FOR HEALTHCARE PROVIDERS THROUGHOUT THE COVID-19 PANDEMIC. WE WORKED WITH THE MARYLAND HOSPITAL ASSOCIATION TO EXPAND ACCESS TO CARE BY SUPPORTING PUBLIC POLICY THAT WILL DIRECT HEALTH CARE RESOURCES TO UNDERSERVED COMMUNITIES ACROSS THE STATE. WE WORKED CLOSELY WITH LOCAL CHAMBERS OF

Part VI Supplemental Information (Continuation)

COMMERCE TO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT PROJECTS ACROSS MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY. WE PROVIDED FREE SPACE ON OUR HOSPITAL CAMPUS TO VARIOUS LOCAL COMMUNITY GROUPS AND CONTINUED TO PROVIDE FINANCIAL SUPPORT TO OTHER COMMUNITY PARTNERS LIKE MANNA FOOD TO SUPPORT THEIR MISSION TO SERVE VULNERABLE POPULATIONS ESPECIALLY DURING THE PANDEMIC.

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) HEALTHY MONTGOMERY:

HEALTHY MONTGOMERY IS THE LOCAL HEALTH IMPROVEMENT COALITION FOR

Part VI Supplemental Information (Continuation)

MONTGOMERY COUNTY, MARYLAND. ADVENTIST HEALTHCARE PARTNERS WITH AND SUPPORTS HEALTHY MONTGOMERY BOTH STRATEGICALLY AND FINANCIALLY. REPRESENTATIVES FROM ADVENTIST HEALTHCARE SIT ON THE HEALTHY MONTGOMERY STEERING COMMITTEE, THE HEALTH IN ALL POLICY WORKGROUP, AND THE HOSPITAL WORKGROUP, AMONG OTHERS. ADVENTIST HEALTHCARE ALSO CONTRIBUTES \$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.

2) PRINCE GEORGE'S HEALTHCARE ACTION COALITION:

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

Part VI Supplemental Information (Continuation)

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

3) NEXUS MONTGOMERY:

NEXUS MONTGOMERY IS A PARTNERSHIP OF FOUR HEALTH SYSTEMS IN MONTGOMERY COUNTY, MARYLAND, INCLUDING ADVENTIST HEALTHCARE, HOLY CROSS HEALTH, MEDSTAR MONTGOMERY AND SUBURBAN HOSPITAL. THE PARTNERSHIP IS FOCUSED ON IMPROVING THE WELL-BEING OF PATIENTS AND COMMUNITY MEMBERS AND REDUCING POTENTIAL AVOIDABLE UTILIZATION (PAU)'S AND TOTAL COST OF CARE. EXAMPLES OF STRATEGIES AND PROGRAMS THAT THE PARTNERSHIP HAS WORKED ON INCLUDE: WELLNESS AND INDEPENDENCE FOR SENIORS AT HOME (WISH), HOSPITAL CARE TRANSITIONS, UNINSURED/PROJECT ACCESS AND SEVERELY MENTALLY ILL/BEHAVIORAL HEALTH. THE GOALS OF THESE PROGRAMS ARE TO: STABILIZE HEALTH OF OLDER ADULTS TO REDUCE HOSPITAL ADMISSIONS; IMPROVE TRANSITIONS FROM HOSPITAL-TO-HOME; CONNECT UNINSURED TO SPECIALTY CARE; 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. MOST RECENTLY NEXUS HAS ALSO TURNED ITS FOCUS TO A REGIONAL EFFORT TO INCREASE ACCESS TO DIABETES EDUCATION, PARTICULARLY THE DIABETES SELF-MANAGEMENT TRAINING (DSMT) AND DIABETES PREVENTION PROGRAM (DPP).

Part VI Supplemental Information (Continuation)

4) CASA:

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

IN 2021, 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 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, SHELTERS, 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.

5) IMPACT SILVER SPRING/MORE NETWORK:

THE MONTGOMERY COUNTY RACIAL EQUITY (MORE) NETWORK IS A MULTI-RACIAL
 NETWORK OF COMMUNITY-BASED ORGANIZATIONS AND GRASSROOTS RESIDENTS. ITS
 MISSION IS TO ADVANCE RACIAL EQUITY AND JUSTICE BY CREATING A NETWORK OF
 PEOPLE COLLABORATING TO DISMANTLE RACIST SYSTEMS AND BUILD AN EQUITABLE
 MONTGOMERY COUNTY.

IN 2021, THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF)

Part VI Supplemental Information (Continuation)

PROVIDED THE MORE NETWORK WITH GRANT FUNDING TO ADVOCATE FOR RACIAL JUSTICE AND HOLD THE COUNTY ACCOUNTABLE TO THE RACIAL EQUITY AND SOCIAL JUSTICE ACT. THEIR WORK CENTERED AROUND INFORMING POLICY, RAISING AWARENESS, AND SUPPORTING GRASSROOTS EFFORTS.

6) INTERFAITH WORKS:

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

IN 2021, ADVENTIST HEALTHCARE PROVIDED INTERFAITH WORKS WITH GRANT FUNDING TO SUPPORT THEIR VOCATIONAL SERVICES PROGRAM. THE GOAL OF THE PROGRAM IS TO PLACE LOW-INCOME MONTGOMERY COUNTY RESIDENTS, AND THOSE EXPERIENCING HOMELESSNESS, IN LONG-TERM JOBS. THE PROGRAM PROVIDES COMPREHENSIVE, INDIVIDUALIZED SUPPORT TO CLIENTS, THEREBY STRENGTHENING THE FINANCIAL STABILITY OF INDIVIDUALS AND FAMILIES THROUGH JOB TRAINING AND READINESS PROGRAMS, EMPLOYMENT ASSISTANCE, AND SUPPORT UPON EMPLOYMENT. THEIR BILINGUAL (ENGLISH/SPANISH/FRENCH) VOCATIONAL COUNSELORS WORK WITH CLIENTS UNTIL THEY SUCCESSFULLY GAIN EMPLOYMENT AND OFFER SUPPORT FOR A MINIMUM OF ONE YEAR FOLLOWING EMPLOYMENT.

PART III, LINE 2:

TO ESTIMATE THE COST OF BAD DEBT THAT WE HAVE REPORTED ON SCHEDULE H, WE MULTIPLIED THE ORGANIZATION'S COST TO CHARGE RATIO (CCR) TIMES THE BAD DEBT PROVISION THAT HAS BEEN REPORTED IN THE 2021 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.

Part VI Supplemental Information (Continuation)

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:

7) GENERATION HOPE:

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

IN 2021, ADVENTIST HEALTHCARE PROVIDED GENERATION HOPE WITH GRANT FUNDING TO SUPPORT THEIR SCHOLAR PROGRAM AND NEXT GENERATION ACADEMY. WITH THIS FUNDING GENERATION HOPE PROVIDED MENTAL HEALTH SUPPORT TO SCHOLARS AND THEIR CHILDREN, PROVIDED SCHOLARS WITH WORKFORCE DEVELOPMENT SUPPORT, AND SUPPORTED SCHOLARS IN MAINTAINING HIGH GPAS AND GRADUATION RATES TO SET THEM UP FOR LONG TERM SUCCESS.

8) FAITH COMMUNITY NURSE NETWORK (FCN):

Part VI Supplemental Information (Continuation)

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, 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 ONGOING 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

Part VI Supplemental Information (Continuation)

POINT." AT ADVENTIST HEALTHCARE, WE BELIEVE THIS TO BE A NECESSARY,

NATURAL, SYMBIOTIC AND SYNERGISTIC PARTNERSHIP.

ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY

BUILDING ACTIVITIES IN 2022. PROVIDING COMMUNITY BUILDING ACTIVITIES

IS ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION.

PART III, LINE 4:

THE CORPORATION ASSESSES COLLECTABILITY ON PATIENT CONTRACTS PRIOR TO THE

RECOGNITION OF NET PATIENT SERVICE REVENUE. PATIENT ACCOUNTS RECEIVABLE

ARE REPORTED AT THEIR NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF

THROUGH BAD DEBT EXPENSE WHEN THE CORPORATION HAS EXHAUSTED ALL COLLECTION

EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN PATIENT

CREDIT WORTHINESS. PATIENT ACCOUNTS RECEIVABLE ALSO INCLUDES MANAGEMENT'S

ESTIMATE OF THE IMPACT OF CERTAIN UNDERCHARGES TO BE RECOUPED OR

OVERCHARGES TO BE PAID BACK FOR INPATIENT AND OUTPATIENT SERVICES IN

SUBSEQUENT YEARS' RATES AS DISCUSSED EARLIER.

PART III, LINE 8:

ACUTE CARE HOSPITALS IN MARYLAND ARE EXEMPT FROM MEDICARE REIMBURSEMENT

METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND MEDICAID) PAY HOSPITALS

A CERTAIN PRESCRIBED PERCENTAGE OF CHARGES, WHICH ARE REGULATED BY THE

STATE'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). SPECIFICALLY,

MEDICARE IS AWARDED A DISCOUNT OF 7.7% OF CHARGES WITHOUT AN ADVANCE

FUNDING DEPOSIT WITH PROVIDERS, AS WELL AS A 2% REDUCTION FOR

SEQUESTRATION. A SHORTFALL WILL ONLY EXIST WHEN THE MEDICARE COLLECTION

EXPERIENCE IS LOWER THAN THE FACILITY'S COST TO CHARGE RATIO (WHICH WOULD

Part VI Supplemental Information (Continuation)

BE HIGHLY UNUSUAL GIVEN THE MARYLAND REIMBURSEMENT ENVIRONMENT). IF SUCH

A SHORTFALL EXISTS, NONE OF IT SHOULD BE COUNTED TOWARDS A COMMUNITY

BENEFIT CALCULATION.

ADVENTIST HEALTHCARE USES ITS INCOME STATEMENT TO COMPUTE A COST TO CHARGE

RATIO USED TO ESTIMATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS.

PART III, LINE 9B:

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

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

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

ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE.

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

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

AND BEEN GRANTED ASSISTANCE THAT REDUCED THE OUTSTANDING BALANCE BUT

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

NOT APPLIED FOR ASSISTANCE IN THE ALLOTTED TIME PERIOD:

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

NOTIFICATION TO REDUCE THE OUTSTANDING BALANCE OF ANY DEBTOR WHO QUALIFIES

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

LETTER TO THE DEBTOR, ACKNOWLEDGING THE NEW BALANCE WITHIN 15 DAYS OF THE

NOTICE TO ADJUST.

2) ONCE THE DEBTOR AFFIRMS THE DEBT, THE AGENCY WILL INFORM THE DEBTOR

ABOUT ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE POLICY, AND ASK IF THEY

HAD RECEIVED INFORMATION ON HOW TO COMPLETE THE APPLICATION, OR THE

CRITERIA FOR QUALIFICATION.

3) WHEN A DEBTOR EXPRESSES A DESIRE TO COMPLETE THE APPLICATION FOR

FINANCIAL ASSISTANCE, THEY WILL BE REFERRED TO THE OFFICE OF ADVENTIST

Part VI Supplemental Information (Continuation)

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

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

ALLOW THE DEBTOR AMPLE TIME TO COMPLETE A FINANCIAL ASSISTANCE

APPLICATION.

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

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

MANAGER OF COLLECTIONS/CUSTOMER SERVICE. NOTIFICATION WILL INCLUDE THE

AMOUNT OF DEBT REDUCTION THE DEBTOR QUALIFIED FOR. THE MANAGER OF

COLLECTIONS/CUSTOMER SERVICE WILL ADJUST THE DEBTOR'S BALANCE ON ADVENTIST

HEALTHCARE'S BOOKS.

PART VI, LINE 2:

ADVENTIST HEALTHCARE FORMED A COMMUNITY BENEFIT STEERING COMMITTEE (CBSC)

IN 2011 TO GUIDE ITS COMMUNITY BENEFIT ACTIVITIES AND STRATEGY. THE

COMMUNITY BENEFIT STEERING COMMITTEE HAS REPRESENTATION FROM EACH OF OUR

HOSPITAL ENTITIES AS WELL AS ADDITIONAL KEY SYSTEM-WIDE DEPARTMENTS SUCH

AS FINANCE, POPULATION HEALTH AND MISSION INTEGRATION. THE CBSC LEADS THE

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND THE DEVELOPMENT AND

MONITORING OF EACH HOSPITAL'S IMPLEMENTATION STRATEGY. IN ADDITION TO

COMPLETING OUR CHNAS EVERY THREE YEARS, ADVENTIST HEALTHCARE ASSESSES THE

NEEDS OF THE COMMUNITY WE SERVE THROUGH SEVERAL METHODS:

> REPRESENTATIVES FROM ADVENTIST HEALTHCARE SERVE ON THE LOCAL HEALTH

IMPROVEMENT COALITIONS IN OUR SERVICE AREA, HEALTHY MONTGOMERY AND PRINCE

GEORGE'S HEALTH ACTION COALITION. BY PARTICIPATING IN THE STEERING

COMMITTEES AS WELL AS SEVERAL SUB-COMMITTEES AND WORKGROUPS, WE ARE ABLE

TO STAY APPRISED OF EXISTING AND DEVELOPING HEALTH NEEDS IN THE COMMUNITY

AND ARE ABLE TO WORK WITH OTHER STAKEHOLDERS TO DEVELOP STRATEGIES FOR

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

ADDRESSING THEM.

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

> ADDITIONALLY, ADVENTIST HEALTHCARE LEADS THE ONE HEALTH QUALITY ALLIANCE, A CLINICALLY INTEGRATED NETWORK MADE UP OF PRIMARY AND SPECIALTY CARE PHYSICIANS INCLUDING CLINICS AND FQHCs IN OUR COMMUNITY. ADVENTIST HEALTHCARE HAS ALSO FORMED A CARE TRANSFORMATION ORGANIZATION AS PART OF THE MARYLAND PRIMARY CARE PROGRAM. THROUGH BOTH THESE INITIATIVES, WE MONITOR HEALTH NEEDS AND DATA ACROSS OUR COMMUNITY AND CAN HEAR FEEDBACK REGARDING COMMUNITY NEEDS FROM OUR PROVIDERS AND PATIENTS.

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,

Part VI Supplemental Information (Continuation)

PATIENTS WHO ARE REGISTERED AS SELF-PAY, OR EXPRESS A FINANCIAL HARDSHIP,
 ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND MAILED OR GIVEN
 A CHARITY APPLICATION. ADDITIONALLY, AN ADVENTIST HEALTHCARE PATIENT
 FINANCIAL ADVISOR WILL VISIT ADMITTED PATIENTS TO REVIEW FINANCIAL
 OPTIONS, INCLUDING AHC'S FINANCIAL ASSISTANCE PROGRAM; (3) WHEN GOING
 THROUGH THE MEDICAID ELIGIBILITY SCREENING, SELF-PAY PATIENTS ARE GIVEN A
 CHARITY APPLICATION DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT
 QUALIFY FOR MEDICAID; (4) WHEN PATIENTS WITH A BALANCE RECEIVES A
 STATEMENT, THE PATIENT STATEMENT INCLUDES NOTIFICATION OF THE AVAILABILITY
 OF FINANCIAL ASSISTANCE AND THE CONTACT INFORMATION TO SPEAK WITH A
 REPRESENTATIVE OR OBTAIN A FINANCIAL ASSISTANCE PACKAGE; (5) WHEN PATIENTS
 WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL
 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:

ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) PRIMARILY SERVICES
 RESIDENTS OF MONTGOMERY COUNTY, MARYLAND. APPROXIMATELY 85.0 PERCENT OF
 DISCHARGES COME FROM OUR TOTAL SERVICE AREA, WHICH IS CONSIDERED ADVENTIST
 HEALTHCARE SHADY GROVE MEDICAL CENTER'S COMMUNITY BENEFIT SERVICE AREA
 (CBSA). WITHIN THAT AREA, 60.0 PERCENT OF DISCHARGES ACCOUNT FOR THE
 PRIMARY SERVICE AREA (PSA), WHICH INCLUDES THE FOLLOWING ZIP CODES/CITIES:

20874 GERMANTOWN, 20878 GAITHERSBURG, 20850 ROCKVILLE, 20877

Part VI Supplemental Information (Continuation)

GAITHERSBURG, 20886 MONTGOMERY VILLAGE, 20879 GAITHERSBURG, 20852

ROCKVILLE, 20876 GERMANTOWN, 20854 POTOMAC, 20871 CLARKSBURG, AND 88888

HOMELESS.

THE REMAINING 25.0 PERCENT OF DISCHARGES ACCOUNT FOR OUR SECONDARY SERVICE

AREA (SSA), WHICH INCLUDES THE FOLLOWING ZIP CODES/CITIES:

20906 - SILVER SPRING, 20853 ROCKVILLE, 20855 DERWOOD, 20851 ROCKVILLE,

20872 DAMASCUS, 20882 GAITHERSBURG, 20832 OLNEY, 20902 SILVER SPRING,

20904 SILVER SPRING, 20837 POOLESVILLE, 20841 BOYDS, 20817 BETHESDA,

20814 BETHESDA, 21703 FREDRICK, 20901 SILVER SPRING, 20910 SILVER

SPRING, 21771 MOUNT AIRY, 20895 KENSINGTON, 21704 FREDRICK, 21702

FREDRICK.

IN MARYLAND, THE POPULATION DEMOGRAPHICS ARE RAPIDLY CHANGING,

PARTICULARLY AMONG RESIDENTS LIVING IN MONTGOMERY COUNTY. ADVENTIST

HEALTHCARE SERVES SOME OF THE MOST DIVERSE COMMUNITIES IN THE UNITED

STATES, CONSTANTLY UNDERGOING ECONOMIC, SOCIAL AND DEMOGRAPHIC SHIFTS THAT

RESULT FROM AN EVER-CHANGING, EVER-GROWING POPULATION.

MONTGOMERY COUNTY IS THE MOST POPULOUS JURISDICTION IN MARYLAND AND HAS

RETAINED ITS STATUS AS THE SECOND LARGEST JURISDICTION IN THE WASHINGTON,

D.C. METROPOLITAN AREA. FROM 1990 TO 2017, MONTGOMERY COUNTY'S POPULATION

GREW 38 PERCENT, INCREASING FROM 765,476 TO 1,058,810 PEOPLE. THE GREATEST

POPULATION GROWTH OCCURRED INSIDE THE CAPITAL BELTWAY (INTERSTATE 495).

ACCORDING TO THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

(MNCPPC), THE GROWTH IN MONTGOMERY COUNTY WAS DRIVEN LARGELY BY BIRTHS TO

RESIDENTS AND INCREASING INTERNATIONAL MIGRATION. AT 32.6 PERCENT,

Part VI Supplemental Information (Continuation)

MONTGOMERY COUNTY HAS A FOREIGN-BORN POPULATION TWICE THAT OF THE STATE OF MARYLAND.

MONTGOMERY COUNTY IS A MAJORITY-MINORITY COUNTY, MEANING IT IS MADE UP OF LESS THAN 50 PERCENT NON-HISPANIC WHITES. THE MAJORITY OF RESIDENTS (43.4 PERCENT) IN MONTGOMERY COUNTY ARE NON-HISPANIC WHITE, FOLLOWED BY BLACK AND HISPANIC (19.9 PERCENT EACH), AND ASIAN (15.6 PERCENT). THE RACIAL AND ETHNIC DIVERSITY IN THE COUNTY HAS CONTINUED TO INCREASE WITH THE INCREASE IN THE OVERALL POPULATION.

AGING POPULATION: ACCORDING TO THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION (MNCPPC), THERE HAS BEEN A NOTICEABLE POPULATION AGE SHIFT IN MONTGOMERY COUNTY FROM 1990 TO 2016, LARGELY IN PART TO THE AGING BABY BOOMER GENERATION BORN BETWEEN 1946 AND 1964. FROM 1990-2016 THE MEDIAN AGE OF RESIDENTS IN THE COUNTY ROSE FROM 33.9 YEARS TO 39 YEARS. MEANWHILE, THE PERCENTAGE OF YOUNG ADULTS, 20 TO 34 YEARS, DECREASED BY 7.7 PERCENT AND ADULTS AGE 35 TO 44 YEARS DECREASED BY 3.9 PERCENT. CHILDREN UNDER AGE 18 DECREASED marginally AND ARE PROJECTED TO REMAIN STEADY. THE FASTEST GROWING POPULATION, 65+, IS PROJECTED TO GROW 7 PERCENT REACHING 21 PERCENT OF THE POPULATION BY 2040.

FOREIGN-BORN POPULATION: ACCORDING TO THE U.S. CENSUS BUREAU, MARYLAND IS ONE OF THE TOP TEN DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS WITH A SIGNIFICANT NUMBER RESIDING IN MONTGOMERY COUNTY. FROM 1980 TO 2016, THE POPULATION OF FOREIGN-BORN INDIVIDUALS LIVING IN MONTGOMERY COUNTY INCREASED FROM 12.0 PERCENT TO 33.0 PERCENT. THE MAJORITY OF FOREIGN-BORN RESIDENTS WHO LIVE IN MONTGOMERY COUNTY COME FROM BOTH ASIA AND LATIN AMERICA, WITH THE TOP FIVE COUNTRIES CONSISTING OF EL SALVADOR, CHINA,

Part VI Supplemental Information (Continuation)

INDIA, KOREA, AND ETHIOPIA. OF THOSE INDIVIDUALS WHO ARE FOREIGN-BORN AND

LIVING IN MONTGOMERY COUNTY, 15.4 PERCENT PRIMARILY SPEAK ENGLISH, 30.8

PERCENT SPEAK SPANISH, 22.4 PERCENT SPEAK AN ASIAN OR PACIFIC ISLANDER

LANGUAGE AND 21.4 PERCENT SPEAK AN INDO-EUROPEAN LANGUAGE. IN THE SGMC

CBSA, 13.6 PERCENT OF INDIVIDUALS AGED 5+ ARE LIMITED ENGLISH PROFICIENT.

WHEN COMPARED TO MONTGOMERY COUNTY AND MARYLAND, SGMC'S CBSA HAS THE

SECOND HIGHEST PERCENTAGE OVERALL OF LIMITED ENGLISH PROFICIENT RESIDENTS.

INCOME & POVERTY: THE MEDIAN HOUSEHOLD INCOME IN MONTGOMERY COUNTY IS

\$103,178.14 COMPARATIVELY, THE 2017 MEDIAN HOUSEHOLD INCOME IN MARYLAND IS

\$78,916, WHICH IS HIGHER THAN THE U.S. MEDIAN OF \$57,652. ALTHOUGH THE

MEDIAN HOUSEHOLD INCOME OF MONTGOMERY COUNTY IS HIGHER THAN THE STATE'S,

SIGNIFICANT INCOME DISPARITIES EXIST WHEN BROKEN DOWN BY RACIAL/ETHNIC

GROUPS. THE MEDIAN HOUSEHOLD INCOME OF WHITE AND ASIAN HOUSEHOLDS IS OVER

\$30,000 HIGHER THAN THAT OF BLACK AND HISPANIC HOUSEHOLDS.

THE 2017 FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR IS \$24,600.15.

MONTGOMERY COUNTY EXPERIENCED A DECREASE IN RESIDENTS LIVING BELOW THE

FEDERAL POVERTY LEVEL FROM 7.5 PERCENT IN 2015 TO 7.0 PERCENT IN 2017. IN

2017, IN MARYLAND, AS WELL AS WITHIN MONTGOMERY COUNTY, FEWER RESIDENTS

WERE LIVING BELOW THE POVERTY LEVEL (9.7 PERCENT) THAN IN 2015 (10.0

PERCENT). DESPITE THE SLIGHT DECREASE IN POVERTY RATES, A LARGE INCOME

INEQUALITY GAP PERSISTS. BLACK AND HISPANIC RESIDENTS IN MONTGOMERY COUNTY

EXPERIENCE POVERTY AT A RATE NEARLY THREE TIMES THAT OF WHITE RESIDENTS.

HEALTH INSURANCE COVERAGE: DESPITE MONTGOMERY COUNTY'S RELATIVE WEALTH

REGARDING INCOME, EDUCATION AND SUPPORT FOR PUBLIC SERVICES, BETWEEN

80,000 AND 90,000 RESIDENTS ARE UNINSURED. IN MONTGOMERY COUNTY AS WELL AS

Part VI Supplemental Information (Continuation)

IN THE STATE OF MARYLAND OVERALL, HISPANICS ARE SIGNIFICANTLY MORE LIKELY NOT TO HAVE HEALTH INSURANCE COMPARED TO WHITE AND BLACK INDIVIDUALS.

ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER (WOMC) PRIMARILY SERVICES RESIDENTS OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES IN MARYLAND. AS A NEW HOSPITAL, WOMC HAS A REDEFINED PROJECTED COMMUNITY BENEFIT SERVICE AREA (CBSA) IN COMPARISON TO ITS PREVIOUS LOCATION IN TAKOMA PARK (WHILE OPERATING AS WASHINGTON ADVENTIST HOSPITAL). THE PROJECTED CBSA WAS DETERMINED TAKING SEVERAL FACTORS INTO ACCOUNT SUCH AS PROXIMITY (DRIVE TIME AND DISTANCE) OF ZIP CODES TO ACUTE CARE HOSPITALS AND PROVIDERS, PREVIOUS PRESENCE AND MARKET SHARE WITHIN EACH ZIP CODE, AND PROJECTED SHIFT OF PRESENCE AND MARKET SHARE AS A RESULT OF THE RELOCATION OF THE HOSPITAL TO WHITE OAK.

APPROXIMATELY 85.0 PERCENT OF DISCHARGES COME FROM OUR TOTAL SERVICE AREA, WHICH IS CONSIDERED ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER'S COMMUNITY BENEFIT SERVICE AREA (CBSA). WITHIN THAT AREA, 60.0 PERCENT OF DISCHARGES ACCOUNT FOR THE PRIMARY SERVICE AREA (PSA) AND INCLUDE THE FOLLOWING ZIP CODES/CITIES:

20783 HYATTSVILLE, 20912 TAKOMA PARK, 20782 HYATTSVILLE, 20903 SILVER SPRING, 20901 SILVER SPRING, 20904 SILVER SPRING, 20740 COLLEGE PARK, 20906 SILVER SPRING, 20705 BELTSVILLE, AND 88888 HOMELESS.

THE REMAINING 25.0 PERCENT OF DISCHARGES ACCOUNT FOR OUR SECONDARY SERVICE AREA (SSA) WHICH INCLUDES THE FOLLOWING ZIP CODES/CITIES:

20011 WASHINGTON, 20737 RIVERDALE, 20902 SILVER SPRING, 20770

Part VI Supplemental Information (Continuation)

GREENBELT, 20784 HYATTSVILLE, 20706 LANHAM, 20781 HYATTSVILLE, 20712

MOUNT RAINIER, 20785 HYATTSVILLE, 20012 WASHINGTON, 20707 LAUREL, 20708

LAUREL, 20743 CAPITOL HEIGHTS, 20774 UPPER MARLBORO, 20747 DISTRICT

HEIGHTS, 20710 BLADENSBURG, 20905 SILVER SPRING, 20721 BOWIE, 20772

UPPER MARLBORO, 20866 BURTONSVILLE, 20715 BOWIE, 20850 ROCKVILLE, 20853

ROCKVILLE, 20723 LAUREL.

MONTGOMERY COUNTY IS THE MOST POPULOUS JURISDICTION IN MARYLAND AND HAS

RETAINED ITS STATUS AS THE SECOND LARGEST JURISDICTION IN THE WASHINGTON,

D.C. METROPOLITAN AREA. FROM 1990 TO 2017, MONTGOMERY COUNTY'S POPULATION

GREW 38 PERCENT, INCREASING FROM 765,476 TO 1,058,810 PEOPLE. THE GREATEST

POPULATION GROWTH OCCURRED INSIDE THE CAPITAL BELTWAY (INTERSTATE 495),

WHICH ALSO INCLUDES PRINCE GEORGE'S COUNTY. ACCORDING TO THE

MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION (MNCPPC), THE

GROWTH IN MONTGOMERY COUNTY WAS DRIVEN LARGELY BY BIRTHS TO RESIDENTS AND

INCREASING INTERNATIONAL MIGRATION. AT 32.6 PERCENT, MONTGOMERY COUNTY HAS

A FOREIGN-BORN POPULATION TWICE THAT OF THE STATE OF MARYLAND. PRINCE

GEORGE'S COUNTY IS THE SECOND-LARGEST JURISDICTION IN MARYLAND WITH NEARLY

ONE MILLION RESIDENTS. THE COUNTY HAS SEEN SIGNIFICANT POPULATION GROWTH

INCREASING BY NEARLY 50,000 RESIDENTS OR 5.7 PERCENT FROM 2010 TO 2017.

PART VI, LINE 5:

IN KEEPING WITH OUR MISSION, ADVENTIST HEALTHCARE CONTINUES TO PROMOTE

GOOD HEALTH IN THE COMMUNITY THROUGH A WIDE VARIETY OF HEALTH AND WELLNESS

SERVICES OFFERED THROUGHOUT MONTGOMERY AND PRINCE GEORGE'S COUNTIES IN

MARYLAND, AS WELL AS SOME AREAS IN WASHINGTON D.C. AND THE SURROUNDING

REGION. BELOW IS A BRIEF SUMMARY OF THE HEALTH PROMOTION ACTIVITIES IN

2021, INCLUDING HEALTH EDUCATION/LECTURES, HEALTH SCREENINGS, SUPPORT

Part VI Supplemental Information (Continuation)

GROUPS, AS WELL AS SERVING ON COMMUNITY BOARDS AND COMMITTEES AND SUPPORTING MONTGOMERY COUNTY'S SAFETY NET CLINICS FOR UNINSURED AND UNDERINSURED RESIDENTS. WE FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES PREVALENT IN THE COMMUNITIES WE SERVE, AS WELL AS OUTREACH AND CULTURALLY COMPETENT SERVICES TO VULNERABLE POPULATIONS.

> A VARIETY OF HEALTH EDUCATION LECTURES AND PROGRAMS WERE CONVERTED TO BE VIRTUAL TO CONTINUE TO BE A RESOURCE FOR COMMUNITY MEMBERS DURING COVID.

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

> ADVENTIST HEALTHCARE HAS A HEALTH MINISTRY PROGRAM THAT SPECIFICALLY SUPPORTS FAITH COMMUNITY NURSES AND CONGREGATIONS TO ADDRESS HEALTH ISSUES IN FAITH-BASED COMMUNITIES. MORE THAN 140 CONGREGATIONS OF VARIOUS FAITHS ARE INVOLVED IN OUR PROGRAM, RECEIVING ONGOING SUPPORT AND RESOURCES.

> PERSONNEL FROM VARIOUS DEPARTMENTS ARE ACTIVE IN THE COMMUNITY SERVING ON VARIOUS BOARDS, COALITIONS AND COMMITTEES TO HELP ADDRESS HEALTH IN THE COMMUNITY, PARTICULARLY THE HEALTH OF THE UNDERSERVED AND AT-RISK POPULATIONS.

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

Part VI Supplemental Information (Continuation)

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

> TO MEET THE CONTINUING NEEDS OF OUR DIVERSE COMMUNITY, ADVENTIST HEALTHCARE PROVIDES CULTURAL AND LINGUISTIC COMPETENCY TRAINING TO MEDICAL AND SUPPORT STAFF.

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

> IN 2020 AND 2021, ADVENTIST HEALTHCARE ALSO PARTNERED WITH THE STATE TO OPEN AN ALTERNATIVE CARE SITE AT OUR WASHINGTON ADVENTIST HOSPITAL SITE IN TAKOMA PARK TO PROVIDE DEDICATED, HIGH-QUALITY CARE FOR COVID PATIENTS. THE ALTERNATIVE CARE SITE IS ONE OF SEVERAL INFUSION CENTERS IN MARYLAND THAT ADMINISTERS MONOCLONAL ANTIBODY TREATMENTS.

ADVENTIST HEALTHCARE IS COMMITTED TO ENSURING THAT THE COMMUNITIES IT SERVES THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE

Part VI Supplemental Information (Continuation)

BENEFITS OF HIGH QUALITY, EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL,
MENTAL AND SPIRITUAL WELLBEING.

PART VI, LINE 6:

ADVENTIST HEALTHCARE, BASED IN GAITHERSBURG, MD., IS A FAITH-BASED,
NOT-FOR-PROFIT ORGANIZATION OF DEDICATED PROFESSIONALS WHO WORK TOGETHER
EACH DAY TO PROVIDE EXCELLENT WELLNESS, DISEASE MANAGEMENT AND HEALTH-CARE
SERVICES TO THE COMMUNITY. WE WERE FOUNDED UPON THE PRINCIPLE OF WELLNESS
MORE THAN 100 YEARS AGO AND TODAY PROVIDE INNOVATIVE CARE TO HEART-ATTACK
VICTIMS, CANCER PATIENTS, PREMATURE BABIES AND THE COMMUNITY 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
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.

Part VI Supplemental Information (Continuation)

OUR COMMITMENT TO THE COMMUNITY EXTENDS BEYOND OUR WALLS TO ENCOMPASS THE MOST VULNERABLE AND UNDERSERVED. IN 2021, THERE WERE APPROXIMATELY 664,712 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 6,145 EMPLOYEES AND NUMEROUS VOLUNTEERS PROVIDING OVER 31,019 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, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

PART VI, LINE 4:

COMMUNITY INFORMATION:

BOTH MONTGOMERY AND PRINCE GEORGE'S COUNTIES ARE MAJORITY-MINORITY

Part VI Supplemental Information (Continuation)

COUNTIES MEANING THEY ARE MADE UP OF LESS THAN 50 PERCENT NON-HISPANIC

WHITES. THE MAJORITY OF RESIDENTS (62.0 PERCENT) IN PRINCE GEORGE'S

COUNTY ARE BLACK, FOLLOWED BY HISPANIC OR LATINO (19.1 PERCENT). THE

MAJORITY OF RESIDENTS (43.4 PERCENT) IN MONTGOMERY COUNTY ARE

NON-HISPANIC WHITE, FOLLOWED BY BLACK AND HISPANIC (19.9 PERCENT EACH),

AND ASIAN (15.6 PERCENT). THE RACIAL AND ETHNIC DIVERSITY IN THE COUNTY

HAS CONTINUED TO INCREASE WITH THE INCREASE IN THE OVERALL POPULATION.

AGING POPULATION: ACCORDING TO THE MARYLAND-NATIONAL CAPITAL PARK AND

PLANNING COMMISSION (MNCPPC), THERE HAS BEEN A NOTICEABLE POPULATION

AGE SHIFT IN MONTGOMERY COUNTY FROM 1990 TO 2016, LARGELY IN PART TO

THE AGING BABY BOOMER GENERATION BORN BETWEEN 1946 AND 1964. FROM

1990-2016 THE MEDIAN AGE OF RESIDENTS IN THE COUNTY ROSE FROM 33.9

YEARS TO 39 YEARS. MEANWHILE, THE PERCENTAGE OF YOUNG ADULTS, 20 TO 34

YEARS, DECREASED BY 7.7 PERCENT AND ADULTS AGE 35 TO 44 YEARS DECREASED

BY 3.9 PERCENT. CHILDREN UNDER AGE 18 DECREASED marginally AND ARE

PROJECTED TO REMAIN STEADY.

ACCORDING TO DATA FROM THE U.S. CENSUS AMERICAN COMMUNITY SURVEY, THERE

HAS ALSO BEEN A SIGNIFICANT POPULATION AGE SHIFT IN PRINCE GEORGE'S

COUNTY FROM 1990 TO 2016. SIMILAR TO MONTGOMERY COUNTY, THE LARGEST AGE

GROUP IN 1990 WAS 20-34 YEARS, COMPARED TO 45-64 YEARS IN 2016. THE

35-44 AGE GROUP HAS DECREASED 4.0 PERCENT AND CHILDREN UNDER AGE 18

DECREASED marginally AND ARE PROJECTED TO REMAIN STEADY. THE FASTEST

GROWING POPULATION, 65+, IS PROJECTED TO GROW 7.0 PERCENT IN MONTGOMERY

AND 9.0 PERCENT IN PRINCE GEORGE'S, REACHING 21.0 PERCENT OF THE

POPULATION IN BOTH COUNTIES BY THE YEAR 2040.

Part VI Supplemental Information (Continuation)

FOREIGN BORN POPULATION: ACCORDING TO THE U.S. CENSUS BUREAU, MARYLAND

IS ONE OF THE TOP TEN DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS WITH A

SIGNIFICANT NUMBER RESIDING IN MONTGOMERY COUNTY. FROM 1980 TO 2016,

THE POPULATION OF FOREIGN-BORN INDIVIDUALS LIVING IN MONTGOMERY COUNTY

INCREASED FROM 12.0 PERCENT TO 33.0 PERCENT. THE MAJORITY OF

FOREIGN-BORN RESIDENTS WHO LIVE IN MONTGOMERY COUNTY COME FROM BOTH

ASIA AND LATIN AMERICA, WITH THE TOP FIVE COUNTRIES CONSISTING OF EL

SALVADOR, CHINA, INDIA, KOREA, AND ETHIOPIA. OF THOSE INDIVIDUALS WHO

ARE FOREIGN-BORN AND LIVING IN MONTGOMERY COUNTY, 15.4 PERCENT

PRIMARILY SPEAK ENGLISH, 30.8 PERCENT SPEAK SPANISH, 22.4 PERCENT SPEAK

AN ASIAN OR PACIFIC ISLANDER LANGUAGE AND 21.4 PERCENT SPEAK AN

INDO-EUROPEAN LANGUAGE. IN PRINCE GEORGE'S COUNTY, ONE OUT OF EVERY

FIVE RESIDENTS OR 22.6 PERCENT ARE BORN OUTSIDE THE UNITED STATES. IN

2017 ALONE, THERE WERE OVER 200,000 FOREIGN-BORN RESIDENTS IN THE

COUNTY. THE TOP FIVE COUNTRIES THAT CONTRIBUTE THE MOST TO THE

FOREIGN-BORN POPULATION INCLUDE: EL SALVADOR, NIGERIA, GUATEMALA,

MEXICO, AND JAMAICA. OF THE FOREIGN-BORN RESIDENTS LIVING IN PRINCE

GEORGE'S COUNTY, ONE IN FIVE OR 21.5 PERCENT SPEAK ENGLISH AS THEIR

PRIMARY LANGUAGE AND 44 PERCENT SPEAK SPANISH. IN THE WOMC CBSA, NEARLY

15.0 PERCENT OF INDIVIDUALS AGED 5+ ARE LIMITED ENGLISH PROFICIENT.

WHEN COMPARED TO BOTH COUNTIES AND MARYLAND, WOMC'S CBSA HAS THE

HIGHEST PERCENTAGE OVERALL OF LIMITED ENGLISH PROFICIENT RESIDENTS.

INCOME & POVERTY: THE MEDIAN HOUSEHOLD INCOMES IN MONTGOMERY AND PRINCE

GEORGE'S COUNTIES ARE \$103,178 AND \$78,607, RESPECTIVELY.

COMPARATIVELY, THE 2017 MEDIAN HOUSEHOLD INCOME IN MARYLAND IS \$78,916,

WHICH IS HIGHER THAN THE U.S. MEDIAN OF \$57,652. WHEN BROKEN DOWN BY

RACE AND ETHNICITY, SIGNIFICANT INCOME DISPARITIES EXIST. IN MONTGOMERY

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

COUNTY, THE MEDIAN INCOME OF WHITE AND ASIAN HOUSEHOLDS IS OVER \$30,000

HIGHER THAN THAT OF BLACK AND HISPANIC HOUSEHOLDS. IN PRINCE GEORGE'S

COUNTY, ASIAN AND WHITE HOUSEHOLDS HAVE THE LARGEST MEDIAN HOUSEHOLD

INCOME, FOLLOWED BY BLACK HOUSEHOLDS AND HISPANIC HOUSEHOLDS WHO HAVE

THE LARGEST INCOME INEQUALITY.

THE 2017 FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR IS \$24,600.19.

MONTGOMERY COUNTY EXPERIENCED A DECREASE IN RESIDENTS LIVING BELOW THE

FEDERAL POVERTY LEVEL FROM 7.5 PERCENT IN 2015 TO 7.0 PERCENT IN 2017.

IN 2017, ACROSS ALL COUNTIES IN MARYLAND, FEWER RESIDENTS WERE LIVING

BELOW THE POVERTY LEVEL (9.7 PERCENT) THAN IN 2015 (10.0 PERCENT).

DESPITE THE SLIGHT DECREASE IN POVERTY RATES, A LARGE INCOME INEQUALITY

GAP PERSISTS. IN MARYLAND, WHITE INDIVIDUALS HAVE THE LOWEST PERCENTAGE

OF RESIDENTS LIVING IN POVERTY WHEN COMPARED TO NON-WHITE INDIVIDUALS.

IN PRINCE GEORGE'S COUNTY, WHITE RESIDENTS HAVE A HIGHER PERCENTAGE OF

INDIVIDUALS LIVING IN POVERTY COMPARED TO BLACK AND ASIAN RESIDENTS WHO

EXPERIENCE THE LOWEST RATES OF POVERTY. IN MONTGOMERY COUNTY BLACK AND

HISPANIC RESIDENTS EXPERIENCE POVERTY AT A RATE NEARLY THREE TIMES THAT

OF WHITE RESIDENTS.

HEALTH INSURANCE COVERAGE: DESPITE MONTGOMERY COUNTY'S RELATIVE WEALTH

REGARDING INCOME, EDUCATION AND SUPPORT FOR PUBLIC SERVICES, BETWEEN

80,000 AND 90,000 RESIDENTS ARE UNINSURED. MORE THAN 100,000 RESIDENTS

IN PRINCE GEORGE'S COUNTY ARE UNINSURED. IN MONTGOMERY AND PRINCE

GEORGE'S COUNTIES AS WELL AS IN MARYLAND OVERALL, HISPANICS ARE

SIGNIFICANTLY MORE LIKELY TO NOT HAVE HEALTH INSURANCE COVERAGE

COMPARED TO WHITE AND BLACK INDIVIDUALS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON - 501 SLIGO AVENUE - SILVER SPRING, MD 20910	02-0592766	501-(C)-(3)	12,500.	0.			MATERNAL AND INFANT HEALTH NUTRITION PROGRAM.
ADVENTIST HEALTH INTERNATIONAL 11060 ANDERSON ST LOMA LINDA, CA 92350	33-0940020	501-(C)-(3)	20,000.	0.			COVID-19 EMERGENCY FUNDING, TO INCREASE CAPACITY FOR MULTILINGUAL HEALTH AND SOCIAL
BETHESDA CARES INC 7728 WOODMONT AVE BETHESDA, MD 20814	52-1634919	501-(C)-(3)	15,000.	0.			STREET HOMELESS OUTREACH PROGRAM TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AMONG THE MOST VULNERABLE
BIOHEALTH INNOVATION INC 1 CHURCH STREET #801 ROCKVILLE, MD 20850	45-3824067	501-(C)-(3)	25,000.	0.			TO PROVIDE CONTRIBUTION TOWARDS RESEARCH.
CASA OF MARYLAND INC. 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501-(C)-(3)	75,000.	0.			TO SUPPORT IMMIGRANT ACCESS TO HEALTH AND SOCIAL SERVICES.
CENTRE POINTE COUNSELING PO BOX 1278 LINCOLNTON, NC 28093	52-1288655	501-(C)-(3)	32,500.	0.			SAMARITAN FUND TO COVER COSTS FOR PATIENTS WHO CAN'T AFFORD COUNSELING SERVICES. PROVIDES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 40.

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

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMPIONS FOR EDUCATION INC 3700 GLENEAGLES ROAD CHARLOTTE, NC 28210	02-0615986	501-(C)-(3)	105,000.	0.			TO HELP IN THEIR MISSION OF RAISING FUNDS TO PROVIDE GRANTS TO OTHER CHARITIES WHICH STRIVE TO
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD. COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	305,000.	0.			CONTRIBUTION TOWARDS PURPOSE OF MISSION WORK, YOUTH MINISTRY AND HEALTH AND WELLNESS OUTREACH.
COMMITTEE FOR MONTGOMERY 23219 STRINGTOWN RD #353 CLARKSBURG, MD 20871	90-0437327	501-(C)-(4)	6,500.	0.			TO ADVOCATE IN ANNAPOLIS ON ISSUES OF IMPORTANCE TO MONTGOMERY COUNTY AND THE STATE.
COMMUNITY CLINIC INC 8630 FENTON STREET SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501-(C)-(3)	35,000.	0.			TO SUPPORT THEIR MISSION TO BRING HIGH-QUALITY, AFFORDABLE HEALTHCARE TO EVERY PATIENT DURING ALL
COMMUNITY HEALTH AND EMPOWERMENT INC - 8545 PINEY BRANCH RD, STE H - SILVER SPRING, MD 20910	27-3662468	501-(C)-(3)	25,000.	0.			SUPPORTING THE LONG BRANCH HEALTHY FOOD ACCESS PROGRAM.
CROSSROADS COMMUNITY FOOD NETWORK INC - 6930 CARROLL AVE SUITE 426 - TAKOMA PARK, MD 20912	36-4635237	501-(C)-(3)	25,000.	0.			TO HELP REDUCE FOOD INSECURITY EXACERBATED BY THE COVD-19 PANDEMIC IN THE TAKOMA LANGLEY
DISABILITY PARTNERSHIPS PROJECT INC - 14103 STANWOOD TERRACE - ROCKVILLE, MD 20850	47-2647318	501-(C)-(3)	24,000.	0.			TO SUPPORT THEIR PROGRAMS TO HELP PERSONS WITH DISABILITIES IMPROVE THEIR QUALITY OF LIFE
EVERYMIND 1000 TWINBROOK PARKWAY ROCKVILLE, MD 20851	52-0681147	501-(C)-(3)	40,000.	0.			TO SUPPORT IN RAISING AWARENESS OF THE IMPORTANCE OF MENTAL HEALTH AND WELLNESS.
FEED THE FRIDGE 6901 RADNOR ROAD BETHESDA, MD 20817	36-4967718	501-(C)-(3)	35,000.	0.			TO SUPPORT IN THE EFFORT TO BRING NOURISHMENT WHERE THERE IS HUNGER WHILE HELPING SMALL,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD & FRIENDS 219 RIGGS ROAD NE WASHINGTON, DC 20011	52-1648941	501-(C)-(3)	27,500.	0.			TO ADDRESS THE NEEDS AND HEALTH DISPARITIES THAT MANIFEST FROM FOOD INSECURITY AND THE
GENERATION HOPE 415 MICHIGAN AVE NE #250 WASHINGTON, DC 20017	27-3554088	501-(C)-(3)	20,000.	0.			TO SUPPORT THEIR MISSION TO ENSURE ALL STUDENT PARENTS HAVE THE OPPORTUNITIES TO SUCCEED
HABITAT FOR HUMANITY METRO MARYLAND - 8380 COLESVILLE ROAD, SUITE 700 - SILVER SPRING, MD 20910	52-1299516	501-(C)-(3)	25,000.	0.			TO SUPPORT THE REPAIRS AND ACCESSIBILITY MODIFICATIONS FOR HOMES IN PRINCE GEORGE'S
HEARTS AND HOME FOR YOUTH 1320 FENWICK LANE SUITE 800 SILVER SPRING, MD 20910	52-6060576	501-(C)-(3)	5,250.	0.			TO SUPPORT IN FOSTER PARENT RECRUITMENT AND TRAINING.
IDENTITY 414 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	52-2120012	501-(C)-(3)	40,000.	0.			COMMUNITY MENTAL HEALTH PROGRAM TO HELP YOUNG PEOPLE AND FAMILIES MANAGE THE TREMENDOUS
INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1250 CONNECTICUT AVE NW, SUITE 601 - WASHINGTON, DC 20036	46-3039129	501-(C)-(3)	10,000.	0.			STRENGTHENING COMMUNITY FOOD SYSTEMS THROUGH THE PRINCE GEORGES FOOD EQUITY COUNCIL.
INTERFAITH WORKS INC 114 W. MONTGOMERY AVENUE ROCKVILLE, MD 20850	52-1072684	501-(C)-(3)	20,000.	0.			TO SUPPORT AND PLACEMENT INTO JOBS FOR HOMELESS AND OUT OF WORK INDIVIDUALS.
LEADERSHIP MONTGOMERY 6010 EXECUTIVE BLVD #200 ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	12,500.	0.			CIVIC ENGAGEMENT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH THROUGH AN ADOPT A SCHOOL
MANSFIELD KASEMAN HEALTH CLINIC 114 WEST MONTGOMERY AVENUE ROCKVILLE, MD 20850	27-2529951	501-(C)-(3)	25,000.	0.			TO SUPPORT QUALITY HEALTH SERVICES FOR THE MEDICALLY UNDERSERVED.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY'S CENTER FOR MATERNAL & CHILD CARE - 2333 ONTARIO ROAD N.W - WASHINGTON, DC 20009	52-1594116	501-(C)-(3)	77,000.	0.			TO SUPPORT THEIR INTEGRATED MODEL OF HEALTH CARE, EDUCATION, AND SOCIAL SERVICES,
MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501-(C)-(3)	45,000.	0.			TO SUPPORT PROGRAM ENHANCEMENTS FOR ESSENTIAL HEALTH CARE FOR MERCY HEALTH CLINIC.
MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814	23-7022588	501-(C)-(3)	90,000.	0.			TO SUPPORT THEIR MISSION TO SERVE AS A PRIMARY CARE MEDICAL HOME FOR THOUSANDS OF LOW-INCOME
MONTGOMERY COUNTY COALITION 405 EAST GUDE DRIVE #209 ROCKVILLE, MD 20850	52-1735674	501-(C)-(3)	45,000.	0.			TO SUPPORT THEIR VISION OF ENDING HOMELESSNESS IN MONTGOMERY COUNTY BY BUILDING A COMMUNITY
MONTGOMERY HOSPICE 1355 PICCARD DRIVE SUITE 100 ROCKVILLE, MD 20850	52-1114719	501-(C)-(3)	32,500.	0.			TO SUPPORT IN THE CARE FOR PATIENTS WHOSE SYMPTOMS CANNOT BE EFFECTIVELY RELIEVED AT
NAAHHR 1000 THIRD STREET TILLAMOOK, OR 97141	93-0622075	501-(C)-(3)	6,000.	0.			2021 NATIONAL ASSOCIATION OF ADVENTIST HEALTHCARE HUMAN RESOURCES ANNUAL CONFERENCE SPONSORSHIP,
NATIONAL ASSOCIATION OF HEALTH PROFESSIONALS - PO BOX 759204 - BALTIMORE, MD 21275	62-1312239	501-(C)-(3)	15,000.	0.			TO IMPROVE THE HEALTH STATUS, ECONOMIC OPPORTUNITIES, AND EDUCATIONAL ADVANCEMENT
NORTHER VIRGINIA TRANSPORTATION ALLIANCE - PO BOX 6149 - MCLEAN, VA 22106	54-1417974	501-(C)-(3)	10,000.	0.			TO SUPPORT THE MARYLAND TRAFFIC RELIEF PLAN.
NOURISH NOW INC 1111 TAFT STREET ROCKVILLE, MD 20850	45-2404503	501-(C)-(3)	10,000.	0.			TO SUPPORT THE MULTI-CULTURAL MOBILE FOOD ASSISTANCE PROGRAM.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRATHMORE HALL FOUNDATION INC. 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	15,000.	0.			THIS SUPPORT HELPS THE STRATHMORE HALL FOUNDATION TO FURTHER ITS MISSION TO PRESENT AND
STROKE COMEBACK CENTER 145 PARK STREET SE VIENNA, VA 22180	54-2012975	501-(C)-(3)	15,000.	0.			TO PROVIDE ONGOING AND PERSONALLY MEANINGFUL PROGRAMS WITHIN A SUPPORTIVE AND
THE SHEPHERD'S TABLE INC 8210 DIXON AVE ATTN: JILNA KOTHARY SILVER SPRING, MD 20910	52-1381738	501-(C)-(3)	25,000.	0.			TO SUPPORT THEIR FOOD SERVICES PROGRAM AND TO FIGHT FOOD INSECURITY.
US DREAM ACADEMY INC 8807 COLESVILLE RD, 5TH FLR SILVER SPRING, MD 20910	59-3514841	501-(C)-(3)	153,597.	0.			TO SUPPORT DREAM KIDS IN A VIRTUAL MENTORING ENVIRONMENT TO BE SUCCESSFUL IN SCHOOL WITH
UNIVERSITY OF MARYLAND FOUNDATION INC - 6500 ROCKSPRING DRIVE, SUITE 200 - BETHESDA, MD 20817	52-1125663	501-(C)-(3)	10,000.	0.			TO SUPPORT STUDENTS WHO ARE STUDYING IN PROGRAMS RELATED TO THE ALLIED HEALTH PROFESSIONS.
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVENUE TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	100,000.	0.			TO SUPPORT THEIR VISION "TO PRODUCE GRADUATES WHO BRING COMPETENCE AND MORAL LEADERSHIP TO THEIR
YMCA OF METROPOLITAN WASHINGTON 1325 W STREET, N.W., SUITE A WASHINGTON, DC 20009	53-0207403	501-(C)-(3)	10,000.	0.			TO SUPPORT IN THEIR MISSION TO FOSTER THE SPIRITUAL, MENTAL, AND PHYSICAL DEVELOPMENT OF
WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC. - 820 W. DIAMOND AVENUE STE 600 - GAITHERSBURG, MD 20878	52-1692158	501-(C)-(3)	500,000.	0.			FUNDS GOING TOWARDS AREAS OF NEED AT WASHINGTON ADVENTIST HOSPITAL AND WHITE OAK MEDICAL CENTER.

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

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

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDES FUNDING

FOR ORGANIZATIONS WHOSE ACTIVITIES SUPPORT OUR MISSION TO PROMOTE HEALTH

EQUITY AND WELLNESS IN OUR COMMUNITY.

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

ACTIVITIES ALIGN WITH OUR MISSION AND OUR FUNDING OBJECTIVES:

Part IV Supplemental Information

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

PREVENTION AND WELLNESS PROGRAMS

2. PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH

2021 FUNDING PRIORITIES:

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

COMMUNITY HEALTH NEEDS ASSESSMENTS.

IN 2021 WE CONTINUED TO FOCUS ON PRIORITIZED NEEDS IDENTIFIED THROUGH OUR

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AS WELL AS NEEDS EXACERBATED BY

COVID-19.

OUR FUNDING PRIORITIES INCLUDED:

1. ACCESS TO CARE

2. MENTAL HEALTH FOR ADULTS AND YOUTH

3. WORKFORCE DEVELOPMENT

4. SOCIAL SERVICES

5. EDUCATIONAL EQUITY FOR YOUTH

6. RACIAL EQUITY AND JUSTICE

7. REHABILITATION AND DISABILITY SERVICES

8. HIV & HEPATITIS C

ADDITIONALLY, FUNDING REQUESTS HAD TO:

1. BE DESIGNED TO ADDRESS DOCUMENTED HEALTH DISPARITIES OR INEQUITIES

2. HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED

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

4. INCLUDE MEANINGFUL PARTNERSHIPS (PREFERRED BUT NOT REQUIRED)

Part IV Supplemental Information

APPLICATION AND REVIEW PROCESS:

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

GRANT MONITORING:

ALL GRANT RECIPIENTS (GRANTS TYPICALLY RANGE FROM \$10,000-\$100,000) ARE ASKED TO COMPLETE BOTH A MID-YEAR PROGRESS REPORT AS WELL AS A FINAL END-OF-YEAR REPORT.

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

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

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

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

Part IV Supplemental Information

SPONSORSHIP MONITORING:

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

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

SPONSORSHIP RECIPIENTS ARE ASKED TO DESCRIBE THE FOLLOWING:

- NUMBER OF PARTICIPANTS

- EVENT/PROGRAM OUTCOMES

THE INFORMATION PROVIDED IN THESE REPORTS IS UTILIZED TO EVALUATE THE

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

INFORM DECISION MAKING REGARDING FUTURE FUNDING AND PARTNERSHIP ENDEAVORS

WITH EACH GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADVENTIST HEALTH INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 EMERGENCY FUNDING, TO

INCREASE CAPACITY FOR MULTILINGUAL HEALTH AND SOCIAL SERVICES HOTLINE.

NAME OF ORGANIZATION OR GOVERNMENT: BETHESDA CARES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: STREET HOMELESS OUTREACH PROGRAM TO

ADDRESS SOCIAL DETERMINANTS OF HEALTH AMONG THE MOST VULNERABLE

POPULATIONS IN MONTGOMERY COUNTY, AND SEEK TO IMPROVE HEALTHCARE OUTCOMES

IN THIS POPULATION BY PROVIDING THEM WITH ACCESS TO THE MOST IMPORTANT

SOCIAL DETERMINANTS OF CARE.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRE POINTE COUNSELING

(H) PURPOSE OF GRANT OR ASSISTANCE: SAMARITAN FUND TO COVER COSTS FOR

PATIENTS WHO CAN'T AFFORD COUNSELING SERVICES. PROVIDES ASSISTANCE TO

MEET THE NEEDS OF FAMILIES AND INDIVIDUALS WHO ARE IN CRISIS AND WISH TO

IMPROVE THEIR LIVES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHAMPIONS FOR EDUCATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP IN THEIR MISSION OF RAISING FUNDS TO PROVIDE GRANTS TO OTHER CHARITIES WHICH STRIVE TO IMPROVE THE QUALITY OF EDUCATION AROUND THE NATION.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CLINIC INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR MISSION TO BRING HIGH-QUALITY, AFFORDABLE HEALTHCARE TO EVERY PATIENT DURING ALL STAGES OF LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS COMMUNITY FOOD NETWORK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP REDUCE FOOD INSECURITY EXACERBATED BY THE COVID-19 PANDEMIC IN THE TAKOMA LANGLEY CROSSROADS.

NAME OF ORGANIZATION OR GOVERNMENT: DISABILITY PARTNERSHIPS PROJECT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR PROGRAMS TO HELP PERSONS WITH DISABILITIES IMPROVE THEIR QUALITY OF LIFE THROUGH HEALTH AND WELLNESS, EDUCATION AND ECONOMIC EMPOWERMENT.

NAME OF ORGANIZATION OR GOVERNMENT: EVERYMIND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN RAISING AWARENESS OF THE IMPORTANCE OF MENTAL HEALTH AND WELLNESS. ALSO, SUPPORT THE CRISIS PREVENTION AND INTERVENTION SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: FEED THE FRIDGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN THE EFFORT TO BRING NOURISHMENT WHERE THERE IS HUNGER WHILE HELPING SMALL, LOCAL RESTAURANTS

Part IV Supplemental Information

STAY IN BUSINESS.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD & FRIENDS

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

DISPARITIES THAT MANIFEST FROM FOOD INSECURITY AND THE INEQUITABLE ACCESS

TO HEALTHY FOODS AND HEALTH CARE IN THE COMMUNITIES SERVED IN D.C.

NAME OF ORGANIZATION OR GOVERNMENT: GENERATION HOPE

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

ALL STUDENT PARENTS HAVE THE OPPORTUNITIES TO SUCCEED AND EXPERIENCE

ECONOMIC MOBILITY.

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY METRO MARYLAND

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

ACCESSIBILITY MODIFICATIONS FOR HOMES IN PRINCE GEORGE'S COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: IDENTITY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY MENTAL HEALTH PROGRAM TO

HELP YOUNG PEOPLE AND FAMILIES MANAGE THE TREMENDOUS MENTAL HEALTH

IMPACTS OF TRAUMA (INCLUDING COVID-19 TRAUMAS AND THOSE SPECIFIC TO

IMMIGRATION AND SEPARATION/REUNIFICATION).

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP MONTGOMERY

(H) PURPOSE OF GRANT OR ASSISTANCE: CIVIC ENGAGEMENT TO ADDRESS SOCIAL

DETERMINANTS OF HEALTH THROUGH AN ADOPT A SCHOOL PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

MARY'S CENTER FOR MATERNAL & CHILD CARE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR INTEGRATED MODEL OF

HEALTH CARE, EDUCATION, AND SOCIAL SERVICES, WHICH MARYS CENTER OFFERS

EACH PARTICIPANT INDIVIDUALIZED CARE ON THE PATH TOWARD GOOD HEALTH,

STABILITY, AND ECONOMIC INDEPENDENCE.

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEDICAL CARE INC

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

A PRIMARY CARE MEDICAL HOME FOR THOUSANDS OF LOW-INCOME ADULTS IN

MONTGOMERY COUNTY, MARYLAND.

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY COUNTY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR VISION OF ENDING

HOMELESSNESS IN MONTGOMERY COUNTY BY BUILDING A COMMUNITY WHERE EVERYONE

HAS A SAFE, STABLE, AND AFFORDABLE PLACE TO CALL HOME.

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY HOSPICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN THE CARE FOR PATIENTS

WHOSE SYMPTOMS CANNOT BE EFFECTIVELY RELIEVED AT HOME AND THAT REQUIRE

CONTINUOUS MEDICAL CARE. ALSO, SUPPPORT THEIR SOCIAL WORK AND CHAPLAIN

SERVICES AS A PART OF PALLIATIVE CARE THAT IS NOT COVERED BY INSURANCE.

NAME OF ORGANIZATION OR GOVERNMENT: NAAHHR

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 NATIONAL ASSOCIATION OF

ADVENTIST HEALTHCARE HUMAN RESOURCES ANNUAL CONFERENCE SPONSORSHIP, TO

HELP ENHANCE ADVENTIST HEALTHCARE EMPLOYEE ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOCIATION OF HEALTH PROFESSIONALS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE HEALTH STATUS,
ECONOMIC OPPORTUNITIES, AND EDUCATIONAL ADVANCEMENT FOR THE COMMUNITIES
WE SERVE BY PROVIDING EXCEPTIONAL PROGRAMING AND DEVELOPING STRATEGIC
ALLIANCES TO NAVIGATE THROUGH THE CHALLENGES OF THIS SEASON.

NAME OF ORGANIZATION OR GOVERNMENT: STRATHMORE HALL FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS SUPPORT HELPS THE STRATHMORE
HALL FOUNDATION TO FURTHER ITS MISSION TO PRESENT AND PRODUCE EXEMPLARY
VISUAL AND PERFORMING ARTS PROGRAMS FOR DIVERSE AUDIENCES; CREATES
DYNAMIC ARTS EDUCATION EXPERIENCES; AND NURTURES CREATIVE IDEAS AND
CONVERSATIONS THAT ADVANCE THE FUTURE OF THE ARTS.

NAME OF ORGANIZATION OR GOVERNMENT: STROKE COMEBACK CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ONGOING AND PERSONALLY
MEANINGFUL PROGRAMS WITHIN A SUPPORTIVE AND PEER-DRIVEN ENVIRONMENT THAT
IS AFFORDABLE FOR ALL STROKE AND BRAIN TRAUMA SURVIVORS, ENABLING THEM TO
ACHIEVE THEIR MAXIMUM POTENTIAL.

NAME OF ORGANIZATION OR GOVERNMENT: US DREAM ACADEMY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DREAM KIDS IN A VIRTUAL
MENTORING ENVIRONMENT TO BE SUCCESSFUL IN SCHOOL WITH A COLLEGE AND
CAREER READINESS FOCUS. THROUGH ACADEMIC, SOCIAL, AND VALUES ENRICHMENT,
THE DREAM ACADEMY EMPOWERS THOSE CHILDREN MOST AT RISK OF INCARCERATION
TO BELIEVE IN THEMSELVES AND TO SUCCEED.

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON ADVENTIST UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR VISION "TO PRODUCE
GRADUATES WHO BRING COMPETENCE AND MORAL LEADERSHIP TO THEIR

Part IV Supplemental Information

COMMUNITIES."

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF METROPOLITAN WASHINGTON

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

FOSTER THE SPIRITUAL, MENTAL, AND PHYSICAL DEVELOPMENT OF INDIVIDUALS,

FAMILIES, AND COMMUNITIES ACCORDING TO THE IDEALS OF INCLUSIVENESS,

EQUALITY, AND MUTUAL RESPECT FOR ALL.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVENTIST HEALTHCARE, INC.

Employer identification number
52-1532556

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN SACKETT EVP & COO, AHC	(i)	573,450.	214,511.	967,980.	26,000.	41,598.	1,823,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRY FORDE PRESIDENT & CEO, AHC	(i)	900,426.	374,113.	397,159.	26,000.	36,165.	1,733,863.	188,889.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NIV AD PHYSICIAN	(i)	1,199,864.	0.	3,168.	26,000.	752.	1,229,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES G. LEE EVP/CFO, END 10/2021; EVP, CSO-GWTH	(i)	631,246.	200,460.	133,136.	153,557.	22,358.	1,140,757.	113,955.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAUL MASSIMIANO PHYSICIAN	(i)	1,003,132.	0.	2,849.	22,609.	18,305.	1,046,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANTHONY RONGIONE PHYSICIAN	(i)	986,605.	0.	1,429.	20,348.	16,762.	1,025,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANITA JENKINS PRESIDENT, HOWARD UNIVERSITY HOSPITAL	(i)	481,213.	161,937.	309,014.	26,000.	14,336.	992,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL L. COCHRAN PRESIDENT, SGM C	(i)	444,303.	144,541.	171,726.	164,247.	15,336.	940,153.	86,575.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KENNETH B. DESTEFANO SVP, GENERAL COUNSEL, AHC	(i)	406,773.	147,495.	172,018.	130,786.	14,230.	871,302.	71,709.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEVEN BOYCE PHYSICIAN	(i)	698,261.	95,275.	6,096.	20,008.	7,750.	827,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EUNMEE SHIM PRES. OF FWMC & AHC AMB NETWK	(i)	387,637.	135,893.	121,663.	122,013.	29,731.	796,937.	69,014.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SVCS	(i)	428,611.	145,760.	161,181.	26,000.	15,536.	777,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANTHONY STAHL PRESIDENT, WOMC	(i)	378,644.	99,150.	88,642.	142,243.	22,358.	731,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BRENDAN JOHNSON SVP OF HUMAN RESOURCES, AHC	(i)	328,039.	121,831.	114,866.	107,249.	22,250.	694,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) BRENT REITZ PRESIDENT, POST-ACUTE CARE SVCS, AHC	(i)	301,612.	118,375.	142,550.	106,607.	22,270.	691,414.	58,297.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KRISTEN PULIO SVP, CRO; SVP/CFO (START 10/2021)	(i)	336,043.	107,499.	108,946.	116,347.	8,381.	677,216.	58,928.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MARISSA LESLIE, MD BOARD; SYSTEM MED DIR OF PSYCHIATRY	(i)	322,826.	55,886.	1,742.	19,500.	9,426.	409,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 1A:

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

AS PART OF A RELOCATION PLAN TO THE WASHINGTON, DC AREA, ADVENTIST
 HEALTHCARE, INC. AND ANITA JENKINS, THE PRESIDENT OF HOWARD UNIVERSITY
 HOSPITAL, ENTERED INTO A JOINT OWNERSHIP ARRANGEMENT OF A RESIDENTIAL
 PROPERTY IN THE DISTRICT OF COLUMBIA TO BE USED AS MS. JENKINS'S RESIDENCE.
 THIS ARRANGEMENT WAS ENTERED ON JUNE 1, 2020. ADVENTIST HEALTHCARE
 CONTRIBUTED HALF THE PROPERTY'S PURCHASE PRICE THROUGH A SINGLE MEMBER
 LIMITED LIABILITY COMPANY, AND MS. JENKINS PURCHASED THE OTHER HALF
 PERSONALLY.

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

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

ADVENTIST HEALTHCARE OWNS A CORPORATE MEMBERSHIP AT A LOCAL GOLF CLUB, IN

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.

WHICH THREE ADVENTIST HEALTHCARE EMPLOYEES CAN BE DESIGNATED TO USE THE FACILITIES. CERTAIN CLUB EXPENSES ARE PAID BY ADVENTIST HEALTHCARE, AND THESE ARE TREATED AS TAXABLE INCOME TO THE RESPECTIVE ADVENTIST HEALTHCARE EMPLOYEES, SUBJECT TO FEDERAL AND STATE TAX WITHHOLDINGS. THE CLUB EXPENDITURES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, IN ACCORDANCE WITH IRS INTERMEDIATE SANCTIONS GUIDELINES.

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,

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.

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

CONSULTANT WHO PROVIDES A SUMMARY OF HEALTH CARE SALARIES AND BENEFITS FOR

COMPARABLE SIZED ORGANIZATIONS BOTH NATIONALLY AND IN THE

BALTIMORE-WASHINGTON REGION. TO FURTHER ENSURE REASONABLENESS, BOTH

COMPENSATION AND BENEFITS ARE TARGETED AT THE 50TH PERCENTILE (OR MEDIAN)

OF THE MARKET.

PART I, LINE 4B:

CERTAIN EMPLOYEES RECEIVED COMPENSATION FROM A DISTRIBUTION UNDER AN

EXECUTIVE RETENTION 457F PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015.

PRE-TAX CONTRIBUTIONS ARE ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON

JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED, OR SOONER BASED ON CERTAIN

EXCEPTIONS. THERE IS TYPICALLY A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS

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.

ARE RELEASED. CONTRIBUTIONS ACCUMULATED IN 2019 WERE GENERALLY DISTRIBUTED

ON JANUARY 1, 2021 AND CONTRIBUTIONS ACCUMULATED IN 2020 WILL GENERALLY BE

DISTRIBUTED ON JANUARY 1, 2022. AMOUNTS LISTED UNDER PART II, COLUMN F

INCLUDE PAYOUT AMOUNTS WHICH WERE CONSIDERED DEFERRED COMPENSATION FROM THE

457F PLAN IN OUR PRIOR YEAR RETURNS AND THESE AMOUNTS ARE NOW BEING SHOWN

UNDER THE OTHER REPORTABLE INCOME, COLUMN B (III).

THE ADVENTIST HEALTHCARE EXECUTIVE RETENTION PLAN PAYS CERTAIN PARTICIPANTS

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

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

THREE EXECUTIVES RECEIVED SUPPLEMENTAL RETIREMENT PAYMENTS UNDER THIS PLAN

FEATURE:

JOHN SACKETT: \$137,472 RETIREMENT AGE PAYMENT;

MARTA BRITO PEREZ: \$104,218 RETIREMENT AGE PAYMENT;

ANITA JENKINS: \$112,236 RETIREMENT AGE PAYMENT.

THE FOLLOWING EMPLOYEE RECEIVED A PAYOUT OF HIS ENTIRE ACCRUED BENEFIT

UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), DUE TO HAVING

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.

COMPLETED THE NECESSARY YEARS OF SERVICE AND ATTAINING THE NECESSARY AGE

FOR VESTING AND PAYMENT. THIS AMOUNT ALSO WAS INCLUDED IN PRIOR YEAR 990

DISCLOSURES WHEN THE AMOUNT ACCRUED (I.E., THIS BENEFIT HAS BEEN REPORTED

ON FORM 990 TWICE IN PRIOR YEARS AND IN THIS YEAR).

JOHN SACKETT: \$685,966.

PART I, LINE 7:

THE ANNUAL INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION

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

EMPLOYEE AND PATIENT ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL

PERFORMANCE, AMONG OTHER THINGS. THE ANNUAL INCENTIVE COMPENSATION APPLIES

TO DIRECTORS AND ABOVE.

SUPPLEMENTAL INFORMATION:

OTHER REPORTABLE COMPENSATION INCLUDES RETENTION PAYMENTS AND LUMP-SUM

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,

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.

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

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.

Supplemental Information on Tax-Exempt Bonds

ENTITY 1

OMB No. 1545-0047

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

2021
Open to Public Inspection

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

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

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	9,586,837.		7,905,000.		6,075,000.		3,650,000.			
2 Amount of bonds legally defeased										
3 Total proceeds of issue	15,623,500.		281,009,485.		126,395,000.		40,000,000.			
4 Gross proceeds in reserve funds			19,360,531.							
5 Capitalized interest from proceeds			33,127,437.							
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds			3,004,524.							
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds			225,516,993.							
11 Other spent proceeds	15,623,500.				126,395,000.		40,000,000.			
12 Other unspent proceeds										
13 Year of substantial completion	1982		2019		2019		2019			
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X				X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X			X	
16 Has the final allocation of proceeds been made?	X		X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2021

Supplemental Information on Tax-Exempt Bonds

ENTITY 2

OMB No. 1545-0047

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

2021
Open to Public Inspection

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

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

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	1,065,000.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	75,956,550.		156,003,385.							
4 Gross proceeds in reserve funds	5,973,524.									
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	914,145.		1,174,751.							
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds			3,167,583.							
11 Other spent proceeds	75,042,405.									
12 Other unspent proceeds			151,661,051.							
13 Year of substantial completion	2015									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X						
16 Has the final allocation of proceeds been made?	X			X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Schedule K (Form 990) 2021

Part III Private Business Use

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

Part IV Arbitrage

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

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.25 %		.00 %		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		%		%	
6 Total of lines 4 and 5	1.25 %		.00 %		%		%	
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (continued)

Table with 4 columns (A, B, C, D) and 2 sub-columns (Yes, No). Rows include questions about qualified hedge with respect to the bond issue, name of provider, term of hedge, superintegrated status, terminated status, gross proceeds invested in GIC, regulatory safe harbor, and written procedures for section 148.

Part V Procedures To Undertake Corrective Action

Table with 4 columns (A, B, C, D) and 2 sub-columns (Yes, No). Row asks if the organization established written procedures to ensure timely identification and correction of federal tax requirements.

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

Horizontal lines for providing supplemental information.

Part IV Arbitrage (continued)

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

Part V Procedures To Undertake Corrective Action

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

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

PART I, II, & IV:

BONDS A-D (ENTITY 1):

PART I BOND ISSUES:

BOND A (ENTITY 1):

COLUMN (A) ISSUER NAME:

MHHEFA 2013

COLUMN (F) DESCRIPTION OF PURPOSE:

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

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

BOND B (ENTITY 1):

COLUMN (A) ISSUE NAME:

MHHEFA 2016A

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

COLUMN (F) DESCRIPTION OF PURPOSE:

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

BOND C (ENTITY 1):

COLUMN (A) ISSUER NAME:

MHHEFA 2016B (REISSUED IN 2018)

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

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

2005 A - SHADY GROVE ADVENTIST HOSPITAL (SGAH) EXPANSION PROJECT SHADY GROVE (SG) TOWER; RENOVATION TO SURGERY DEPARTMENT, MEDICAL/ONCOLOGY NURSING, MEDICAL NURSING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEONATAL INTENSIVE CARE UNIT; POWER PLANT, ROAD AND ENTRANCEWAY; SIGNAGE AND PARKING; OTHER ROUTINE CAPITAL PROJECTS;

2011 B - REFUNDING OF 2004 A AND 2005 B BONDS. FINANCED AND REFINANCED EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCED OR REFINANCED CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCED OR REFINANCED CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM; ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF ARHM AND WAH, RENOVATION TO WAH AND SG.

BOND D (ENTITY 1):

COLUMN (A) ISSUER NAME:

MHHEFA 2017 (REISSUED IN 2018)

COLUMN (F) DESCRIPTION OF PURPOSE:

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*
ON SEPTEMBER 25, 2018, THE 2017 BOND WAS REISSUED.

BONDS A-B (ENTITY 2):

BOND A (ENTITY 2):

PART I, BOND ISSUE, LINE A:

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

PART II, PROCEEDS, COLUMN A:

THE 2011A BONDS HAD A RESERVE FUND THAT TRANSFERRED TO THE 2020/2021 BONDS IN CONNECTION WITH THE REFUNDING. THE RESERVE FUND WAS VALUED AT \$5,973,524 AS OF 12/31/21. BECAUSE THE RESERVE FUND WAS NOT FUNDED WITH 2020/2021 BOND SALE PROCEEDS, ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-12 FOR THIS BOND ISSUE.

PART II, PROCEEDS, COLUMN B:

FORM 8038, LINE 45A. SHOWS REIMBURSEMENT IN AN AMOUNT OF \$7,656,171.17. THIS WAS AN ESTIMATION AT THE TIME OF BOND CLOSING AND THE ACTUAL AMOUNT IS SHOWN ON SCHEDULE K, LINE 10.

PART II, PROCEEDS, COLUMNS C AND D:

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

PART IV, ARBITRAGE, COLUMN A:

THE ARBITRAGE CALCULATION DATE FOR THE 2013 BONDS WAS JUNE 12, 2018.

PART IV, ARBITRAGE, COLUMN B & C:

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

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

PART IV, ARBITRAGE, COLUMN D:

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

BOND A (ENTITY 2):

MHHEFA 2020/2021

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

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

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

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

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

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

BOND B (ENTITY 2):

MHHEFA 2021B

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

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

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
TERRY FORDE	OFFICER	SEE PT.V		X	3,060,822.	3,093,424.		X	X		X	
Total						▶ \$	3,093,424.					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARIJANE FORDE	SEE PART V.	57,513.	SEE PART V.		X
DWAYNE LESLIE	SEE PART V.	378,410.	SEE PART V.		X
BROOKLYNN JANKE	SEE PART V.	73,396.	SEE PART V.		X
JEREMY JANKE	SEE PART V.	82,296.	SEE PART V.		X
KEVIN JENKINS	SEE PART V.	63,644.	SEE PART V.		X
ANITA JENKINS	PRESIDENT, HUH	54,000.	SEE PART V.		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: MARIJANE FORDE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. WIFE OF TERRY FORDE.

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

EMPLOYED WITH ADVENTIST HEALTHCARE, INC. AS A NURSE RESIDENCY RECRUITER

DURING 2021 AND RECEIVED A SALARY OF \$57,513. MARIJANE'S HUSBAND IS

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

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

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

MARIJANE WAS COMPENSATED IN ACCORDANCE WITH NORMAL ADVENTIST HEALTHCARE,

INC. SALARY SCALES.

(A) NAME OF PERSON: DWAYNE LESLIE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. HUSBAND OF MARISSA LESLIE, MD.

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

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

AND DEPUTY GENERAL COUNSEL DURING 2021 AND RECEIVED A SALARY OF \$378,410.

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

Part V Supplemental Information

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

SYSTEM MEDICAL DIRECTOR OF PSYCHIATRY AND A MEMBER OF ADVENTIST

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

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

ACCORDANCE WITH NORMAL ADVENTIST HEALTHCARE, INC. SALARY SCALES.

(A) NAME OF PERSON: BROOKLYNN JANKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. DAUGHTER OF TERRY FORDE.

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

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

2021 AND RECEIVED A SALARY OF \$73,396. BROOKLYNN'S FATHER IS TERRY

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

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

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

BROOKLYNN WAS COMPENSATED IN ACCORDANCE WITH NORMAL ADVENTIST HEALTHCARE,

INC. RN SALARY SCALES.

(A) NAME OF PERSON: JEREMY JANKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

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

WITH ADVENTIST HEALTHCARE, INC. AS AN OPERATIONAL EXCELLENCE ADVISOR

DURING 2021 AND RECEIVED A SALARY OF \$82,296. JEREMY'S FATHER-IN-LAW IS

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

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

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

WAS COMPENSATED IN ACCORDANCE WITH NORMAL ADVENTIST HEALTHCARE, INC.

SALARY SCALES.

Part V Supplemental Information

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

(A) NAME OF PERSON: KEVIN JENKINS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V. HUSBAND OF ANITA JENKINS.

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

WITH ADVENTIST HEALTHCARE, INC. AS A ELECTRONEURODIAGNOSTIC TECH DURING

2021 AND RECEIVED A SALARY OF \$63,644. KEVIN'S WIFE IS ANITA JENKINS,

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

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

COMPENSATED IN ACCORDANCE WITH NORMAL ADVENTIST HEALTHCARE, INC. SALARY

SCALES.

(A) NAME OF PERSON: ANITA JENKINS

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

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

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

JOINT OWNERSHIP ARRANGEMENT OF A RESIDENTIAL PROPERTY IN THE DISTRICT OF

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

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

PROPERTY'S PURCHASE PRICE THROUGH A SINGLE MEMBER LIMITED LIABILITY

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

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

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

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

PART II LOANS

PART II, SUPPLEMENTAL RETIREMENT BENEFIT-COLLATERAL ASSIGNMENT SPLIT

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

Part V Supplemental Information

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

RELINQUISH BENEFITS TO WHICH HE WAS OTHERWISE ENTITLED IN EXCHANGE FOR

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

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

RECEIVED IN EXCHANGE ENABLES THE ORGANIZATION TO ACHIEVE SUBSTANTIAL

EXCISE TAX SAVINGS OTHERWISE APPLICABLE TO COMPENSATION, BECAUSE THE

PLAN SATISFIES REGULATIONS FOR TREATING THE ORGANIZATION'S PLAN

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

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

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

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

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

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

SIGNIFICANT RETENTION INCENTIVE. THE ORGANIZATION'S ADVISORS HAVE

OPINED THAT THIS PROGRAM SATISFIES ALL APPLICABLE LAWS, COMPENSATION

REASONABLENESS AND BEST PRACTICE STANDARDS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED 2:

FINALLY, AS ALREADY NOTED, ADVENTIST HEALTHCARE HAS PLAYED A VITAL ROLE

IN CARING FOR OUR COMMUNITIES DURING THE COVID-19 PANDEMIC. IN ADDITION

TO COVID CRITICAL CARE, EMERGENCY CARE, VACCINATIONS AND TREATMENTS,

AND POST-DISEASE SERVICES, THE HEALTH SYSTEM ALSO HAS USED DIGITAL AND

PRINT COMMUNICATIONS TO EDUCATE COMMUNITY MEMBERS ABOUT PUBLIC HEALTH

MEASURES AND EMPHASIZE THE SAFETY OF VACCINATION AND BOOSTERS AS

VARIANTS HAVE EMERGED. WHILE TACKLING THE CHALLENGES OF COVID-19,

ADVENTIST HEALTHCARE FACILITIES HAVE CONTINUED TO DELIVER OTHER VITAL

EMERGENCY AND MEDICAL SERVICES SAFELY AND SEAMLESSLY FOR THOSE WHO

NEEDED THEM. THE HEALTH SYSTEM REMAINS PREPARED TO SERVE ALL THOSE WHO

NEED CARE.

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

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

EXCELLENT PROGRAMS AND WIDE-RANGING SERVICES TO MEET DIVERSE

POPULATIONS AS WE STRIVE TO:

1. MAINTAIN AND GROW QUALITY HEALTH SERVICES

2. INCREASE ACCESS TO CARE

3. PROMOTE HEALTH EQUITY AND WELLNESS

1. MAINTAIN AND GROW QUALITY HEALTH SERVICES:

ADVENTIST HEALTHCARE IS GROWING EXISTING PROGRAMS IN ONCOLOGY, CARDIAC

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

Schedule O (Form 990) 2021

132211 11-11-21

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

AND VASCULAR CARE, NEUROSURGERY, PHYSICAL REHABILITATION, AND BEHAVIORAL HEALTH. THE SYSTEM ALSO IS DELIVERING SERVICES VIA PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR MISSION. IN ADDITION, OUR HEALTH SYSTEM HAS CONTINUED TO RESPOND TO THE COVID-19 PANDEMIC WHILE ALSO EXPANDING INTO NEW AREAS IN AND AROUND WASHINGTON, D.C. AREA. THE COMMUNITY BENEFITS FROM THESE QUALITY PROGRAMS AND SERVICES, WHICH PROMOTE HEALTH AND WELLNESS FOR OUR NEIGHBORS, FROM INFANTS TO SENIOR CITIZENS, AND BUILD HEALTHIER COMMUNITIES IN A HOLISTIC WAY.

AS PART OF ITS ONGOING EXPANSION OF SERVICES IN THE WHITE OAK AREA OF MONTGOMERY COUNTY, ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER ENTERED A JOINT VENTURE WITH CANCER PHYSICIANS TO OPEN THE WHITE OAK CANCER CENTER IN 2021. THE CENTER, LOCATED ADJACENT TO THE HOSPITAL IN ITS MEDICAL PAVILION, EXPANDS ACCESS TO ADVANCED RADIATION ONCOLOGY AND OTHER CANCER SERVICES FOR RESIDENTS IN AND AROUND SILVER SPRING, MARYLAND. MEANWHILE, ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER CONTINUED TO HOST CUTTING-EDGE CLINICAL TRIALS AND EXPANDED WELLNESS PROGRAMS AT ITS AQUILINO CANCER CENTER THAT AIM TO TREAT THE PSYCHOLOGICAL TOLL THAT CANCER HAS ON PATIENTS. EFFORTS LIKE THESE ARE PART OF OUR COMMITMENT TO PROVIDE THE LATEST DIAGNOSTIC AND TREATMENT SERVICES WITH COMPASSION, TO GAIN A DEEP UNDERSTANDING OF THE UNIQUE DEMANDS OF CANCER PATIENTS, AND TO ACCOMMODATE PATIENT NEEDS AND PREFERENCES. OUR WHOLE-PERSON CANCER CARE SERVICES ALSO INCLUDE NUTRITION COUNSELING, STRESS MANAGEMENT, FITNESS PROGRAMS AND SUPPORT GROUPS.

ADVENTIST HEALTHCARE CONTINUES TO FOCUS ON EXPANDING ITS TRADITION OF HOLISTIC CARE IN PRINCE GEORGE'S COUNTY SINCE ACQUIRING FORT WASHINGTON

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

MEDICAL CENTER IN 2019. ADVENTIST HEALTHCARE IN 2021 CONTINUED TO PROVIDE CRITICAL CARE AND EMERGENCY SERVICES IN FORT WASHINGTON TO SERVE THE RESIDENTS OF A COUNTY HIT HARD BY COVID-19. THE HEALTH SYSTEM ALSO ADDED SPECIALTY PHYSICIAN OFFICES IN FORT WASHINGTON, INCLUDING BARIATRIC SURGEON AND ORTHOPEDIST, AND CONTINUED CONSTRUCTION ON A MEDICAL PAVILION AT NATIONAL HARBOR IN OXON HILL, NEAR WASHINGTON, D.C. THE NEW FACILITY WILL BECOME HOME TO A FULL RANGE OF SPECIALTY AND PREVENTATIVE CARE SERVICES INCLUDING A SURGERY CENTER, WOUND CARE, CARDIAC CARE SERVICES, REHABILITATION AND OTHER AMBULATORY SERVICES. IT WILL PROVIDE EASY ACCESS FROM WASHINGTON, MARYLAND AND VIRGINIA WITH A DEDICATED EXIT OFF THE CAPITAL BELTWAY.

ADDITIONALLY, ADVENTIST HEALTHCARE ENGAGED WITH RESIDENTS IN WASHINGTON THROUGH ITS MANAGEMENT SERVICES AGREEMENT WITH HOWARD UNIVERSITY HOSPITAL. THROUGH THIS AGREEMENT, ADVENTIST HEALTHCARE PROVIDES SENIOR LEADERSHIP TO HELP STRENGTHEN THE QUALITY OF SERVICES AND THE HOSPITAL'S PRESENCE IN D.C. THE PARTNERSHIP BETWEEN THESE TWO INSTITUTIONS IS BEGINNING TO PROVIDE ACCESS FOR THE TALENTED HOWARD MEDICAL TRAINEES, RESIDENTS, MEDICAL STUDENTS AND GRADUATES TO TRAIN AND WORK WITHIN ADVENTIST HEALTHCARE'S NETWORK OF HOSPITALS. HOWARD UNIVERSITY HOSPITAL IS A PRIVATE, NONPROFIT INSTITUTION THAT HAS SERVED THE COMMUNITY FOR MORE THAN 150 YEARS. IT IS ONE OF THE MOST COMPREHENSIVE HEALTH SYSTEMS IN D.C., WITH A LEVEL 1 TRAUMA CENTER AND AN EMERGENCY DEPARTMENT THAT SEES APPROXIMATELY 50,000 PATIENTS ANNUALLY. IT IS RECOGNIZED AS A NATIONAL LEADER IN TRAINING FUTURE DOCTORS, NURSES AND OTHER HEALTHCARE PROFESSIONALS, AND ESSENTIAL TO HELPING THE U.S. ADDRESS RACIAL DISPARITIES IN ITS PHYSICIAN WORKFORCE.

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

IN THE AREA OF STROKE CARE, BOTH ADVENTIST HEALTHCARE WHITE OAK MEDICAL

CENTER AND ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER AGAIN

RECEIVED NATIONAL RECOGNITION FROM THE AMERICAN STROKE ASSOCIATION IN

2021 FOR THEIR ONGOING COMMITMENT TO TREATMENT THAT FOLLOWS THE LATEST,

EVIDENCE-BASED GUIDELINES. BOTH HOSPITALS EARNED THE GOLD PLUS

ACHIEVEMENT AWARD IN THE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE

PROGRAM. TO RECEIVE THIS AWARD, EACH HOSPITAL ACHIEVED 85 PERCENT OR

HIGHER COMPLIANCE WITH THE PROGRAM'S STANDARDS FOR TWO OR MORE

CONSECUTIVE 12-MONTH PERIODS. IN ADDITION, BOTH HOSPITALS ACHIEVED 75

PERCENT OR HIGHER COMPLIANCE WITH FIVE OF EIGHT QUALITY MEASURES.

ADDITIONALLY, SHADY GROVE MEDICAL CENTER RECEIVED TARGET: STROKE HONOR

ROLL ELITE PLUS STATUS AND WHITE OAK MEDICAL CENTER RECEIVED TARGET:

STROKE HONOR ROLL ELITE STATUS FOR MAINTAINING SHORT INTERVALS BETWEEN

A PATIENT'S ARRIVAL AT THE HOSPITALS AND THEIR TREATMENT WITH A

CLOT-DISSOLVING MEDICATION. PROVIDING MEDICATION WITHIN THE FIRST 4.5

HOURS AFTER SYMPTOMS HAS BEEN SHOWN TO SIGNIFICANTLY REDUCE THE EFFECTS

OF STROKE AND LESSEN THE CHANCE OF PERMANENT DISABILITY.

SHADY GROVE MEDICAL CENTER CONTINUED TO GROW ITS CAPABILITIES IN

MECHANICAL THROMBECTOMY, A MINIMALLY INVASIVE NEUROSURGICAL PROCEDURE

THAT HAS BEEN SHOWN IN RECENT STUDIES TO IMPROVE OUTCOMES FOR STROKE

PATIENTS. IN 2021, SHADY GROVE BEGAN COORDINATING TRANSFERS OF STROKE

PATIENTS FROM OTHER LOCAL HOSPITALS AND PERFORMING AN INCREASED NUMBER

OF THROMBECTOMY PROCEDURES. SHADY GROVE WAS NAMED A

THROMBECTOMY-CAPABLE PRIMARY STROKE CENTER BY THE MARYLAND INSTITUTE

FOR EMERGENCY MEDICAL SERVICES SYSTEMS.

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

IN 2021, SHADY GROVE MEDICAL CENTER WON APPROVAL FROM THE STATE OF

MARYLAND TO UPGRADE ITS FACILITIES AND CONSTRUCT A NEW SIX-STORY

PATIENT TOWER ADJACENT TO THE EXISTING HOSPITAL. ONCE COMPLETE, THE

TOWER WILL CREATE A LARGER, UPDATED EMERGENCY DEPARTMENT WITH

ADDITIONAL SPACES DEDICATED TO MENTAL HEALTH EMERGENCIES; A LARGER

INTENSIVE CARE UNIT AND NEW MEDICAL-SURGICAL ROOMS THAT WILL ALLOW THE

HOSPITAL TO COMPLETE ITS TRANSITION TO ALL-PRIVATE ROOMS.

WHITE OAK MEDICAL CENTER CONTINUES THE LEGACY OF OUTSTANDING CARDIAC

CARE SERVICES THAT IT ESTABLISHED WHEN IT WAS THE FORMER WASHINGTON

ADVENTIST HOSPITAL (WAH). WAH WAS THE HOME OF MANY CARDIAC FIRSTS IN

THE GREATER D.C. AREA AFTER LAUNCHING ITS HEART PROGRAM IN 1962. THOSE

PROCEDURES INCLUDE MITRAL VALVULOPLASTY AND SEVERAL SOPHISTICATED TYPES

OF ECHOCARDIOGRAPHY. WHITE OAK MEDICAL CENTER PERFORMS SUBSTANTIAL

CARDIAC SURGERY AND PCI PROCEDURES, AND BACKS UP MULTIPLE HOSPITALS

THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM FOR THEIR

PRIMARY AND NONPRIMARY ELECTIVE PCI PROGRAMS.

IN 2021, THE SOCIETY OF THORACIC SURGEONS AWARDED WHITE OAK MEDICAL

CENTER ITS THREE-STAR RATING - THE HIGHEST POSSIBLE QUALITY RATING -

FOR CORONARY ARTERY BYPASS GRAFT SURGERY, AORTIC VALVE REPLACEMENT

SURGERY AND MITRAL VALVE REPAIR AND REPLACEMENT - THE THREE MAIN TYPES

OF HEART SURGERY. THE RATING PLACES WHITE OAK MEDICAL CENTER AMONG THE

ELITE IN HEART SURGERY IN NORTH AMERICA. HISTORICALLY, APPROXIMATELY

ONLY 4-8% OF HOSPITALS RECEIVE THE THREE-STAR RATING FOR AORTIC VALVE

SURGERY; 6-10% OF HOSPITALS RECEIVE THE DISTINCTION FOR BYPASS SURGERY.

THE STS STAR-RATING SYSTEM IS ONE OF THE MOST SOPHISTICATED AND HIGHLY

REGARDED OVERALL MEASURES OF QUALITY IN HEALTHCARE.

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

WHITE OAK MEDICAL CENTER AND SHADY GROVE MEDICAL CENTER RECEIVED NATIONAL AWARDS IN 2021 FOR PROVIDING RAPID, RESEARCH-BASED AND HIGH-QUALITY CARE TO HEART ATTACK PATIENTS. RECOGNIZED BY THE AMERICAN HEART ASSOCIATION, SHADY GROVE MEDICAL CENTER RECEIVED THE MISSION: LIFELINE STEMI RECEIVING CENTER GOLD PLUS AWARD AND WHITE OAK MEDICAL CENTER RECEIVED THE MISSION: LIFELINE STEMI & NSTEMI GOLD AWARDS.

THE FORMER WASHINGTON ADVENTIST HOSPITAL FACILITY IN TAKOMA PARK HAS PLAYED A CRITICAL ROLE IN MARYLAND'S COVID-19 RESPONSE. ADVENTIST HEALTHCARE CONTINUES TO PARTNER WITH THE STATE OF MARYLAND TO OPERATE THE FACILITY AS AN ALTERNATE CARE SITE (ACS) FOR THE TREATMENT OF COVID-19 PATIENTS. THE ACS IN 2021 MADE IT POSSIBLE FOR COMMUNITY HOSPITALS IN ITS REGION TO TRANSFER 1,687 COVID-19 PATIENTS FOR SPECIALIZED CARE, FREEING ACUTE-CARE BEDS FOR RESIDENTS. THE FACILITY ALSO HAS HOUSED A REHABILITATION UNIT SPECIALIZING IN COVID RECOVERY AND AN INFUSION SITE FOR THE ADMINISTRATION OF MONOCLONAL ANTIBODY TREATMENTS FOR COVID-19.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED:
 IN ADDITION TO PROVIDING THE ACS, ADVENTIST HEALTHCARE HAS PLAYED AN INTEGRAL ROLE IN CARING FOR MARYLANDERS DURING THE COVID-19 PANDEMIC IN OTHER WAYS. FORT WASHINGTON MEDICAL CENTER HAS HOSTED COVID-19 FIELD HOSPITAL UNITS FOR THE STATE AND EXPANDED ITS CRITICAL CARE CAPACITY IN RESPONSE TO THE PANDEMIC. OUR SYSTEM'S ACUTE-CARE FACILITIES EACH HAVE CARED FOR CRITICALLY ILL AND RECOVERING INPATIENTS WITH THE DISEASE, WHILE URGENT CARE SITES PROVIDED ACCESS TO TESTING. WITH THE APPROVAL OF COVID-19 VACCINES, ADVENTIST HEALTHCARE STOOD UP THREE COMMUNITY

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

VACCINATION SITES IN MARYLAND TO ASSIST IN PROVIDING MORE THAN 66,000 SHOTS TO RESIDENTS.

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

ADVENTIST HEALTHCARE ALSO OFFERS QUALITY POST-ACUTE CARE. ADVENTIST HEALTHCARE REHABILITATION IS THE FIRST AND ONLY HOSPITAL IN A FIVE-STATE AREA TO OBTAIN ACCREDITATIONS FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES INTERNATIONAL FOR CARE OF HOSPITALIZED PATIENTS IN FOUR SPECIALTY AREAS - BRAIN INJURY, SPINAL CORD INJURY, STROKE AND AMPUTATION. IN 2021, REHAB OPENED A NEW, STATE-OF-THE-ART FACILITY OFFERING ACUTE INPATIENT AND OUTPATIENT CARE AT WHITE OAK MEDICAL CENTER, CREATING A HOSPITAL WITHIN A HOSPITAL. ADDITIONALLY, ADVENTIST HEALTHCARE'S HOME HEALTH CONTINUED TO SERVE RESIDENTS IN EIGHT MARYLAND COUNTIES, WITH 94,995 ENCOUNTERS. THE DIVISION WAS NAMED A TOP AGENCY BY HOMECARE ELITE FOR THE NINTH YEAR IN A ROW IN 2019, THE LAST YEAR THE RECOGNITION WAS AWARDED.

HERE IS A SNAPSHOT OF ADVENTIST HEALTHCARE IN 2021:
5 HOSPITALS (THREE ACUTE CARE AND TWO SPECIALTIES);

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

1,801 PHYSICIANS AND MEDICAL STAFF MEMBERS;

6,145 EMPLOYEES;

5,312 NEWBORNS DELIVERED;

123,920 EMERGENCY VISITS;

99,754 HEALTH & WELLNESS ENCOUNTERS;

IN RESPONSE TO COVID-19, ADVENTIST HEALTHCARE IN 2021 PROVIDED:

82,007 COVID-19 TESTS;

66,012 SHOTS AT COMMUNITY VACCINE CLINICS;

1,065 PATIENTS WITH MONOCLONAL ANTIBODY TREATMENTS;

\$1.2 MILLION IN EMERGENCY FUNDING TO NONPROFITS TO SUPPORT COVID-19 INITIATIVES.

2. INCREASE ACCESS TO CARE:

ADVENTIST HEALTHCARE JOINS WITH SEVERAL ORGANIZATIONS TO BRING FREE SERVICES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN, LOW-INCOME, UNINSURED, AND MINORITY POPULATIONS. ADVENTIST HEALTHCARE IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES.

ADVENTIST HEALTHCARE PARTNERS WITH LOCAL SAFETY NET CLINICS THAT OFFER PRIMARY CARE, OR A MEDICAL HOME, TO UNINSURED RESIDENTS OF MONTGOMERY COUNTY. THROUGH THESE PARTNERSHIPS, ADVENTIST HEALTHCARE HELPS ENSURE THAT UNINSURED PATIENTS HAVE COORDINATED CARE BETWEEN THE CLINIC THAT SERVES AS THEIR MEDICAL HOME AND THE HOSPITAL WHERE THEY RECEIVE CARE AND EDUCATIONAL PROGRAMS. THE PARTNERSHIPS WE HAVE DEVELOPED WITH LOCAL SAFETY NET CLINICS, SUCH AS MERCY HEALTH CLINIC, COMMUNITY CLINIC,

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

INC., MOBILE MEDICAL CARE, INC., AND MARY'S CENTER, IMPROVE ACCESS TO
 PRIMARY CARE SERVICES FOR UNINSURED AND UNDER-INSURED RESIDENTS.
 ADVENTIST HEALTHCARE'S SUPPORT INCLUDES BUT IS NOT LIMITED TO PROVIDING
 LAB WORK, X-RAY SERVICES AND FINANCIAL SUPPORT OF CLINICAL OPERATIONS
 TO SERVE THE UNINSURED OR UNDER-INSURED POPULATION OF MONTGOMERY
 COUNTY. THIS ALSO HELPS TO DECREASE INAPPROPRIATE EMERGENCY DEPARTMENT
 UTILIZATION BY THIS PORTION OF THE POPULATION.

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

IN ADDITION TO PARTNERING WITH CLINICS, ADVENTIST HEALTHCARE ALSO
 ADDRESSES COMMUNITY NEEDS THROUGH SPECIALIZED SERVICES IN ITS
 FACILITIES, SUCH AS THE SHADY GROVE MEDICAL CENTER FORENSIC MEDICAL
 UNIT. THE ONLY UNIT OF ITS KIND IN MONTGOMERY COUNTY, MARYLAND, ITS
 NURSES PROVIDE FORENSIC EVIDENCE COLLECTION AND SPECIALIZED MEDICAL
 CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT,
 ABUSE, NEGLECT AND HUMAN TRAFFICKING. IN 2021, THE UNIT HAD 1,900
 ENCOUNTERS, INCLUDING ASSAULT EXAMS AND PATIENT CONSULTS.

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

SHADY GROVE MEDICAL CENTER AND WHITE OAK MEDICAL CENTER ARE ALSO ACTIVE

PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM,

WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME,

UNINSURED PREGNANT WOMEN. SHADY GROVE MEDICAL CENTER SPONSORS

MARYLAND'S ONLY HOSPITAL-BASED MILK DEPOT, OFFERING BREASTFEEDING

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

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

ACCESS DONOR MILK FOR THEIR INFANT.

FOR THE PAST 13 YEARS, THE ADVENTIST HEALTHCARE GERMANTOWN EMERGENCY

CENTER IN GERMANTOWN, MARYLAND, HAS BROUGHT VITAL EMERGENCY SERVICES TO

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

PRIMARY CARE CLINIC FOR UNINSURED RESIDENTS, A PRENATAL CLINIC FOR

LOW-INCOME WOMEN, OUTPATIENT RADIOLOGY SERVICES AND PHYSICIAN OFFICES.

GERMANTOWN IS ALSO HOME TO THE SHADY GROVE ADVENTIST RADIATION ONCOLOGY

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

CONVENIENT AND INTEGRAL CARE TO CANCER PATIENTS IN UPPER MONTGOMERY

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

PATIENTS WITH CANCER.

3. PROMOTE HEALTH EQUITY AND WELLNESS:

ADVENTIST HEALTHCARE IS THE LARGEST PROVIDER OF COMMUNITY BENEFIT IN

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

THROUGH COMMUNITY HEALTH IMPROVEMENT PROGRAMS AND COLLABORATIVE

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

AND MONTGOMERY COUNTY COALITION FOR THE HOMELESS TO ADDRESS SOCIAL

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

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

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

SEVERAL TEAMS ACROSS OUR SYSTEM CARRY OUT OUR GOAL OF IMPROVING THE HEALTH AND WELL-BEING OF PEOPLE AND COMMUNITIES. THE LIFEWORX STRATEGIES (LWS) TEAM PROVIDES EMPLOYEE HEALTH AND WELLNESS PROGRAMS, EMPLOYEE ASSISTANCE PROGRAMS, OCCUPATIONAL SCREENINGS, AND ONGOING HEALTH ASSESSMENT AND WELLNESS-TRACKING SERVICES. MOST RECENTLY, LWS HAS LED OPERATIONS OF ADVENTIST HEALTHCARE'S COVID-19 COMMUNITY VACCINATION CLINICS.

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

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

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

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

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

SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH FACILITIES INCLUDE 117 ACUTE-CARE INPATIENT BEDS. AMONG THEM ARE THE SPECIALIZED MAGNOLIA UNIT, A 10-BED UNIT DEDICATED TO SERVING GERIATRIC ADULTS. THE UNIT PROVIDES CRITICAL STABILIZATION AND SHORT-TERM INPATIENT TREATMENT FOR OLDER ADULTS WHO EXPERIENCE SUDDEN LIFE CHANGES AND STRESSORS THAT TRIGGER DEPRESSION, ANXIETY AND OTHER CHALLENGES THAT IMPACT THEIR DAILY ACTIVITIES. SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH TEAM MEMBERS CARED FOR APPROXIMATELY 2,938 PATIENTS IN 2021.

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

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

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

LEARNING DISABILITIES OR OTHER BEHAVIORAL HEALTH IMPAIRMENTS THAT IS

APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION.

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

FULL CONTINUUM OF OUTPATIENT SERVICES.

THE BEHAVIORAL HEALTH UNIT AT ADVENTIST HEALTHCARE WHITE OAK MEDICAL

CENTER:

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

INPATIENT BEDS IN ADDITION TO PARTIAL HOSPITALIZATION AND INTENSIVE

OUTPATIENT PROGRAMS IN SILVER SPRING, MARYLAND. THE BEHAVIORAL HEALTH

UNIT WAS TEMPORARILY CLOSED DURING 2021 AND REOPENED IN 2022.

COMMUNITY-BASED RESIDENTIAL SERVICES:

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

INDIVIDUALS WITH CHRONIC AND SEVERE MENTAL ILLNESS WHO ARE UNABLE TO

LIVE INDEPENDENTLY. THE FACILITY PROVIDES A SAFE AND SUPPORTIVE

RESIDENTIAL ENVIRONMENT AS AN ALTERNATIVE TO LONG-TERM PSYCHIATRIC

HOSPITALIZATION.

COMMUNITY SERVICE:

SHADY GROVE MEDICAL CENTER IS COMMITTED TO SERVING AS A MENTAL HEALTH

RESOURCE TO FAMILIES AND BEHAVIORAL HEALTH SPECIALISTS IN THE

COMMUNITIES IT SERVES. THE ORGANIZATION HAS DEDICATED SIGNIFICANT

RESOURCES TO PROVIDING CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS

AS WELL AS FREE MENTAL HEALTH SUPPORT GROUPS TO THE COMMUNITY.

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

SHADY GROVE MEDICAL CENTER SPONSORS AND SUPPORTS COMMUNITY

ORGANIZATIONS SUCH AS THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION

AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS OF MONTGOMERY COUNTY.

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

THESE PHYSICIANS PRIMARILY SERVE PATIENTS IN MONTGOMERY COUNTY AND

PRINCE GEORGE'S COUNTY.

FOR BOTH GROUPS OF PHYSICIANS, ADVENTIST HEALTHCARE UNDER ITS

EMPLOYMENT CONTRACTS, PROVIDES ADMINISTRATIVE, FINANCIAL MANAGEMENT,

TECHNICAL AND BUSINESS SUPPORT SERVICES THAT ARE ESSENTIAL FOR

PHYSICIANS TO PROVIDE QUALITY CARE AND OPERATE SUCCESSFUL PRACTICES.

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

THE GOVERNING BODY HAS DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE

DURING SUCH TIMES WHEREBY IT IS IMPRACTICAL TO CONVENE THE FULL BOARD, AND

WHEN IT IS NECESSARY TO CARRY OUT THE GOVERNANCE FUNCTIONS OF THE BOARD.

THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS OF THE BOARD IN THE

MANAGEMENT AND DIRECTION OF THE AFFAIRS OF ADVENTIST HEALTHCARE, INC.,

PROVIDED SUCH ACTIONS ARE NOT IN CONFLICT WITH GENERAL POLICIES ENACTED BY

THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE SHALL BE CHAIRED BY THE

CHAIR OF THE BOARD OF TRUSTEES, AND SHALL CONSIST OF THE BOARD OFFICERS, A

PHYSICIAN BOARD MEMBER, THE CHAIR OF THE FINANCE COMMITTEE, AND ANOTHER

BOARD MEMBER DESIGNATED BY THE CHAIR OF THE BOARD OF TRUSTEES. EXCEPT FOR

EX-OFFICIO MEMBERS, ALL COMMITTEE MEMBERS SHALL BE APPOINTED BY THE CHAIR

OF THE BOARD OF TRUSTEES AND SERVE FOR A TERM OF ONE YEAR AND/OR UNTIL

THEIR SUCCESSORS ARE APPOINTED AND QUALIFIED.

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

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

MID-ATLANTIC ADVENTIST HEALTHCARE, INC. IS THE SOLE MEMBER OF ADVENTIST HEALTHCARE, INC.

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

MID-ATLANTIC ADVENTIST HEALTHCARE, INC. CAN ELECT MEMBERS OF THE BOARD.

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

DECISIONS SUBJECT TO APPROVAL.

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

THE FOLLOWING ACTIONS SHALL BE RESERVED TO THE MEMBERSHIP:

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

INCORPORATION OR THE BYLAWS OF THE CORPORATION;

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

CORPORATION;

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

BY THE BOARD OF TRUSTEES;

D. REMOVAL OF MEMBERS OF THE BOARD OF TRUSTEES

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

CORPORATION, IN CONSULTATION WITH THE BOARD OF TRUSTEES.

ALL MEMBERS HAVE RIGHTS TO VOTE.

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

PRIOR TO FILING THE FORM 990 WITH THE IRS, IT WAS REVIEWED BY THE

ORGANIZATION'S FINANCE DEPARTMENT, EXECUTIVE MANAGEMENT TEAM, AND THE

ORGANIZATION'S OUTSIDE TAX ADVISORS. ALSO, PRIOR TO FILING THE FORM 990

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

WITH THE IRS, ALL MEMBERS OF THE BOARD ARE PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW.

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

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

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

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

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

COMMENTS AND RECOMMENDATIONS, AND FORWARD ALL DOCUMENTATION TO THE ORGANIZATIONAL INTEGRITY COMMITTEE FOR A FINAL DECISION.

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

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

> TO ASSIST TAX-EXEMPT ORGANIZATIONS IN AVOIDING EXCESS BENEFIT TRANSACTIONS, THE IRS HAS ESTABLISHED GUIDELINES WHICH NEED TO BE FOLLOWED WHEN SETTING COMPENSATION FOR ITS OFFICERS AND DIRECTORS.

> IRS GUIDELINES SET FORTH THAT A COMPENSATION ARRANGEMENT BETWEEN AN EXEMPT ORGANIZATION AND ITS OFFICER OR DIRECTOR SHALL BE PRESUMED TO BE REASONABLE IF THE FOLLOWING THREE CONDITIONS ARE SATISFIED:

1. THE COMPENSATION ARRANGEMENT IS APPROVED BY THE ORGANIZATION'S GOVERNING BODY OR A COMMITTEE OF THE GOVERNING BODY COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT;

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

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

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

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

FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION.

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

COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBODIED IN IRS REGULATIONS.

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

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

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

COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION

CONSULTANT; AND

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

PERCENTILE (OR MEDIAN) OF THE MARKET.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A:

ADVENTIST HEALTHCARE MAINTAINS A BOARD LEADER WELLNESS POLICY.

PURSUANT TO THIS POLICY, ELIGIBLE MEMBERS OF THE ADVENTIST HEALTHCARE

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

FOR QUALIFYING HEALTH CARE OR WELLNESS EXPENSES INCURRED BY THEM.

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

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

EMMANUEL ASIEDU REPRESENTS REIMBURSEMENTS RECEIVED UNDER THIS POLICY

DURING 2021.

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

ADVENTIST HEALTHCARE ALSO PROVIDES ITEMS THAT COULD BE CATEGORIZED AS

DE MINIMIS BENEFITS TO BOARD MEMBERS AND TREATS THIS AS TAXABLE

COMPENSATION. AMOUNTS REPORTED AS 1099 INCOME ARE SHOWN.

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

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	174,563,964.
MANAGEMENT AND GENERAL EXPENSES	329,598.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	174,893,562.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	55,927,311.
MANAGEMENT AND GENERAL EXPENSES	1,289,168.
FUNDRAISING EXPENSES	94,914.
TOTAL EXPENSES	57,311,393.

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	1,685,062.
MANAGEMENT AND GENERAL EXPENSES	4,528,214.
FUNDRAISING EXPENSES	382,634.
TOTAL EXPENSES	6,595,910.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	238,800,865.
--	--------------

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

OTHER RESTRICTED NET ASSETS ACTIVITY	24,195,614.
--------------------------------------	-------------

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

NET ORGANIZATION TRANSFER	12,315,669.
DISCONTINUED OPERATIONS	-174,482.
TOTAL TO FORM 990, PART XI, LINE 9	36,336,801.

**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

2021

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ADVENTIST CANCER CARE, LLC - 26-2515407 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	OUTPATIENT CANCER CARE	MARYLAND	1,767,183.	1,776,591.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY ALLIANCE, LLC - 52-1532556, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	INTEGRATED PHYSICIAN GROUP	MARYLAND	363,948.	77,000.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY ACO, LLC - 47-4070973 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MEDICARE SHARED SAVINGS PLAN ACCOUNTABLE CARE ORGANIZATION	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY CTO, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MEDICARE CARE MANAGEMENT TEAM	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVENTIST HEALTHCARE URGENT CARE CENTERS, INC. - 46-1577511, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	CLINIC - EMERGENCY CARE	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.	X	
ADVENTIST HOME HEALTH SERVICES, INC. - 52-0986808, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOME CARE SERVICES	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.	X	
ADVENTIST PHYSICIAN SERVICES, INC - 20-4600646, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	PHYSICIAN SERVICES	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.	X	
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC. - 20-1486678, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	REHABILITATION HOSPITAL	MARYLAND	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE, INC.	X	

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

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BLACKWELL PHYSICIANS, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
BLACKWELL PARTNER, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
BLACKWELL AMBULATORY SURGERY CENTER, LLC - 52-1532556, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
WHITE OAK TENANT, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MANAGE REAL PROPERTY AT THE MEDICAL PAVILION OF WHITE OAK MEDICAL CENTER	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
AHC WHITE OAK MEMBER, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MANAGE PARTICIPATION OF MEDICAL OFFICE BUILDING PARTNERSHIP	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
AHC HOLDINGS, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	REAL ESTATE HOLDING	DISTRICT OF COLUMBIA	0.	0.	ADVENTIST HEALTHCARE, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHADY GROVE MEDICAL BUILDING, LLC - 27-4599411, 1650 TYSONS BOULEVARD, STE 820, MCLEAN, VA 22102	MEDICAL OFFICE BUILDING	MD	N/A	RELATED	435,337.	-3,649,835.		X	N/A	X		50.00%
NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC - 81-5410250, 820 WEST DIAMOND AVE. SUITE 600, GAITHERSBURG, CORELIFE ADVENTIST, LLC - 84-1813204, 821 WEST BENFIELD ROAD, SUITE 5, SEVERNA PARK, MD 21146	HEALTHCARE & COMMUNITY SERVICE FOR IMPROVED HEALTH PROVIDES WELLNESS AND WEIGHT MANAGEMENT	MD	N/A	RELATED	0.	0.		X	N/A	X		25.00%
ADVENTIST HEALTHCARE SURGERY CENTER AT NATIONAL HARBOR LLC - 85-2814304, 251 NATIONAL HARBOR BOULEVARD, SUITE 200,	AMBULATORY SURGICAL SERVICES	MD	N/A	RELATED	-3,331,852.	-830,545.		X	N/A	X		50.00%
					0.	0.		X	N/A	X		35.00%

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tion-ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MID-ATLANTIC RADIATION ONCOLOGY, LLC - 84-4560643, 10101 WOODLOCH FOREST DR, THE WOODLANDS, TX 77380	RADIATION ONCOLOGY SERVICES	MD	N/A	RELATED	-961,218.	2,496,838.		X	N/A		X	50.00%

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	B	500,000.	COST
(2) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC.	C	601,767.	COST
(3) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	C	349,505.	COST
(4) ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC	L	551,857.	COST
(5) ADVENTIST HEALTHCARE URGENT CARE CENTERS, INC.	L	150,497.	COST
(6) ADVENTIST HOME HEALTH SERVICES, INC.	L	875,479.	COST

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ADVENTIST PHYSICIAN SERVICES, INC.	L	151,067.	COST
(8) REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC.	L	338,708.	COST
(9) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	L	1,417,193.	COST
(10) ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER INC	Q	556,084.	COST
(11) ADVENTIST HOME HEALTH SERVICES, INC.	Q	760,991.	COST
(12) ADVENTIST PHYSICIAN SERVICES, INC.	Q	119,394.	COST
(13) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Q	2,519,426.	COST
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Predominant income (related, unrelated, excluded from tax under sections 512-514); (e) Are all partners sec. 501(c)(3) orgs.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ADVENTIST REHABILITATION, INC.

DIRECT CONTROLLING ENTITY: ADVENTIST REHABILITATION HOSPITAL OF MARYLAND,
INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN,
INC.

EIN: 52-1255870

820 W. DIAMOND AVE SUITE 600

GAITHERSBURG, MD 20878-1419

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC

EIN: 81-5410250

820 WEST DIAMOND AVE. SUITE 600

GAITHERSBURG, MD 20878

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ADVENTIST HEALTHCARE SURGERY CENTER AT NATIONAL HARBOR LLC

EIN: 85-2814304

251 NATIONAL HARBOR BOULEVARD, SUITE 200

OXEN HILL, MD 20745

Form **5471**

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2021)

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

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **MAY 6**, 2021, and ending **DEC 31**, 2021

Attachment
Sequence No. **121**

Name of person filing this return ADVENTIST HEALTHCARE, INC. Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 820 WEST DIAMOND AVE., 600 City or town, state, and ZIP code GAITHERSBURG, MD 20878-1419	A Identifying number 52-1532556 B Category of filer (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %
Filer's tax year beginning JAN 1 , 2021, and ending DEC 31 , 2021	

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) ▶

H Person(s) on whose behalf this information return is filed:

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

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

1a Name and address of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA COURS DE RIVE 13, C/O PESTALOZZI AVOCATS SA GENEVE 1204 SWITZERLAND	b(1) Employer identification number, if any b(2) Reference ID number (see instructions) CHE205514224 c Country under whose laws incorporated SWITZERLAND			
d Date of incorporation 05/06/21	e Principal place of business GENEVE SWITZERLAND	f Principal business activity code number 622000	g Principal business activity HEALTHCARE	h Functional currency code CHF

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

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				

c Name and address of foreign corporation's statutory or resident agent in country of incorporation PESTALOZZI AVOCATS SA COURS DE RIVE 13 GENEVE 1204 SWITZERLAND	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different ADVENTIST HEALTHCARE, INC. 820 WEST DIAMOND AVENUE, SUITE 600 GAITHERSBURG MD 20878
---	--

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	0	100

LHA For Paperwork Reduction Act Notice, see instructions. Form **5471** (Rev. 12-2021)

SEE STATEMENT 5

112301
12-29-21

Schedule B Shareholders of Foreign Corporation

Part I U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
ADVENTIST HEALTHCARE INC 820 WEST DIAMOND AVENUE GAITHERSBURG MD 20878 52-1532556		0	100	100.00%

Part II Direct Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
ADVENTIST HEALTHCARE INC 820 WEST DIAMOND AVENUE GAITHERSBURG MD 20878 52-1532556		0	100

Schedule C Income Statement

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

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	0.	0.
	b Returns and allowances		
	c Subtract line 1b from line 1a		
	2 Cost of goods sold		
	3 Gross profit (subtract line 2 from line 1c)		
	4 Dividends		
	5 Interest		
	6a Gross rents		
	b Gross royalties and license fees		
	7 Net gain or (loss) on sale of capital assets		
8a Foreign currency transaction gain or loss - unrealized			
	b Foreign currency transaction gain or loss - realized		
9 Other income (attach statement)			
10 Total income (add lines 3 through 9)	0.	0.	
Deductions	11 Compensation not deducted elsewhere		
	12a Rents		
	b Royalties and license fees		
	13 Interest		
	14 Depreciation not deducted elsewhere		
	15 Depletion		
	16 Taxes (exclude income tax expense (benefit))		
	17 Other deductions (attach statement - exclude income tax expense (benefit))		
18 Total deductions (add lines 11 through 17)	0.	0.	
Net Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	0.	0.
	20 Unusual or infrequently occurring items		
	21a Income tax expense (benefit) - current		
	b Income tax expense (benefit) - deferred		
22 Current year net income or (loss) per books (combine lines 19 through 21b)	0.	0.	
Other Comprehensive Income	23a Foreign currency translation adjustments		
	b Other		
	c Income tax expense (benefit) related to other comprehensive income		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	0.	0.

Schedule F Balance Sheet

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

Table with columns: Assets, (a) Beginning of annual accounting period, (b) End of annual accounting period. Rows include Cash, Trade notes and accounts receivable, Derivatives, Inventories, etc.

Schedule G Other Information

Table with columns: Question, Yes, No. Rows include questions about foreign ownership, base erosion payments, and disallowed deductions.

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No' containing questions 6a through 19b regarding foreign-derived intangible income deduction, FDDEI, cost-sharing arrangements, stock purchases, and distributions.

Schedule I Summary of Shareholder's Income From Foreign Corporation

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

Name of U.S. shareholder ADVENTIST HEALTHCARE, INC. Identifying number 52-1532556

Table with columns for line numbers (1a-6) and descriptions of income items such as Section 964(e)(4) Subpart F dividend income, Section 245A(e)(2) Subpart F income, etc.

Table with columns for questions (7a-9) and Yes/No columns. Questions include: Was any income of the foreign corporation blocked? Did any such income become unblocked during the tax year? Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year?

**SCHEDULE E
(Form 5471)**

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

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

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA		EIN (if any)
		Reference ID number (see instructions) CHE205514224
a Separate Category (Enter code - see instructions.) ▶		GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶		
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶		

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspected Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1	ADVENTIST HEALTHCARE INTERNATIONAL	CHE205514224	<input type="checkbox"/>	SZ	2021/12/31	2021/12/31
2			<input type="checkbox"/>			
3			<input type="checkbox"/>			
4			<input type="checkbox"/>			

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1		<input type="checkbox"/>	CHF				0.
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶						
6	Total (combine lines 1 through 4 of column (m)) ▶						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224
---	--------------	---

- a** Separate Category (Enter code - see instructions.) **▶ GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) **▶**
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) **▶**

Part II Election

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

Yes No If "Yes," state date of election **▶**

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

	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2) ▶								
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) ▶								

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

IMPORTANT: Enter amounts in U.S. dollars.

Taxes related to:

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

Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224
---	--------------	---

- a** Separate Category (Enter code - see instructions.) ▶ GEN
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation *(continued)*

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

**SCHEDULE H
(Form 5471)**

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

Current Earnings and Profits

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instr.) CHE205514224

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

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

**SCHEDULE I-1
(Form 5471)**

Information for Global Intangible Low-Taxed Income

OMB No. 1545-0123

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 5471.**

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

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224
Separate Category (Enter code - see instructions)		▶ GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1			
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3			
4 Gross income less total exclusions (line 1 minus line 3) (see instructions) ...	4	0.		
5 Deductions properly allocable to amount on line 4	5			
6 Tested income (loss) (line 4 minus line 5)	6	0.	.000000	
7 Tested foreign income taxes	7		.000000	
8 Qualified business asset investment (QBAI)	8		.000000	
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d		.000000	
10a Interest income included in line 4	10a			
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c		.000000	

LHA For Paperwork Reduction Act Notice, see instructions.

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

**SCHEDULE J
(Form 5471)**

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

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

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471

Identifying number

ADVENTIST HEALTHCARE, INC.

52-1532556

Name of foreign corporation

EIN (if any)

Reference ID number

ADVENTIST HEALTHCARE INTERNATIONAL SA

CHE205514224

a Separate Category (Enter code - see instructions.) ▶ GEN

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

Part I Accumulated E&P of Controlled Foreign Corporation

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

Important: Enter amounts in functional currency.

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

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

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

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

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture)	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

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

**SCHEDULE M
(Form 5471)**

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

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

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

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.	Identifying number 52-1532556
--	---

Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number CHE205514224
---	--------------	---

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **SWITZERLAND, FRANC** .000000

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received ...					
9 Hybrid dividends received (see instr.) ...					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance					
13 Loan guarantee fees received					
14 Other amounts received (att. statement)					
15 Add lines 1 through 14					
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade					
18 Purchases of property rights (patents, trademarks, etc.)					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid					
21 Compensation paid for technical, managerial, engineering, construction, or like services					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid					
29 Other amounts paid (attach statement)					
30 Add lines 16 through 29					

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

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

Name of person filing Form 5471

Identifying number

ADVENTIST HEALTHCARE, INC.

52-1532556

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

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

**SCHEDULE O
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule O (Form 5471) and its instructions is at www.irs.gov/form5471

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number CHE205514224

Important: Complete a separate Schedule O for each foreign corporation for which information must be reported.

Part I To Be Completed by U.S. Officers and Directors

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders

Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

Section A - General Shareholder Information

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
STMT 6 ADVENTIST HEALTHCARE, INC 820 WEST DIAMOND AVE GAITHERSB 52-1532556	990	11/15/22	E-FILED	

Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director
TERRY FORDE	820 WEST DIAMOND AVE GAITHERSBURG MD 20878			X
JAMES G. LEE	820 WEST DIAMOND AVE GAITHERSBURG MD 20878			X

Section C - Acquisition of Stock

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D - Disposition of Stock

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

Section E - Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer
ADVENTIST HEALTHCARE INC 820 WEST DIAMOND AVE GAITHERSBURG MD 20878	52-1532556	03/30/21

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	
CASH	108,600.	108,600.	100 COMMON SHARES

Section F - Additional Information

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

5471 SCHEDULE O GENERAL SHAREHOLDER INFORMATION STATEMENT 6

(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE:			(C) DATE SHAREHOLD -ER LAST FILED IN- FORMATION RTN UNDER SEC. 6046
	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	
ADVENTIST HEALTHCARE, INC 820 WEST DIAMOND AVE GAITHERSB 52-1532556	990	11/15/22	E-FILED	

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 5471.**

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

OMB No. 1545-0123

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of U.S. shareholder ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224
a Separate Category (Enter code - see instructions.)		▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶

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

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

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

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

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

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

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

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

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

**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ Attach to Form 5471.

OMB No. 1545-0123

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

Name of person filing Form 5471 ADVENTIST HEALTHCARE, INC.		Identifying number 52-1532556
Name of foreign corporation ADVENTIST HEALTHCARE INTERNATIONAL SA	EIN (if any)	Reference ID number (see instructions) CHE205514224

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

- A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) ▶ GEN
- B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) ▶ _____

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

- C** Indicate whether this Schedule Q is being completed for: U.S. source income or Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

- D** If this Schedule Q is being completed for FOGEI or FORI income, check this box ▶

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							STMT 7
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							
d Net Foreign Currency Gain (Total)							
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							
e Income Equivalent to Interest (Total)							
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							
f Foreign Base Company Sales Income (Total)							
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							

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

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
a									
(1)									
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

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

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							
i Insurance Income (Total)							
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							
j International Boycott Income							
k Bribes, Kickbacks, and Other Payments							
l Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)							
(1) Unit name ▶ NONE	SZ	0.	0.	0.	0.	0.	0.
(2) Unit name ▶ _____							
4 Residual Income Group (Total)							
(1) Unit name ▶ _____							
(2) Unit name ▶ _____							
5 Total							

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

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3									
(1)	0.	0.	0.	0.	0.	0.			
(2)									
4									
(1)									
(2)									
5									

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

FORM 5471

SCHEDULE Q OTHER EXPENSES

STATEMENT 7

LINE NUMBER

DESCRIPTION

AMOUNT

LINE 3(1) 0

0.

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471
ADVENTIST HEALTHCARE, INC.

Identifying number
52-1532556

Name of foreign corporation
ADVENTIST HEALTHCARE INTERNATIONAL SA

EIN (if any)

Reference ID number (see instructions)
CHE205514224

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	N/A	12/31/2021	0.	0.
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**STATEMENT PURSUANT TO SECTION 1.351-3(a) BY
Adventist HealthCare, Inc.
FEIN #52-1532556**

A SIGNIFICANT TRANSFEROR

**A STATEMENT ATTACHED TO AND MADE PART OF FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR TAXABLE YEAR ENDED DECEMBER 31, 2021**

Statement Filed Pursuant to Treas. Reg. Section 1.351-3(a)

- (1) The transferee corporation is Adventist HealthCare International SA, a foreign corporation organized under the laws of Switzerland.
- (2) Adventist HealthCare, Inc. transferred the assets identified in (3) below on 3/30/2021.
- (3) The transferred property had an aggregate fair market value of CHF 100,000 (USD \$108,600) and an aggregate basis of USD \$108,600 immediately before the exchange.

Property Transferred	Fair Market Value	Aggregate Basis
Cash	USD \$108,600	USD \$108,600
Total		

- (4) No private letter rulings were issued in connection with the section 351 exchange.

**STATEMENT PURSUANT TO SECTION 1.351-3(b) BY
Adventist HealthCare, Inc.
FEIN #52-1532556**

**A STATEMENT ATTACHED TO AND MADE PART OF FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR TAXABLE YEAR ENDED DECEMBER 31, 2021**

Statement Required for Transferee of Property under IRC §351

On 3/30/2021, Adventist HealthCare, Inc. ("Transferor"), transferred cash in the amount of CHF 100,000 (USD \$108,600) to Adventist HealthCare International SA ("Transferee"), a corporation incorporated in Switzerland. The cash was used to fund the operations of the company.

Pursuant to Regulation §1.351-3(b), the following information is being provided:

- 1) Property Received – On 3/30/2021, Transferee received the following property:

<u>Description</u>	<u>Basis</u>
None	

- 2) Stock Issued – 100 Common shares.

- 3) Securities Issued – None.

- 4) Money Exchanged – USD \$108,600

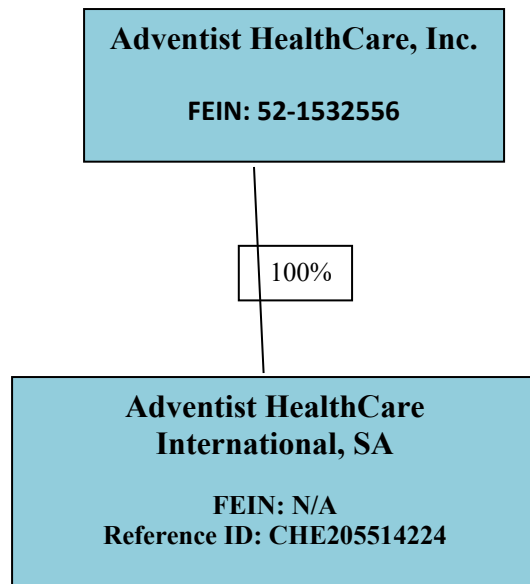
- 5) Other Property Exchanged – None.

- 6) Liabilities of the Transferor Assumed – None.

**AN ORGANIZATION CHART ATTACHED TO SCHEDULE O (FORM 5471)
FOR TAXABLE YEAR ENDED DECEMBER 31, 2021**

**Name of person filing Form 5471:
ADVENTIST HEALTHCARE, INC.
FEIN: 52-1532556**

**Name of foreign corporation:
Adventist HealthCare International SA
FEIN: N/A
Reference ID: CHE205514224**



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

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

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

Name of transferor Adventist Healthcare, Inc.	Identifying number (see instructions) 52-1532556
--	---

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) ADVENTIST HEALTHCARE INTERNATIONAL SA	5a Identifying number, if any
6 Address (including country) COURS DE RIVE 13, C/O PESTALOZZI AVOCATS SA GENEVE, SWITZERLAND 1204 SWITZERLAND	5b Reference ID number CHE205514224
7 Country code of country of incorporation or organization SZ	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	03/30/2021		108,600.		

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

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

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

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

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

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

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

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

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 100.000 % (b) After 100.000 %
- 17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Financial Statements
and Supplementary Information

December 31, 2021 and 2020

Adventist HealthCare, Inc. and Controlled Entities

Table of Contents
December 31, 2021 and 2020

	<u>Page</u>
Independent Auditors' Report	1
Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations	5
Consolidated Statements of Changes in Net Assets	6
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	9
Supplementary Information	
Adventist HealthCare, Inc. and Controlled Entities:	
Consolidating Schedule, Balance Sheet	38
Consolidating Schedule, Statement of Operations	40

Independent Auditors' Report

To the Board of Trustees of
Adventist HealthCare, Inc. and Controlled Entities

Opinion

We have audited the consolidated financial statements of Adventist HealthCare, Inc. and Controlled Entities (the Corporation), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Corporation as of December 31, 2021 and 2020, and the results of their operations, changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

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

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information located on pages 38-40 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, changes in net assets and cash flows of the individual organizations, and it is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the 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 consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
April 27, 2022

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets
December 31, 2021 and 2020
(In Thousands)

	<u>2021</u>	<u>2020</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 37,017	\$ 55,444
Medicare advance and accelerated payments	85,080	140,112
Short-term investments	254,738	250,502
Assets whose use is limited	18,718	16,597
Patient accounts receivable	125,171	117,816
Other receivables	89,085	41,574
Inventories	10,328	11,567
Prepaid expenses and other current assets	11,917	10,089
	<u>632,054</u>	<u>643,701</u>
Total current assets	632,054	643,701
Property and Equipment, Net	778,129	729,007
Financing Lease Right-of-Use Assets	19,990	10,364
Operating Lease Right-of-Use Assets	81,512	99,334
Assets Whose Use is Limited		
Under trust indentures and mortgage loan agreement, held by trustees and banks	182,561	30,464
Professional liability trust fund	14,528	16,361
Deferred compensation fund	1,977	1,405
Cash and Cash Equivalents Restricted for Capital Acquisitions	1,673	1,075
Investments and Investments in Unconsolidated Subsidiaries	29,438	29,021
Land Held for Healthcare Development	5,177	49,430
Intangible Assets, Net	7,513	7,717
Deposits and Other Noncurrent Assets	7,387	6,104
Assets Held for Sale	12,054	12,029
	<u>12,054</u>	<u>12,029</u>
Total assets	<u>\$ 1,773,993</u>	<u>\$ 1,636,012</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2021 and 2020

(In Thousands)

	<u>2021</u>	<u>2020</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 159,269	\$ 124,674
Accrued compensation and related items	62,324	55,350
Interest payable	8,311	9,312
Deferred revenues	9,019	52,512
Due to third party payors	20,727	20,897
Medicare advance and accelerated payments	85,080	60,771
Estimated self-insured professional liability	2,519	1,942
Current maturities of:		
Long-term obligations	13,832	13,991
Financing lease obligations	3,373	1,922
Operating lease obligations	14,587	15,042
	<u>379,041</u>	<u>356,413</u>
Total current liabilities		
	379,041	356,413
Construction Payable	9,707	3,878
Long-Term Obligations, Net		
Bonds payable	715,656	526,600
Notes payable	6,857	26,529
Financing Lease Obligations	15,174	8,347
Operating Lease Obligations	69,478	86,228
Other Liabilities	9,515	9,893
Medicare Advance and Accelerated Payments	-	79,341
Estimated Self-Insured Professional Liability	17,818	17,995
	<u>1,223,246</u>	<u>1,115,224</u>
Total liabilities		
	1,223,246	1,115,224
Net Assets		
Net assets without donor restrictions	537,796	513,402
Net assets with donor restrictions	12,951	7,386
	<u>550,747</u>	<u>520,788</u>
Total net assets		
	550,747	520,788
Total liabilities and net assets	<u>\$ 1,773,993</u>	<u>\$ 1,636,012</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Operations
Years Ended December 31, 2021 and 2020
(In Thousands)

	<u>2021</u>	<u>2020</u>
Revenues		
Net patient service revenue	\$ 914,726	\$ 873,273
Other revenues	163,282	57,416
COVID-19 grant income	76,268	44,222
Total revenues	<u>1,154,276</u>	<u>974,911</u>
Expenses		
Salaries and wages	428,251	414,329
Employee benefits	81,799	78,553
Contract labor	187,907	67,926
Medical supplies	133,024	125,485
General and administrative	139,161	132,269
Building and maintenance	83,785	51,311
Insurance	13,579	10,357
Interest	25,635	25,414
Depreciation and amortization	48,191	45,906
Total expenses	<u>1,141,332</u>	<u>951,550</u>
Income from operations	<u>12,944</u>	<u>23,361</u>
Other Income (Expense)		
Investment income	11,410	14,346
Other loss	(6)	(612)
Loss on extinguishment of debt	(750)	(281)
Total other income	<u>10,654</u>	<u>13,453</u>
Revenues in excess of expenses from continuing operations	23,598	36,814
Change in Net Unrealized Gains and Losses on Investments in Debt Securities	(5,489)	4,271
Net Assets Released From Restrictions for Purchases of Property and Equipment	5,697	5,687
Deferred Compensation Plan Liability Adjustment	112	860
Other Net Asset Activity	<u>701</u>	<u>2,070</u>
Increase in net assets without donor restrictions from continuing operations	24,619	49,702
Loss From Discontinued Operations	<u>(225)</u>	<u>(7,576)</u>
Increase in net assets without donor restrictions	<u>\$ 24,394</u>	<u>\$ 42,126</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2021 and 2020

(In Thousands)

	<u>2021</u>	<u>2020</u>
Net Assets Without Donor Restrictions		
Revenues in excess of expenses from continuing operations	\$ 23,598	\$ 36,814
Change in net unrealized gains and losses on investments in debt securities	(5,489)	4,271
Net assets released from restrictions for purchase of property and equipment	5,697	5,687
Deferred compensation plan liability adjustment	112	860
Other net asset activity	701	2,070
	<u>24,619</u>	<u>49,702</u>
Increase in net assets without donor restrictions from continuing operations	24,619	49,702
Loss from discontinued operations	(225)	(7,576)
	<u>24,394</u>	<u>42,126</u>
Net Assets With Donor Restrictions		
Restricted gifts and donations	13,081	9,623
Net assets released from restrictions for purchase of property and equipment	(5,697)	(5,687)
Net assets released from restrictions used for operations	(1,765)	(2,564)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	(13)	47
Change in discount of pledges receivable and provision for doubtful pledges	(41)	-
Donor restricted investment income	-	8
	<u>5,565</u>	<u>1,427</u>
Increase in net assets with donor restrictions	5,565	1,427
Increase in net assets	29,959	43,553
Net Assets, Beginning	<u>520,788</u>	<u>477,235</u>
Net Assets, Ending	<u>\$ 550,747</u>	<u>\$ 520,788</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows
Years Ended December 31, 2021 and 2020
(In Thousands)

	<u>2021</u>	<u>2020</u>
Cash Flows From Operating Activities		
Increase in net assets	\$ 29,959	\$ 43,553
Adjustments to reconcile increase in net assets to net cash (used in) provided by operating activities:		
Depreciation and amortization	48,191	45,906
Change in operating lease right-of-use assets and obligations	18,322	18,214
Termination of operating lease right-of-use assets and obligations	(227)	-
Amortization of deferred financing costs	254	212
Deferred compensation plan liability adjustment	(112)	(860)
Loss on extinguishment of debt	750	281
Restricted contributions and grants	(13,081)	(7,907)
Losses (earnings) recognized from unconsolidated subsidiaries and affiliates	912	(300)
Impairment of land held for healthcare development	26,108	-
Loss on disposal of property and equipment	-	4,763
Net realized and unrealized gains and losses on investments	(5,786)	(1,682)
Change in net unrealized gains and losses on investments in debt securities	5,489	(4,271)
Change in value of beneficial interest in trusts and charitable gift obligation	13	(47)
Change in discount on pledges receivable and provision for doubtful pledges	41	-
Operating lease obligations, payments	(18,346)	(17,352)
Changes in assets and liabilities:		
Patient accounts receivable	(7,355)	(318)
Other receivables	(47,511)	(27,810)
Inventories, prepaid expenses and other current assets	(589)	(1,162)
Accounts payable and accrued expenses	34,595	16,340
Accrued compensation and related items	6,974	9,675
Interest payable	(1,001)	(604)
Deferred revenues	(43,493)	50,509
Estimated self-insured professional liability	400	1,869
Due to third party payors	(170)	1,308
Medicare advance and accelerated payments	(55,032)	140,112
Other noncurrent assets and liabilities	(1,136)	(5,415)
Net cash (used in) provided by operating activities	<u>(21,831)</u>	<u>265,014</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows
 Years Ended December 31, 2021 and 2020
 (In Thousands)

	<u>2021</u>	<u>2020</u>
Cash Flows From Investing Activities		
Purchases of property and equipment	\$ (90,620)	\$ (56,946)
Change in investments and investments in unconsolidated		
Change in investments and investments in unconsolidated subsidiaries	51,093	(157,148)
Additions to land held for healthcare development	-	(1,339)
Proceeds from sale of land for healthcare development	18,145	-
Distributions from investments in unconsolidated subsidiaries	824	583
Purchase of investment in unconsolidated subsidiary	(2,620)	(7,562)
Change in trustee held funds and restricted cash	(139,799)	5,199
	<u>(162,977)</u>	<u>(217,213)</u>
Net cash used in investing activities		
Cash Flows From Financing Activities		
Payment of financing costs	(2,019)	(206)
Proceeds from issuance of long-term obligations, net	187,354	314
Repayments on long-term obligations, net	(15,762)	(14,435)
Repayment of financing lease obligations	(2,517)	(1,058)
Proceeds from restricted contributions and grants	13,081	7,907
	<u>180,137</u>	<u>(7,478)</u>
Net cash provided by (used in) financing activities		
Net (decrease) increase in cash, cash equivalents and restricted cash and cash equivalents	(4,671)	40,323
Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Beginning	<u>83,826</u>	<u>43,503</u>
Cash, Cash Equivalents and Restricted Cash and Cash Equivalents, Ending	<u>\$ 79,155</u>	<u>\$ 83,826</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 26,434</u>	<u>\$ 25,476</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Financing lease obligation incurred for equipment	<u>\$ 10,795</u>	<u>\$ 8,525</u>
Operating lease obligations incurred for right-of-use asset	<u>\$ 4,360</u>	<u>\$ 40,961</u>
Construction payable for property and equipment	<u>\$ 9,707</u>	<u>\$ 3,878</u>
Long-term debt refinanced	<u>\$ 93,570</u>	<u>\$ 20,500</u>
Reconciliation of Cash, Cash Equivalents and Restricted Cash and Cash Equivalents		
Cash and cash equivalents	\$ 37,017	\$ 55,444
Cash and cash equivalents restricted for capital acquisitions	1,673	1,075
Cash and cash equivalents included in the current portion of assets whose use is limited	18,718	16,597
Cash and cash equivalents included in the noncurrent portion of assets whose use is limited	21,747	10,710
	<u>79,155</u>	<u>83,826</u>
Total cash, cash equivalents and restricted cash and cash equivalents		

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Adventist HealthCare, Inc. (AHC) is a nonstock membership corporation organized to effectuate coordinated administration of hospitals and other health care organizations through the provision of key management and administrative services. The mission of AHC is to extend God's care through the ministry of physical, mental and spiritual healing. AHC is tax-exempt under Section 501(c)(3) of the Internal Revenue Code (IRC). AHC is not exempt from income taxes for unrelated business income. AHC's sole corporate member is Mid-Atlantic Adventist HealthCare, Inc. AHC is comprised of several operating divisions and controlled entities, as follows:

Shady Grove Medical Center (SGMC) is a 329-bed acute care hospital located in Rockville, Maryland. Behavioral Health & Wellness Services (BH&WS) is a department of SGMC and as a result is reimbursed under SGMC's Global Budget Revenue Agreement. BH&WS is comprised of BH&WS - Rockville, a 117-bed psychiatric hospital.

White Oak Medical Center (WOMC) is a 178-bed acute care hospital located in Silver Spring, Maryland, which opened in August 2019.

Rehabilitation (Rehab) operates two inpatient hospitals and five outpatient locations in Maryland. The two inpatient hospitals consist of Rehab-Rockville, a 55-bed rehabilitation facility, and Rehab-WOMC (relocated from Takoma Park in December 2021), a 42-bed rehabilitation facility.

Adventist HealthCare Imaging (Imaging) operates eight clinical sites and provides inpatient and outpatient imaging services at SGMC and WOMC.

Clinical Integration Services (CIS) is comprised of Adventist Medical Group (AMG). AMG is a not-for-profit entity that provides primary care and specialty care physician professional health services to the communities it serves. AHC contracted with Medical Faculty Associates, Inc. (MFA) to employ the AMG employees, through a wholly owned affiliate of MFA, in exchange for certain economic support to facilitate the growth by MFA of the AMG physician practices. In December 2017, however, AHC terminated its contract with MFA as it relates to the primary care, physiatry and endocrinology practices. The termination was effective July 2018, at which time AHC began operating the primary care, physiatry and endocrinology practices. The remaining specialty care practices transitioned back to AHC during 2021 and the contract with MFA ended. The respective operating results of the specialist practices are recorded in SGMC and WOMC. CIS also includes the administration needed to facilitate the coordination of patient care across conditions, providers and settings.

The Other Health Services (OHS) operating division is comprised of two entities. Lifework Strategies (LWS) provides employee assistance and employee wellness programs to client employees. LWS's mission is to help individuals live healthier, happier and more productive lives. Capital Choice Pathology Lab (CCPL) provides full pathology production services to client hospitals.

In May 2020, an alternate care site (ACS) opened to increase the number of beds available in the State of Maryland to care for COVID-19 patients as a result of the following sequence of events. In March 2020, the Secretary of Health within the State of Maryland identified the Takoma Park campus as a potential location for the treatment, isolation and quarantining of COVID-19 patients. On April 4, 2020, the Maryland Health Care Commission approved an Emergency Certificate of Need to establish a 200 bed ACS. In accordance with the terms of the agreement with the State of Maryland, all costs to open, operate and close and decommission the campus will be reimbursed.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

The Corporation has amounts due from the State of Maryland of \$38,883 and \$12,297 as of December 31, 2021 and 2020, respectively, which is included in other receivables in the accompanying consolidated balance sheets. Any reimbursement received by the Corporation for services provided to patients is required to be remitted to the State of Maryland. The Corporation has amounts due to the State of Maryland of \$23,183 and \$6,054 as of December 31, 2021 and 2020, respectively, which is included in accounts payable and accrued expenses in the accompanying consolidated balance sheets. The agreement will remain in effect until the earlier of the determination by the State of Maryland and the Corporation that the ACS is no longer needed or the termination of the State of Emergency and a Catastrophic Health Emergency proclamation by the Governor of Maryland. The financial results of the ACS are included in OHS.

The Support Center is comprised of the Corporate Office (CO) and the AHC benefit business unit. The CO provides corporate and centralized shared service functions that benefit the entire AHC system. The AHC benefit business unit administers the self-insurance health benefit program, including health insurance, dental and vision coverage for AHC and controlled entities.

In October 2019, Adventist HealthCare Fort Washington Medical Center, Inc., a subsidiary of AHC, acquired Fort Washington Medical Center (FWMC). FWMC is a 28-bed acute care hospital located in Fort Washington, Maryland.

The Lourie Center for Infants and Young Children (Lourie Center) is a not-for-profit organization that specializes in the diagnosis, treatment and prevention of developmental and emotional disorders in children from birth through ten years of age.

Adventist Home Care Services, Inc. (AHCS) is a nonstock membership corporation organized to provide home health services in Maryland and includes Adventist Home Assistance (AHA). AHA provides nonclinical assistance to homebound patients who cannot perform certain daily activities on their own.

Adventist HealthCare Urgent Care Center, Inc. (Urgent Care) is comprised of three urgent care centers located in Germantown, Laurel and Rockville, Maryland. These centers provide ambulatory services to patients without life threatening conditions, as well as occupational health screenings to the community. On December 3, 2021, Urgent Care entered into an asset purchase agreement with an unrelated party for the purchase of the Germantown, Laurel and Rockville urgent care centers which closed on February 1, 2022. AHC entered into an affiliation agreement with the unrelated party as of February 1, 2022 to become the exclusive health system affiliate for the urgent care centers through One Health Quality Alliance (OHQA).

OHQA is a physician-led clinically integrated network designed to deliver value to payors, employers and consumers through the highest quality care at a lower cost. Through this alliance, participating physicians gain access to resources to support the transition to value-based care, while maintaining their independence. Through this collaboration, OHQA aims to improve the health of patient populations and communities, while enhancing the patient experience and reducing the costs of health care. The OHQA currently has over 1,559 physician members, most of whom are on the medical staff of AHC, including primary care, orthopedics and other community and hospital-based specialists.

The Foundations operating division is comprised of Washington Adventist Hospital Foundation, Inc., d/b/a White Oak Medical Center Foundation Inc. and Shady Grove Medical Center Foundation, Inc. (collectively, the Foundations). Each are separate nonstock corporations that operate for the furtherance of each named hospital's health care objectives primarily through the solicitation of contributions, gifts and bequests. The Foundations also exist to help fund new equipment purchases and capital improvement projects for their respective hospitals.

All of the operating divisions and controlled entities mentioned above are tax-exempt under Section 501(c)(3) of the IRC.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

Principles of Consolidation

The consolidated financial statements include the accounts of AHC, the controlling parent, SGMC, WOMC, Rehab, Imaging, CIS, LWS, CCPL, ACS, the Support Center, FWMC, the Lourie Center, AHCS, Urgent Care, OHQA, and the Foundations, which include their majority-owned subsidiaries and controlled affiliates (collectively, the Corporation). All significant intercompany balances and transactions have been eliminated in the consolidated financial statements of the Corporation.

Reclassification

Certain 2020 amounts have been reclassified to conform to the 2021 consolidated financial statements presentation.

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through April 27, 2022, 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 all entities that fall under the HSCRC's jurisdiction are 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 each GBR hospital. The agreement establishes a fixed amount of charging authority (i.e. revenue) at the beginning of the rate year. It is evergreen in nature and covers both regulated inpatient and outpatient revenues. 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, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

In 2014, AHC entered into GBR Agreements with the HSCRC for SGMC, WOMC and Shady Grove Germantown Emergency Center. FWMC entered into a GBR agreement with the HSCRC in 2014. The agreements 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. The Corporation reported a net overcharge of \$11,010 and a net undercharge of \$801 as of December 31, 2021 and 2020, respectively. 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, 2021, 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 each 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 hospitals 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 Provider Relief Fund and reported as other revenues in the accompanying consolidated statements of operations.

Under Maryland law, charges of specialty hospitals such as Rehab are subject to review and approval by the HSCRC. The HSCRC regulations also include a provision whereby a hospital may apply for an exemption from the requirements to charge for services in accordance with the HSCRC regulations. Certain conditions regarding the percentage of revenue related to Medicare and Medicaid patients and total revenues must be met to receive the initial exemption and must be met each year thereafter. Reporting requirements as established by the HSCRC continue even if an exemption regarding charging for services is received. The Corporation's management believes Rehab met the conditions for exemption during 2021 and 2020.

Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and certificates of deposit purchased with original maturities of less than 90 days, excluding assets whose use is limited. For purposes of the consolidated statements of cash flows, cash, cash equivalents and restricted cash and cash equivalents include investments purchased with an initial maturity of three months or less.

Patient Accounts Receivable

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

Other Receivables

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients, pledges from donors reported at their net realizable value and amounts obligated by the Federal Emergency Management Agency (FEMA) for eligible costs as a result of the Corporation's COVID-19 response. These services include, but are not limited to, fees from educational programs, rental of health care facility space, interest earned and management services provided to unconsolidated subsidiaries. Other receivables from FEMA as of December 31, 2021 are \$28,572 and were received subsequent to year-end. Other receivables are written off when they are determined to be uncollectible based on management's assessment of individual accounts.

Assets Whose Use Is Limited

Assets whose use is limited includes assets held by bond trustees under trust indentures, assets set aside as required by the Corporation's self-funded professional liability trust, assets set aside for deferred compensation agreements and those set aside in accordance with the United States Department of Housing and Urban Development (HUD) mortgage loan payable. Amounts available to meet current liabilities of the Corporation have been reclassified as current assets in the accompanying consolidated balance sheets.

Investments and Investment Risk

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the accompanying consolidated balance sheets. Cash and cash equivalents and certificates of deposit are carried at cost which approximates fair value. Investments in joint ventures are accounted for using the equity or cost method of accounting depending on the Corporation's ownership interest. Investment income or loss (including realized and unrealized gains and losses on investments, write-downs of the cost basis of investments in debt securities due to an other-than-temporary decline in fair value, interest and dividends) is included in the determination of revenues in excess of expenses from continuing operations unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments in debt securities are excluded from the determination of revenues in excess of expenses from continuing operations. Donor restricted investment income is reported as an increase in net assets with donor restrictions. Investments available for current operations have been classified as short-term investments in the accompanying consolidated balance sheets.

Investments and investments in unconsolidated subsidiaries includes the Corporation's investments in healthcare entities in which the Corporation has a financial interest. The Corporation follows authoritative guidance in determining whether to record such investments at cost or using the equity method.

The Corporation's investments are comprised of a variety of financial instruments. The fair values reported in the consolidated balance sheets are subject to various risks, including changes in the equity markets, the interest rate environment and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying consolidated financial statements could change materially in the near term.

Inventories

Inventories of drugs, medical supplies and surgical supplies are valued at the lower of cost or net realizable value. Cost is determined primarily by the weighted average cost method.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

Property and Equipment, Net

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

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

Impairment losses are recognized in the consolidated statements of operations as a component of revenues in excess of expenses from continuing operations as they are determined. The Corporation reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, the Corporation calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, an impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. There were no impairment losses on property and equipment recognized in 2021 or 2020.

Leases and Right-of-Use Assets

The Corporation evaluates at contract inception whether a lease exists and recognizes a lease obligation and right-of-use (ROU) asset for all leases with a term greater than 12 months. Leases are classified as either 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 statements of operations. Interest expense associated with financing lease obligations is included within interest expense in the consolidated statements of operations. Operating lease expense is recognized on a straight-line basis over the lease term and is included within building and maintenance expense in the consolidated statements of operations. The lease term is determined based on the date the Corporation acquires control of the leased premises or equipment through the end of the lease term. Optional renewal periods are initially not included in the lease term unless they are deemed to be reasonably certain of being exercised at lease commencement.

Intangible Assets

The Corporation's intangible assets primarily include costs in excess of net assets acquired related to certain business acquisitions. The Corporation is amortizing certain intangible assets over a period not to exceed 40 years. Amortization of these intangible assets was \$204 in 2021 and \$202 in 2020. Accumulated amortization of intangible assets was \$4,463 and \$4,259 as of December 31, 2021 and 2020, respectively.

Goodwill, which is included in intangible assets in the accompanying consolidated balance sheets, is reviewed annually for impairment or more frequently if events or circumstances indicate the carrying amount of the goodwill will not be recoverable.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

Deferred Financing Costs

Costs incurred in connection with the issuance of long-term obligations have been deferred and are being amortized over the term of the related obligation using the straight-line method.

Deferred financing costs remaining as of December 31, 2021 and 2020 totaled \$6,039 and \$5,024, respectively, and are included in the consolidated balance sheets as a reduction of bonds payable.

Amortization expense was \$254 and \$212 in 2021 and 2020, respectively, and is included as a component of interest expense in the consolidated statements of operations.

Due to Third Party Payors

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

Settlements with third party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on reimbursable costs, the terms of the payment agreement with the payor, correspondence with the payor and the Corporation's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information become available), or as years are settled or no longer subject to such audits, reviews and investigations. Adjustments arising from a change in the transaction price, were not significant in 2021 or 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 \$140,112 in advance payments under this program, of which \$85,080 and \$60,771 is classified as a current liability in the accompanying consolidated balance sheets as of December 31, 2021 and 2020, respectively and \$79,341 is classified as a long-term liability in the accompanying consolidated balance sheet as of December 31, 2020. The proceeds received were invested in short-term investments and are separately classified on the accompanying consolidated balance sheets.

Repayment of the advances began one year after receipt of the advances and will 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 during April 2021 and the remainder of the liability is expected to be paid in full during 2022. The repayments occur automatically through a partial offset in Medicare payments due to the Corporation for services rendered to Medicare program beneficiaries.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

Estimated Self-Insured Professional Liability

The provision for estimated self-insured professional liability includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, including costs associated with litigating or settling claims. Anticipated insurance recoveries associated with reported claims are reported separately in the Corporation's consolidated balance sheets at net realizable value.

Net Assets

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

Net Assets Without Donor Restrictions - Net assets without donor restrictions include amounts available for use in general operations and not subject to donor restrictions. All revenues not restricted by donors as well as donor restricted contributions whose restrictions are met in the same period in which they are received, are accounted for in net assets without donor restrictions.

Net Assets With Donor Restrictions - Net assets with donor restrictions include amounts subjected to donor imposed restrictions which are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing or purpose of the related expenditures or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions. Net assets were released from donor restriction by satisfying their restricted purposes in the amount of \$7,462 in 2021 and \$8,251 in 2020.

Net assets with donor restrictions includes those whose use by the Corporation has been limited by donors to specific purposes in the amount of \$12,951 and \$7,386 as of December 31, 2021 and 2020, respectively.

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

Measure of Operations

The consolidated statements of operations reflect all changes in net assets without donor restrictions, including changes from both operating and nonoperating activities. Operating revenues and expenses consist of those items that are an integral part of the Corporation's provision of healthcare and related supporting activities. Nonoperating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

Revenues in Excess of Expenses From Continuing Operations

The consolidated statements of operations include the determination of revenues in excess of expenses from continuing operations. Revenues in excess of expenses from continuing operations is the Corporation's performance indicator. Changes in net assets without donor restrictions which are excluded from the determination of revenues in excess of expenses from continuing operations, consistent with industry practice, include the change in net unrealized gains and losses on investments in debt securities, contributions of long-lived assets (including contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets), the deferred compensation plan liability adjustment, other net asset without donor restriction activity and the loss from discontinued operations.

Net Patient Service Revenue

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

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

All of the Corporation's performance obligations generally relate to contracts with a duration of less than one year, therefore, the Corporation has elected to apply the optional exemptions provided in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 606-10-50-14(a) and as a result is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

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

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

COVID-19 Grant Income and Deferred Revenues

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

In March 2020, the CARES Act was signed into law to combat the financial effects of COVID-19. The CARES Act created a Provider Relief Fund (PRF) to provide financial support for hospitals and other healthcare providers. In accordance with the terms and conditions of PRF, the Corporation could apply the funding against lost revenues and eligible expenses not reimbursed from other sources. The Company received \$4,596 and \$95,988 in the years ended December 31, 2021 and 2020, respectively, related to this funding. In 2021, as discussed earlier, FEMA obligated \$28,572 for eligible costs. The Corporation also received funding from various state and other funding sources of \$849 in 2021 and \$4,705 in 2020 to offset eligible expenses in accordance with the terms and conditions of the respective funding sources. Subsequent to December 31, 2021, the Corporation received additional funding of \$1,425 from the PRF and other sources.

The Corporation incurred lost revenues and eligible expenses of \$76,268 in 2021 and \$44,222 in 2020 in accordance with the terms of the respective funding sources. These amounts were recognized and included in COVID-19 grant income in the accompanying consolidated statements of operations. A portion of the funding was also applied to eligible capital expenditures of \$3,784 in 2021 and \$5,839 in 2020 and is included in net assets released from restrictions for purchase of property and equipment in the accompanying consolidated statements of operations.

Deferred revenues include \$4,597 and \$50,632 as of December 31, 2021 and 2020 of amounts received which the Corporation has determined the recognition criteria was not met as of year-end.

In 2020, the Corporation's methodology for calculating lost revenues was based on the difference between charges and the prospective Global Budget allowed by the HSCRC for hospitals falling under jurisdiction of the HSCRC rate setting and the difference between 2020 budgeted and actual 2020 net patient service revenues for revenues not subject to the HSCRC rate setting.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

Based on additional guidance provided related to the measurement of lost revenues for the PRF and the HSCRC in 2021, the Corporation changed its methodology for the measurement of lost revenues. The methodology used in 2021 was based on the difference between 2020 budgeted patient care revenues compared to actual patient care revenues in 2021 and 2020. The change in methodology resulted in an increase in measurement of lost revenues through December 31, 2020 of \$17,914.

The majority of the funding received is subject to future reporting and audit requirements. Noncompliance with the terms and conditions of the funding sources could result in repayment of some or all of the support, which can be subject to government review and interpretation. An estimate of the possible effects of these matters cannot be made as of the date these consolidated financial statements were issued.

Income Taxes

The Corporation accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined there were no tax uncertainties that met the recognition threshold in 2021 or 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 \$16,446 and \$15,302 in 2021 and 2020, respectively.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

2. Accounting Standards

Goodwill

During January 2017, the FASB issued Accounting Standards Update (ASU) No. 2017-04, *Simplifying the Test for Goodwill Impairment*. ASU No. 2017-04 simplifies how an entity is required to test goodwill for impairment by eliminating Step 2 from the goodwill impairment test. ASU No. 2017-04 is effective for annual or any interim goodwill impairment tests in fiscal years beginning after December 15, 2021. Early adoption is permitted for interim or annual goodwill impairment tests performed on testing dates after January 1, 2017. The Corporation does not believe that the adoption of ASU No. 2017-04 will have a material effect on its consolidated financial statements.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

Contributed Nonfinancial Assets

During September 2020, the FASB issued 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.

Reference Rate Reform

During March 2020, the FASB issued ASU No. 2020-04, *Reference Rate Reform (Topic 848): Facilitation of the Effects of Reference Rate Reform on Financial Reporting*. ASU No. 2020-04 provides optional expedients and exceptions for applying generally accepted accounting principles (GAAP) to contracts, hedging relationships and other transactions that reference LIBOR or another reference rate expected to be discontinued because of reference rate reform, if certain criteria are met. Entities may elect the optional expedients and exceptions included in ASU No. 2020-04 as of March 12, 2020 and through December 31, 2022. The Corporation has not elected the optional expedients and exceptions included in ASU No. 2020-04 as of December 31, 2021.

3. Discontinued Operations and Assets Held for Sale

In July 2019, AHC entered into an agreement to sell the Takoma Park campus to an unrelated third party for \$12,000. The opportunities for growth and expansion at the Takoma Park campus were limited, and the Corporation wanted to expand access to care throughout the Washington DC region, leading to the decision to sell the campus. The closing is expected to take place upon the closure of the ACS (Note 1).

The current operations on the Takoma Park Campus consist of a walk-in clinic, which began in August 2019, which is included in the loss from discontinued operations in the accompanying consolidated statements of operations.

As a result of entering into the sale agreement, a significant amount of property and equipment (other than real estate) was disposed of and a loss of \$11,576 was recognized in 2019. During 2020, an additional loss on disposal of \$4,822 was recognized and included in the loss from discontinued operations in the accompanying consolidated statements of operations.

Assets held for sale in the accompanying consolidated balance sheets is comprised of land and improvements of \$264 and building and improvements of \$11,790 and \$11,765 at December 31, 2021 and 2020, respectively, that will be sold as part of the agreement. No gain or loss on sale has been recognized for the sale in 2021 or 2020.

The following amounts related to discontinued operations are included in the loss from discontinued operations in the accompanying consolidated statements of operations:

	<u>2021</u>	<u>2020</u>
Total revenues	\$ -	\$ -
Total expenses, including loss on disposal of \$4,822 in 2020	<u>(225)</u>	<u>(7,576)</u>
Loss on discontinued operations	<u>\$ (225)</u>	<u>\$ (7,576)</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

4. Net Patient Service Revenue

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

- Global Budget Revenue - SGMC, WOMC and FWMC have entered into agreements by which the third party payors pay a percentage of approved HSCRC charges. A reduced percentage can be obtained if the payor advances a certain amount of working capital.
- Rehabilitation services - Rehab has entered into agreements by which the third party payors pay at a contract rate per day or visit.
- Physician practice services - AMG has entered into agreements by which the third party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.
- Imaging services - Imaging has entered into agreements by which the third party payors pay negotiated rates per procedures as defined in the term sheet of the agreements.
- Home health services - AHCS has entered into agreements by which the third party payors pay negotiated rates on a per visit basis.

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

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

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

Net patient service revenue disaggregated by service type for the years ended December 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Global budget revenue	\$ 761,918	\$ 737,799
Rehabilitation services	55,318	47,781
Physician practice services	26,359	24,775
Imaging services	32,833	25,605
Home health services	26,994	27,917
Other health services	11,304	9,396
	<u> </u>	<u> </u>
Total	<u>\$ 914,726</u>	<u>\$ 873,273</u>

Net patient service revenue disaggregated by payor for the years ended December 31, 2021 and 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, 2021	<u>\$ 329,931</u>	<u>\$ 71,531</u>	<u>\$ 475,667</u>	<u>\$ 37,597</u>	<u>\$ 914,726</u>
December 31, 2020	<u>\$ 323,111</u>	<u>\$ 87,327</u>	<u>\$ 419,171</u>	<u>\$ 43,664</u>	<u>\$ 873,273</u>

5. Investments

Short-Term Investments

The Corporation's short-term investments at December 31, 2021 and 2020 are comprised of the following:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 9,444	\$ 25,011
Corporate bonds	100,070	107,316
Asset backed securities	112,419	80,143
Marketable equity securities	27,715	22,564
U.S. government securities:		
U.S. treasury notes	75,758	93,033
Mutual funds:		
Fixed income, short-term	1,381	50,195
Equity, balanced	6,634	6,457
Equity, growth	6,397	5,895
	<u> </u>	<u> </u>
Total	339,818	390,614
Less Medicare advance and accelerated payments	<u>(85,080)</u>	<u>(140,112)</u>
Total short-term investments	<u>\$ 254,738</u>	<u>\$ 250,502</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2021 and 2020 is set forth in the following tables:

	<u>2021</u>	<u>2020</u>
Under trust indentures and mortgage loan agreement, held by trustees and banks:		
Cash and cash equivalents	\$ 37,960	\$ 24,781
U.S. government securities:		
U.S. treasury notes	150,197	20,338
U.S. government agency notes	10,699	-
Total	<u>198,856</u>	<u>45,119</u>
Less funds held for current liabilities	<u>16,295</u>	<u>14,655</u>
Noncurrent portion of assets held under trust indentures and mortgage loan agreement, held by trustees and banks	<u>\$ 182,561</u>	<u>\$ 30,464</u>
	<u>2021</u>	<u>2020</u>
Professional liability trust fund:		
Cash and cash equivalents	\$ 2,505	\$ 2,526
Mutual funds:		
Equity, large value	3,231	2,962
Equity, growth	3,074	3,275
Fixed income, intermediate	2,882	3,026
Fixed income, multi-sector	2,475	2,504
Fixed income, short-term	2,784	4,010
Total	<u>16,951</u>	<u>18,303</u>
Less funds held for current liabilities	<u>2,423</u>	<u>1,942</u>
Noncurrent portion of professional liability trust fund	<u>\$ 14,528</u>	<u>\$ 16,361</u>
	<u>2021</u>	<u>2020</u>
Deferred compensation fund:		
Mutual funds:		
Equity, growth	\$ 294	\$ 292
Equity, large value	282	237
Equity, midcap value	98	110
Equity, other	183	298
Equity, international	300	-
Fixed income, multi-sector	267	-
Fixed income, intermediate	553	468
	<u>\$ 1,977</u>	<u>\$ 1,405</u>

The indenture requirements of certain tax-exempt financings provide for the establishment and maintenance of various accounts with a trustee (Note 11). These arrangements require the trustee to control the payment of interest and the ultimate repayment of respective debt to bondholders.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

The composition of assets whose use is limited under trust indentures and mortgage loan agreement, held by trustees and banks at December 31, 2021 and 2020 is as follows:

	<u>2021</u>	<u>2020</u>
Debt service reserve funds	\$ 25,329	\$ 28,804
Principal and interest funds	31,570	9,185
Project fund	140,258	5,471
Mortgage reserve funds	<u>1,699</u>	<u>1,659</u>
Total	<u>\$ 198,856</u>	<u>\$ 45,119</u>

Investment income and gains and losses for investments, assets whose use is limited and cash and cash equivalents without donor restrictions are comprised of the following in 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Investment income:		
Interest and dividends, net	\$ 5,058	\$ 12,126
Interest on trustee held funds	566	538
Net realized and unrealized gains and losses on investments	<u>5,786</u>	<u>1,682</u>
Total	<u>\$ 11,410</u>	<u>\$ 14,346</u>

	<u>2021</u>	<u>2020</u>
Other changes in net assets without donor restrictions:		
Change in net unrealized gains and losses on investments in debt securities	\$ (5,489)	\$ 4,271

6. Fair Value Measurements and Financial Instruments

The Corporation measures its short-term investments, assets whose use is limited, investments and beneficial interest in trusts at fair value on a recurring basis in accordance with accounting principles generally accepted in the United States of America.

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Corporation for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets and other observable inputs.

Level 3 - Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows and other similar techniques.

The fair value of the Corporation's financial instruments was measured using the following inputs at December 31:

	2021			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value				
Assets:				
Mutual funds:				
Fixed income, intermediate	\$ 3,435	\$ 3,435	\$ -	\$ -
Fixed income, multi-sector	2,742	2,742	-	-
Fixed income, short-term	4,165	4,165	-	-
Equity, international	300	300	-	-
Equity, growth	9,765	9,765	-	-
Equity, large value	3,513	3,513	-	-
Equity, balanced	6,634	6,634	-	-
Equity, midcap value	98	98	-	-
Equity, other	183	183	-	-
Marketable equity securities	27,715	27,715	-	-
U.S. government securities:				
U.S. treasury notes	225,955	-	225,955	-
U.S. government notes	10,699	-	10,699	-
Asset backed securities	112,419	-	112,419	-
Corporate bonds	100,070	-	100,070	-
Beneficial interest in trusts	566	-	-	566
Total assets measured at fair value	508,259	\$ 58,550	\$ 449,143	\$ 566
Cash and cash equivalents	50,803			
Total	\$ 559,062			

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

	2020			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value				
Assets:				
Mutual funds:				
Fixed income, intermediate	\$ 3,494	\$ 3,494	\$ -	\$ -
Fixed income, multi-sector	2,504	2,504	-	-
Fixed income, short-term	54,205	54,205	-	-
Equity, growth	9,463	9,463	-	-
Equity, large value	3,199	3,199	-	--
Equity, balanced	6,457	6,457	-	-
Equity, midcap value	110	110	-	-
Equity, other	298	298	-	-
Marketable equity securities	22,564	22,564		
U.S. government securities:				
U.S. treasury notes	113,372	-	113,372	-
Asset backed securities	80,143	-	80,143	-
Corporate bonds	107,316	-	107,316	-
Beneficial interest in trusts	554	-	-	554
Total assets measured at fair value	403,679	\$ 102,294	\$ 300,831	\$ 554
Cash and cash equivalents	53,242			
Total	\$ 456,921			

The following represents a reconciliation of the assets reported at fair value included in the fair value table within the accompanying consolidated balance sheets at December 31:

	2021	2020
Short-term investments (Note 5)	\$ 254,738	\$ 250,502
Medicare advance and accelerated payments (Note 5)	85,080	140,112
Assets whose use is limited (Note 5):		
Current portion	18,718	16,597
Under trust indentures and mortgage loan agreement, held by trustees and banks	182,561	30,464
Professional liability trust fund	14,528	16,361
Deferred compensation fund	1,977	1,405
Investments held by foundations (Note 8)	894	926
Beneficial interest in trusts, included in deposits and other noncurrent assets	566	554
	\$ 559,062	\$ 456,921

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in methodologies used at December 31, 2021 and 2020.

Mutual funds and marketable equity securities are valued based on quoted market prices.

U.S. government securities, asset backed securities and corporate bonds are valued based on estimated quoted market prices of similar securities.

Beneficial interest in trusts are valued based on the fair value of the trusts underlying assets which represents a proxy for discounted present value of future cash flows. Beneficial interest in trusts are included in deposits and other noncurrent assets in the accompanying consolidated balance sheets.

7. Property and Equipment, Net

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

	<u>2021</u>	<u>2020</u>
Land and improvements	\$ 42,987	\$ 38,263
Buildings and improvements	773,389	742,391
Office furniture and equipment	213,886	204,016
Computer software and hardware	<u>138,669</u>	<u>136,769</u>
Total	1,168,931	1,121,439
Less accumulated depreciation and amortization	<u>(453,864)</u>	<u>(409,895)</u>
Total	715,067	711,544
Construction in progress	<u>63,062</u>	<u>17,463</u>
Property and equipment, net	<u>\$ 778,129</u>	<u>\$ 729,007</u>

Interest incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. During 2021 and 2020, the Corporation capitalized \$659 and \$365, respectively.

Construction in progress as of December 31, 2021 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were \$22,943 at December 31, 2021. The cost of these projects is expected to be funded through operations, borrowed funds, as well as transfers from the Corporation's related foundations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

8. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries include the following at December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Investment in healthcare entities	\$ 28,589	\$ 28,171
Investments held by foundations	849	850
Total	<u>\$ 29,438</u>	<u>\$ 29,021</u>

Investment in Healthcare Entities

The Corporation recognized (loss) earnings of \$(912) and \$300 during 2021 and 2020, respectively, related to its ownership interest in the healthcare entities accounted for under the equity method. A brief description of these investments is presented below:

Chesapeake Potomac Regional Cancer Center (CPRCC) - CPRCC provides outpatient radiation oncology services to patients in Maryland. The Corporation had a 20 percent ownership interest in CPRCC. The Corporation's ownership interest was sold on December 31, 2021.

Doctors Regional Cancer Center (DRCC) - DRCC provides outpatient radiation oncology services to patients in Bowie and Lanham, Maryland. The Corporation has a 20 percent ownership interest in DRCC.

Shady Grove Medical Building, LLC (SGMB) - SGMB was organized for the purpose of developing and constructing a cancer care center on the campus of SGMC. The Corporation has a 50 percent ownership interest in SGMB.

White-Oak AHF-1 Manager, LLC (White-Oak) - White-Oak was organized for the purpose of developing and constructing a medical office building on the White Oak campus of WOMC. The Corporation has a 50 percent ownership in White-Oak.

The Corporation had invested \$259 in Advanced Health Collaborative, LLC for a 25 percent ownership interest. This organization was formed to share ideas and explore opportunities to enhance quality of healthcare in the state of Maryland. Advanced Health Collaborative, LLC was dissolved in 2021.

The Corporation has invested \$3,885 in Advanced Health Collaborative II, LLC (AHC II) for a 25 percent interest. AHC II was formed to hold a 24 percent interest in Maryland Health Advantage, LLC which is a Medicare preferred provider network providing health services to its members.

The Corporation has invested \$450 in CoreLife Adventist, LLC (CoreLife) for a 50 percent interest. CoreLife was formed to provide weight loss services.

The Corporation has invested \$6,000 in CoreLife Management Services, Inc. (CoreLife Management) for a 15 percent interest. CoreLife Management was formed to develop, manage and coordinate the provision of a comprehensive scope of integrated medical, nutrition, behavioral and exercise services to treat obesity and its related chronic illnesses.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

Summarized financial information related to these entities is presented below:

	<u>2021</u>	<u>2020</u>
Net revenue	\$ 26,258	\$ 25,109
Revenues in excess of (less than) expenses	607	(429)
Total assets	93,463	99,632
Total liabilities	67,451	59,153

Investments Held by Foundations

The Foundations also hold marketable debt and equity securities for funds not required to be expended in less than 90 days. These marketable securities are subject to credit and market risks.

9. Land Held for Healthcare Development

From 2002 through 2011, the Corporation acquired various parcels of land in Clarksburg, Maryland totaling approximately 200 acres. Several parcels of the land are fully owned by the Corporation, and the remainder is owned by Cabin Branch Commons, LLC (Cabin Branch), of which the Corporation owns 45 percent.

In May 2013, the Corporation and Cabin Branch entered into a purchase and sale agreement with an unrelated third party to sell 48.8 acres of the land located in Clarksburg. In June 2015, the Corporation and Cabin Branch closed on the sale of the land at a purchase price of \$28,250. The Corporation's portion of the proceeds was \$25,102.

In April 2017, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 1.6 acres of the land located in Clarksburg. The Corporation closed on the sale of the land in April 2017 at a purchase price of \$1,330 and the proceeds were received in April 2017.

In April 2017, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 9.95 acres of the land located in Clarksburg at a purchase price of \$7,251. The Corporation's share of \$4,565 was received in November and December 2018.

In December 2018, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 62.81 acres of the land located in Clarksburg at a purchase price of \$18,800 and the proceeds of \$18,145 were received in April and June 2021.

The total proceeds received related to the parcels of land sold by the Corporation through December 31, 2021 was \$49,142. No gain or loss was recognized on the sale of the parcels of land as of December 31, 2021 and 2020. In 2021, the Corporation obtained an independent appraisal to assess the fair value of the remaining developable acres in Clarksburg, and as a result an impairment loss of \$26,108 was recognized within building and maintenance expense on the consolidated statements of operations for the year ended December 31, 2021. The total remaining land held for healthcare development in Clarksburg as of December 31, 2021 and 2020, was \$5,177 and \$49,430, respectively.

10. Short-Term Financing

The Corporation has a \$10,000 unsecured line of credit with a commercial bank, with interest at LIBOR plus 1.50 percent (1.61 percent at December 31, 2021). There were no borrowings outstanding under this line of credit as of December 31, 2021 or 2020.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

11. Long-Term Obligations

Long-term obligations as of December 31, 2021 and 2020 are comprised of the following:

	<u>2021</u>	<u>2020</u>
Fixed Rate Revenue Bonds	\$ 698,787	\$ 509,232
Variable Rate Revenue Bonds	-	20,300
Note payable	-	20,481
Mortgage loan payable	5,727	6,247
Other long-term liabilities	<u>2,658</u>	<u>4,521</u>
Total obligations	707,172	560,781
Plus bond premium	35,212	11,363
Less:		
Current maturities	(13,832)	(13,991)
Deferred financing costs	<u>(6,039)</u>	<u>(5,024)</u>
Noncurrent portion of long-term obligations, net	<u>\$ 722,513</u>	<u>\$ 553,129</u>

Fixed Rate Revenue Bonds

Fixed Rate Revenue Bonds consist of the Maryland Health and Higher Educational Facilities Authority Refunding Revenue Bonds. Fixed Rate Revenue Bonds consist of the following at December 31:

	<u>Par Amounts</u>	<u>Interest Rates</u>	<u>2021</u>	<u>2020</u>
Adventist Healthcare, Inc.:				
Series 2011A	\$ 57,205	5-6.25%	\$ -	\$ 57,205
Series 2013	15,623	3.21%	6,037	6,037
Series 2016A	269,750	5.00%	261,845	267,315
Series 2016B	126,395	3.72%	120,280	122,350
Series 2017	40,000	2.77%	36,350	37,600
Series 2020	18,725	4.00%	17,660	18,725
Series 2021A	48,120	5.00%	48,120	-
Series 2021B	138,660	4.00%-5.00%	138,660	-
Series 2021C	69,835	.70%-3.76%	<u>69,835</u>	<u>-</u>
Total			<u>\$ 698,787</u>	<u>\$ 509,232</u>

In December 2020, the Maryland Health and Higher Educational Facilities Authority issued \$18,725 of Hospital Revenue Bonds on behalf of the Corporation. The proceeds of the Series 2020 Bonds were used for the purpose of refunding the Series 2014A Variable Rate Bonds and expenses incurred in connection with the issuance. The Bonds are due in varying annual installments of principal and interest through January 2038. In conjunction with the refunding, a loss on extinguishment of debt was recognized in the accompanying consolidated statements of operations for the year ended December 31, 2020, which is comprised of the following:

Write-off of unamortized deferred financing costs	\$ 183
Redemption premium	<u>98</u>
Loss on extinguishment of debt	<u>\$ 281</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In Thousands)

In October 2021, the Maryland Health and Higher Educational Facilities Authority issued \$48,120 of Hospital Revenue Bonds on behalf of the Corporation (Series 2021A). The proceeds of the Series 2021A Bonds were used for the purpose of refunding the Series 2011A and expenses incurred in connection with the issuance. The Bonds are due in varying annual installments of principal and interest through January 2036.

In September 2021, the Maryland Health and Higher Educational Facilities Authority issued \$138,600 (Series 2021B) and \$69,835 (Series 2021C) of Hospital Revenue Bonds on behalf of the Corporation. The proceeds of the Series 2021B Bonds were used for the purpose of setting up a construction fund for an addition and renovations to SGMC and expenses incurred in connection with the issuance. The 2021C Bonds were used to refund the Series 2014B and 2014 term loan and expenses incurred in connection with the issuance. The Series 2021B and C Bonds are due in varying annual installments of principal and interest through January 2051. In conjunction with the refunding, a \$750 loss on extinguishment of debt was recognized in the accompanying consolidated statements of operations for the year ended December 31, 2021, which represents the write-off of unamortized deferred financing costs related to the Series 2014B Variable Rate Bonds and 2014 term loan.

The above bond issues are subject to trust indentures which impose various covenants on SGMC, WOMC, Rehab, Imaging, CIS, Other Health Services and the Support Center (collectively, the Obligated Group) which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities and the achievement of certain pre-established financial indicators. Management believes it has complied with these required financial covenants for the years ended December 31, 2021 and 2020. Debt service reserve funds are required on the Series 2016A, Series 2017, Series 2021A and Series 2021C Bonds.

Note Payable

In December 2014, the Corporation entered into a taxable term note for \$25,000 with a commercial bank, which is secured by a Master Note issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003. The note bore interest at one month LIBOR plus 2.45 percent. The amortization on the note extended to December 18, 2034, however, the note was scheduled to mature on December 18, 2024. As of December 31, 2020, the outstanding balance was \$20,481. The note was repaid in 2021 through the issuance of the Series 2021C Bonds.

Mortgage Loan Payable

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

During the year ended December 31, 2013, the loan was refinanced through the same lender to lower the interest from 6.125 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.

As of December 31, 2021 and 2020, the outstanding balance on the loan was \$5,727 and \$6,247, respectively, and payable in monthly installments, including interest at 3.95 percent. The loan is subject to restrictive covenants, including restrictions on additional long-term borrowings and prepayment of the outstanding obligation. In accordance with the terms of the Regulatory Agreement with HUD, FWMC is required to meet certain financial covenants in order to distribute assets to affiliates or incur additional indebtedness. Under the terms of the HUD-insured mortgage loan, FWMC is required to maintain certain deposits with a trustee. Such deposits are included in assets whose use is limited in the accompanying consolidated balance sheets. The loan is secured by FWMC's premises and all the assets and cash flows contained therein.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

Other Long-Term Liabilities

This category consists of other long-term obligations. Interest rates on these other long-term liabilities range from 2.70 percent to 3.40 percent.

Scheduled principal repayments of long-term obligations, excluding financing and operating lease obligations at December 31, 2021 are as follows:

Years ending December 31:		
2022	\$	13,832
2023		16,484
2024		16,991
2025		17,044
2026		17,278
Thereafter		<u>625,543</u>
Total	\$	<u>707,172</u>

12. Leases

The Corporation leases office space and equipment used in operations. For many of these leases, the Corporation is responsible for paying property taxes, insurance, as well as maintenance and repair costs. The Corporation's real estate leases generally have initial lease terms of 3 to 20 years or more and typically include one or more options to renew, with renewal terms that generally extend the lease term for an additional 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 assumptions and judgements in determining the discount rate, as most leases do not provide an implicit rate. The Corporation uses a risk-free discount rate based on information available at the commencement date in determining the present value of lease payments. In order to apply the discount rate, a portfolio approach was utilized to group assets based on similar lease terms in a manner whereby the Corporation reasonably expects that the application does not differ materially from application to individual leases.

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

Future minimum payments under financing lease obligations as of December 31, 2021 were as follows:

Years ending December 31:		
2022	\$	3,817
2023		3,303
2024		3,103
2025		3,072
2026		2,896
Thereafter		<u>3,937</u>
Total		20,128
Less amount representing interest		<u>1,581</u>
Total financing lease obligations		18,547
Less current portion		<u>3,373</u>
Long-term obligations	\$	<u><u>15,174</u></u>

Future minimum payments under operating lease obligations as of December 31, 2021 were as follows:

Years ending December 31:		
2022	\$	17,159
2023		15,879
2024		10,080
2025		9,050
2026		8,093
Thereafter		<u>35,817</u>
Total		96,078
Lease amount representing interest		<u>12,013</u>
Total operating lease obligations		84,065
Less current portion		<u>14,587</u>
Long-term obligations	\$	<u><u>69,478</u></u>

Total lease costs are comprised of the following for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Financing lease cost:		
Amortization of right-of-use asset	\$ 1,166	\$ 1,127
Interest on lease obligations	356	72
Operating lease cost	<u>18,322</u>	<u>18,214</u>
Total lease cost	<u>\$ 19,844</u>	<u>\$ 19,413</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

Other supplemental information as of and for the years ended December 31, 2021 and 2020 is as follows:

	<u>2021</u>	<u>2020</u>
Weighted-average remaining lease term:		
Financing lease obligations	6.05 years	6.20 years
Operating lease obligations	8.45 years	8.50 years
Weighted-average discount rate:		
Financing lease obligations	2.71 %	3.03 %
Operating lease obligations	3.45 %	3.81 %

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

13. Retirement, Health Plan and Life Insurance

Defined Contribution Retirement Plan

The Corporation sponsors a 401(a) defined contribution retirement plan, which covers substantially all full-time employees. After 12 months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2 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 \$12,755 and \$12,023 in 2021 and 2020, respectively.

Supplemental Executive Retirement Plan

The Corporation also has a Supplemental Executive Retirement Plan (SERP) that became effective in 2015 and covers a group of key executives. SERP expense was \$686 in 2021 and \$161 in 2020. In addition, a SERP liability adjustment was recorded for (\$112) in 2021 and (\$860) in 2020, which was recognized in net assets without donor restrictions in the consolidated statements of changes in net assets. At December 31, 2021 and 2020, the Corporation's liability for the SERP was \$2,200 and \$2,312, respectively, which is included in other liabilities in the consolidated balance sheets.

Executive Retention 457(F) Plan

Effective January 1, 2015, the Corporation established the Executive Retention 457(F) Plan (the 457(F) Plan). The 457(F) Plan is a tax-deferred plan offered to key executives, whereby annual employer contributions are made to the Plan. Plan participants become vested in the contributions and receive plan payments in the second calendar year after the contribution is made, if the participant is still employed. The final contribution will be made to the Plan for the year in which the plan participant becomes 62. The 457(F) Plan expense was \$2,385 in 2021 and \$2,142 in 2020. The Corporation's liability for the 457(F) Plan at December 31, 2021 and 2020 was \$4,098 and \$3,480, respectively, which is included in other liabilities in the consolidated balance sheets.

Salary Deferral (457(b)) Plan

Employees who contribute the maximum allowable amount to the 403(b) retirement plan have an opportunity to contribute additional funds on a tax-deferred basis to a 457(b) retirement plan up to the maximum tax-sheltered opportunity. There are no employer contributions to this plan.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

Health Plan

The Corporation maintains a self-insurance employee program for its health insurance coverage. The Corporation accrues the estimated costs of incurred and reported and incurred but not reported claims, after consideration of its stop-loss insurance coverage, based upon data provided by the third party administrator of the program and historical claims experience.

Life Insurance

Full-time and part-time employees are insured, through a third party carrier, for an amount equal to one times their base salary at time of enrollment up to \$450,000 for full-time employees and \$10,000 for part-time employees. In addition, if death is caused by accident, the employee is insured for an additional benefit equal to the amount of their life insurance.

14. Commitments and Contingencies

Litigation and Claims

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

Insurance

The Corporation's primary coverage for professional liability is provided through a self-funded insurance retention trust (the Trust) established on January 1, 1993. The Trust is funded based on actuarial estimates and provides coverage of \$4,000,000 per occurrence with no annual aggregate limitation. The Trust also provides general liability coverage up to \$1,000,000 per occurrence and \$3,000,000 in the aggregate. The Corporation also carries umbrella excess liability insurance on a claims made basis with a commercial carrier, with limits of \$20,000,000 per occurrence and in aggregate.

It is the Corporation's policy to accrue for the ultimate cost of uninsured asserted and unasserted malpractice claims, if any, when incidents occur. Based on a review of the Corporation's prior experience and incidents occurring through December 31, 2021, management determined that the fully-funded professional liability reserve reported at December 31, 2021 and 2020 is adequate in light of the program's excess umbrella policy currently in force and historical claims experience. The estimated professional liability for both asserted and unasserted claims was \$20,337 and \$19,937 at December 31, 2021 and 2020, respectively. The discount rate used in determining these liabilities was 2.5 percent at both December 31, 2021 and 2020.

The Corporation is self-insured for unemployment and workers' compensation benefits. The liability for unemployment and workers' compensation claims payable is an estimate based on the Corporation's past experience and is included in the accompanying consolidated balance sheets. It is reasonably possible that the estimates used could change materially in the near term.

Remediation

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

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

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 issued. COVID-19 may impact various parts of the Corporation's 2022 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.

15. Business and Credit Concentrations

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

At December 31, 2021 and 2020, concentrations of gross receivables from third party payors and others are as follows:

	<u>2021</u>	<u>2020</u>
Medicare	19 %	19 %
Medicaid	11	15
Other third party payors	48	42
Self-pay and others	<u>22</u>	<u>24</u>
	<u>100 %</u>	<u>100 %</u>

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

16. Liquidity and Availability

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

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 37,017	\$ 55,444
Medicare advance and accelerated payments (Note 1)	85,080	140,112
Short-term investments	254,738	250,502
Patient accounts receivable	125,171	117,816
Other receivables	89,085	41,574
Assets whose use is limited, Professional liability trust fund	<u>2,423</u>	<u>1,942</u>
Total	<u>\$ 593,514</u>	<u>\$ 607,390</u>

The Corporation has designated certain assets as available for settling professional liability claims, however, these assets could be used for general expenditures if necessary, and therefore, have been included in the information above.

As part of the Corporation's liquidity management plan, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. In addition, the Corporation invests excess cash in short-term investments.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2021 and 2020
(In Thousands)

17. Functional Expenses

A summary of the Corporation's operating expenses by function for the year ended December 31, 2021 is as follows:

	Hospital Acute and Ambulatory Services	Home Care Services	Other Health Care Services	Other, Including General and Administrative	Fundraising	Total
Salaries and wages	\$ 262,218	\$ 15,466	\$ 95,837	\$ 54,730	\$ -	\$ 428,251
Employee benefits	51,301	2,687	16,355	11,456	-	81,799
Contract labor	88,927	838	97,286	856	-	187,907
Medical supplies	119,439	389	13,774	(578)	-	133,024
General and administrative	64,599	3,421	39,515	31,319	307	139,161
Building and maintenance	39,811	735	15,281	27,958	-	83,785
Insurance	9,031	117	1,417	3,014	-	13,579
Interest	21,408	(3)	2,018	2,212	-	25,635
Depreciation and amortization	34,163	243	4,985	8,800	-	48,191
Total	<u>\$ 690,897</u>	<u>\$ 23,893</u>	<u>\$ 286,468</u>	<u>\$ 139,767</u>	<u>\$ 307</u>	<u>\$ 1,141,332</u>

In 2021, the Corporation also incurred other health care services expenses of \$225 related to the Takoma Park campus that were included in the loss from discontinued operations in the consolidated statements of operations. These expenses were comprised of miscellaneous other operating expenses related to the operations of the walk-in clinic.

A summary of the Corporation's operating expenses by function for the year ended December 31, 2020 is as follows:

	Hospital Acute and Ambulatory Services	Home Care Services	Other Health Care Services	Other, Including General and Administrative	Fundraising	Total
Salaries and wages	\$ 263,923	\$ 18,146	\$ 88,188	\$ 44,072	\$ -	\$ 414,329
Employee benefits	51,944	3,198	15,270	8,141	-	78,553
Contract labor	55,010	106	12,507	303	-	67,926
Medical supplies	116,966	529	7,614	376	-	125,485
General and administrative	60,105	969	21,907	47,550	1,738	132,269
Building and maintenance	34,321	814	13,782	2,394	-	51,311
Insurance	5,350	117	1,775	3,115	-	10,357
Interest	22,675	-	480	2,259	-	25,414
Depreciation and amortization	32,351	267	4,031	9,257	-	45,906
Total	<u>\$ 642,645</u>	<u>\$ 24,146</u>	<u>\$ 165,554</u>	<u>\$ 117,467</u>	<u>\$ 1,738</u>	<u>\$ 951,550</u>

In 2020, the Corporation also incurred other health care services expenses of \$7,576 related to the Takoma Park campus that were included in the loss from discontinued operations in the consolidated statements of operations. These expenses were comprised of the loss on disposal of \$4,822 and miscellaneous other operating expenses related to the operations of the walk-in clinic.

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet

December 31, 2021

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Urgent Care	One Health Quality Alliance	Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Assets																	
Current Assets																	
Cash and cash equivalents	\$ 341,051	\$ (113,872)	\$ 19,483	\$ (38,301)	\$ (49,964)	\$ 8,208	\$ (128,543)	\$ -	\$ 38,062	\$ 1,996	\$ (257)	\$ 15,392	\$ (20,295)	\$ (4,557)	\$ 6,676	\$ -	\$ 37,017
Medicare advance and accelerated payments	-	-	-	-	-	-	85,080	-	85,080	-	-	-	-	-	-	-	85,080
Short-term investments	-	-	-	-	-	-	254,738	-	254,738	-	-	-	-	-	-	-	254,738
Assets whose use is limited	-	7,495	-	-	-	-	11,127	-	18,622	96	-	-	-	-	-	-	18,718
Patient accounts receivable	57,543	40,640	7,996	5,436	408	(5)	430	-	112,448	5,821	-	4,943	1,959	-	-	-	125,171
Other receivables	2,837	2,220	229	3,253	5,141	39,618	34,626	(2,480)	85,444	424	1,884	(7)	-	77	1,263	-	89,085
Inventories	4,857	4,436	134	-	-	135	-	-	9,562	766	-	-	-	-	-	-	10,328
Prepaid expenses and other current assets	1,280	1,114	146	76	87	120	8,774	-	11,597	205	-	49	66	-	-	-	11,917
Total current assets	407,568	(57,967)	27,988	(29,536)	(44,328)	48,076	266,232	(2,480)	615,553	9,308	1,627	20,377	(18,270)	(4,480)	7,939	-	632,054
Property and Equipment, Net	171,791	451,546	21,591	15,048	2,884	119	83,109	-	746,088	24,869	1,012	691	5,469	-	-	-	778,129
Financing Lease Right-of-Use Assets	9,177	2,045	717	2,277	-	290	5,307	-	19,813	141	-	36	-	-	-	-	19,990
Operating Lease Right-of-Use Assets	25,830	36,917	551	5,401	1,595	291	-	-	70,585	2,115	898	1,339	6,575	-	-	-	81,512
Assets Whose Use is Limited																	
Under trust indentures and mortgage loan agreement, held by trustees and banks	153,660	22,816	454	-	-	-	3,932	-	180,862	1,699	-	-	-	-	-	-	182,561
Professional liability trust fund	-	-	-	-	-	-	14,365	-	14,365	163	-	-	-	-	-	-	14,528
Deferred compensation fund	-	-	-	-	-	-	1,977	-	1,977	-	-	-	-	-	-	-	1,977
Cash and Cash Equivalents Restricted for Capital Acquisitions	-	-	186	-	-	-	-	-	186	-	858	-	-	-	629	-	1,673
Investments and Investments in Unconsolidated Subsidiaries	(2,033)	14,999	-	-	-	-	27,976	-	40,942	-	-	-	-	-	849	(12,353)	29,438
Land Held for Healthcare Development	-	-	-	-	-	-	5,177	-	5,177	-	-	-	-	-	-	-	5,177
Intangible Assets, Net	1,235	-	717	5,435	-	-	-	-	7,387	-	-	126	-	-	-	-	7,513
Deposits and Other Noncurrent Assets	501	33	54	104	18	33	4,405	-	5,148	34	-	27	63	-	2,115	-	7,387
Assets Held for Sale	-	-	-	-	-	12,054	-	-	12,054	-	-	-	-	-	-	-	12,054
Total assets	\$ 767,729	\$ 470,389	\$ 52,258	\$ (1,271)	\$ (39,831)	\$ 60,863	\$ 412,480	\$ (2,480)	\$ 1,720,137	\$ 38,329	\$ 4,395	\$ 22,596	\$ (6,163)	\$ (4,480)	\$ 11,532	\$ (12,353)	\$ 1,773,993

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet

December 31, 2021

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Urgent Care	One Health Quality Alliance	Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Liabilities and Net Assets (Deficit)																	
Current Liabilities																	
Accounts payable and accrued expenses	\$ 53,515	\$ 25,636	\$ 3,169	\$ 1,254	\$ 1,689	\$ 36,188	\$ 28,156	\$ -	\$ 149,607	\$ 8,142	\$ 96	\$ 621	\$ 591	\$ 200	\$ 12	\$ -	\$ 159,269
Accrued compensation and related items	18,504	11,492	4,355	1,748	1,319	452	20,655	(2,480)	56,045	2,851	1,053	1,761	525	89	-	-	62,324
Interest payable	-	-	-	-	-	-	8,311	-	8,311	-	-	-	-	-	-	-	8,311
Deferred revenues	2,656	211	-	-	211	-	5,564	-	8,642	-	377	-	-	-	-	-	9,019
Due to third party payors	11,647	8,298	73	-	-	-	68	-	20,086	641	-	-	-	-	-	-	20,727
Medicare advance and accelerated payments	-	-	-	-	-	-	77,520	-	77,520	7,560	-	-	-	-	-	-	85,080
Intercompany payable (receivable)	40,255	33,034	558	-	803	-	(77,520)	-	(2,870)	-	-	2,870	-	-	-	-	-
Estimated self-insured professional liability	-	-	-	-	-	-	2,423	-	2,423	96	-	-	-	-	-	-	2,519
Current maturities of:																	
Long-term obligations	3,405	4,913	337	-	-	-	4,613	-	13,268	541	-	-	23	-	-	-	13,832
Financing lease obligations	1,249	272	99	872	-	39	776	-	3,307	61	-	5	-	-	-	-	3,373
Operating lease obligations	8,081	2,600	338	835	477	226	-	-	12,557	538	563	311	618	-	-	-	14,587
Total current liabilities	139,312	86,456	8,929	4,709	4,499	36,905	70,566	(2,480)	348,896	20,430	2,089	5,568	1,757	289	12	-	379,041
Construction Payable	4,621	1,850	984	604	-	-	1,369	-	9,428	279	-	-	-	-	-	-	9,707
Long-Term Obligations, Net																	
Bonds payable	273,531	356,404	3,771	-	-	-	81,950	-	715,656	-	-	-	-	-	-	-	715,656
Notes payable	522	343	-	-	-	-	998	-	1,863	4,968	-	-	26	-	-	-	6,857
Financing Lease Obligations	7,257	1,687	541	1,191	-	232	4,146	-	15,054	91	-	29	-	-	-	-	15,174
Operating Lease Obligations	18,868	35,018	219	4,856	1,190	78	-	-	60,229	1,632	360	1,091	6,166	-	-	-	69,478
Other Liabilities	1,490	31	-	-	380	-	7,566	-	9,467	-	-	-	-	-	48	-	9,515
Estimated Self-Insured Professional Liability	-	-	-	-	-	-	17,655	-	17,655	163	-	-	-	-	-	-	17,818
Total liabilities	445,601	481,789	14,444	11,360	6,069	37,215	184,250	(2,480)	1,178,248	27,563	2,449	6,688	7,949	289	60	-	1,223,246
Net Assets (Deficit)																	
Net assets (deficit) without donor restrictions	321,263	(12,571)	37,344	(12,631)	(45,900)	23,648	226,603	-	537,756	10,482	1,148	15,900	(14,112)	(4,769)	3,637	(12,246)	537,796
Net assets with donor restrictions	865	1,171	470	-	-	-	1,627	-	4,133	284	798	8	-	-	7,835	(107)	12,951
Total net assets (deficit)	322,128	(11,400)	37,814	(12,631)	(45,900)	23,648	228,230	-	541,889	10,766	1,946	15,908	(14,112)	(4,769)	11,472	(12,353)	550,747
Total liabilities and net assets (deficit)	\$ 767,729	\$ 470,389	\$ 52,258	\$ (1,271)	\$ (39,831)	\$ 60,863	\$ 412,480	\$ (2,480)	\$ 1,720,137	\$ 38,329	\$ 4,395	\$ 22,596	\$ (6,163)	\$ (4,480)	\$ 11,532	\$ (12,353)	\$ 1,773,993

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Statement of Operations

Year Ended December 31, 2021

(In Thousands)

	Shady Grove Medical Center	White Oak Medical Center	Rehab	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Fort Washington Medical Center	Lourie Center	Adventist Home Care Services	Urgent Care	One Health Quality Alliance	Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Revenues																	
Net patient service revenue	\$ 435,187	\$ 287,386	\$ 58,780	\$ 32,833	\$ 8,318	\$ 1,738	\$ -	\$ (4)	\$ 824,238	\$ 55,617	\$ 961	\$ 26,994	\$ 6,967	\$ -	\$ -	\$ (51)	\$ 914,726
Other revenues	9,832	4,192	560	1,693	1,009	134,753	9,332	(10,642)	150,729	465	13,931	22	663	364	1,752	(4,644)	163,282
COVID-19 grant income	22,360	26,001	1,013	45	-	40	20,122	-	69,581	6,113	470	26	78	-	-	-	76,268
Total revenues	467,379	317,579	60,353	34,571	9,327	136,531	29,454	(10,646)	1,044,548	62,195	15,362	27,042	7,708	364	1,752	(4,695)	1,154,276
Expenses																	
Salaries and wages	154,307	101,081	32,947	16,821	7,599	5,869	54,730	-	373,354	24,538	9,279	15,466	4,739	875	-	-	428,251
Employee benefits	30,377	18,627	6,160	2,732	1,134	1,025	11,456	-	71,511	4,629	2,010	2,687	824	138	-	-	81,799
Contract labor	46,916	34,549	619	(1,255)	144	96,049	856	(3)	177,875	10,063	167	838	214	(146)	-	(1,104)	187,907
Medical supplies	58,151	54,295	2,147	2,352	533	8,011	(578)	-	124,911	7,346	131	389	247	-	-	-	133,024
General and administrative	38,895	27,202	5,880	4,575	1,380	21,224	31,486	(7,136)	123,506	7,729	3,077	3,456	936	232	1,256	(1,031)	139,161
Building and maintenance	27,761	12,418	2,348	4,445	1,673	4,337	27,958	(3,507)	77,433	3,448	803	735	1,371	-	-	(5)	83,785
Insurance	6,703	2,318	341	231	200	5	3,014	-	12,812	592	20	117	38	-	-	-	13,579
Interest	5,271	15,826	98	113	-	1,724	98	-	25,244	311	-	(3)	83	-	-	-	25,635
Depreciation and amortization	15,887	17,431	1,382	2,430	303	56	8,800	-	46,289	1,134	154	243	371	-	-	-	48,191
IT depreciation	5,630	2,648	412	76	-	24	(8,969)	-	(179)	111	-	68	-	-	-	-	-
IT services	21,458	11,653	2,108	1,177	119	131	(37,785)	-	(1,139)	445	-	694	-	-	-	-	-
Shared services	20,454	12,293	1,686	508	781	76	(37,298)	-	(1,500)	702	320	423	55	-	-	-	-
Management fees	9,941	5,716	1,417	494	493	146	(20,123)	-	(1,916)	552	339	875	150	-	-	-	-
Total expenses	441,751	316,057	57,545	34,699	14,359	138,677	35,759	(10,646)	1,028,201	61,600	16,300	25,988	9,028	1,099	1,256	(2,140)	1,141,332
Income (loss) from operations	25,628	1,522	2,808	(128)	(5,032)	(2,146)	(6,305)	-	16,347	595	(938)	1,054	(1,320)	(735)	496	(2,555)	12,944
Other Income (Expense)																	
Investment income	6,006	317	560	-	-	34	4,132	-	11,049	40	11	329	-	-	(19)	-	11,410
Other loss	-	(6)	-	-	-	-	-	-	(6)	-	-	-	-	-	-	-	(6)
Loss on extinguishment of debt	-	-	-	-	-	-	(750)	-	(750)	-	-	-	-	-	-	-	(750)
Total other income (expense)	6,006	311	560	-	-	34	3,382	-	10,293	40	11	329	-	-	(19)	-	10,654
Revenues in excess of (less than) expenses from continuing operations	31,634	1,833	3,368	(128)	(5,032)	(2,112)	(2,923)	-	26,640	635	(927)	1,383	(1,320)	(735)	477	(2,555)	23,598
Change in Net Unrealized Gains and Losses on Investments in Debt Securities	(3,044)	(324)	(206)	-	-	(15)	(1,751)	-	(5,340)	-	(6)	(134)	-	-	(9)	-	(5,489)
Transfers From (to) Subsidiaries	(66,432)	(54,583)	(6,000)	(147)	(803)	16,256	117,207	-	5,498	-	-	(5,498)	-	-	-	-	-
Net Assets Released From Restrictions for Purchase of Property and Equipment	2,256	2,727	39	-	-	-	-	-	5,022	645	-	-	30	-	-	-	5,697
Deferred Compensation Plan Liability Adjustment	-	-	-	-	-	-	112	-	112	-	-	-	-	-	-	-	112
Other Net Asset Activity	-	-	-	-	-	-	701	-	701	-	-	-	-	-	-	-	701
Increase (decrease) in net assets (deficit) without donor restrictions from continuing operations	(35,586)	(50,347)	(2,799)	(275)	(5,835)	14,129	113,346	-	32,633	1,280	(933)	(4,249)	(1,290)	(735)	468	(2,555)	24,619
Loss From Discontinued Operations	-	-	-	-	-	(225)	-	-	(225)	-	-	-	-	-	-	-	(225)
Increase (decrease) in net assets (deficit) without donor restrictions	\$ (35,586)	\$ (50,347)	\$ (2,799)	\$ (275)	\$ (5,835)	\$ 13,904	\$ 113,346	\$ -	\$ 32,408	\$ 1,280	\$ (933)	\$ (4,249)	\$ (1,290)	\$ (735)	\$ 468	\$ (2,555)	\$ 24,394