

Children's National Medical Center and Subsidiaries

**Reports on Federal Awards in Accordance with
the OMB Uniform Guidance**

June 30, 2022

Federal Entity Identification Number 52-1640403

Children's National Medical Center and Subsidiaries

Index

June 30, 2022

	Page(s)
Part I - Financial Statements and Schedule of Expenditures of Federal Awards	
Report of Independent Auditors	1–3
Consolidated Balance Sheets	4–5
Consolidated Statements of Operations	6
Consolidated Statements of Changes in Net Assets	7
Consolidated Statements of Cash Flows	8
Notes to Consolidated Financial Statements	9–42
Supplementary Consolidating Information	
Report of Independent Auditors	43
Supplementary Consolidating Balance Sheet.....	44
Supplementary Consolidating Statement of Operations	45
Supplementary Consolidating Balance Sheet – The HSC Foundation and Subsidiaries.....	46
Supplementary Consolidating Statement of Operations – The HSC Foundation and Subsidiaries	47
Notes to Consolidating Supplementary Information	48
Schedule of Expenditures of Federal Awards.....	49–54
Notes to Schedule of Expenditures of Federal Awards	55
Part II - Reports on Compliance and Internal Control	
Report of Independent Auditors on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	56–57
Report of Independent Auditors on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance	58–60
Part III - Findings	
Schedule of Findings and Questioned Costs.....	61–62
Summary Schedule of Prior Audit Findings	63
Management's Views and Corrective Action Plan.....	64

Part I
Financial Statements and
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022



Report of Independent Auditors

To the Board of Trustees of Children's National Medical Center

Opinion

We have audited the accompanying consolidated financial statements of Children's National Medical Center and its subsidiaries ("Children's National"), which comprise the consolidated balance sheets as of June 30, 2022 and 2021, and the related consolidated statements of operations, of changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of Children's National as of June 30, 2022 and 2021, and the results of its 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.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. 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 Children's National and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of 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 Children's National's ability to continue as a going concern for one year after the date the consolidated financial statements are 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 US GAAS and



Government Auditing Standards, 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 US GAAS and *Government Auditing Standards*, 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 Children's National 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 Children's National'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.

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards for the year ended June 30, 2022 is presented for purposes of additional analysis as required by Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and is not a required part of the consolidated financial statements. As described in Note 2 to the schedule of expenditures of federal awards, the accompanying schedule of expenditures of federal awards was prepared on the cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional



procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, on the basis of accounting described in Note 2 to the schedule of expenditures of federal awards, in relation to the consolidated financial statements taken as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 6, 2022, except with respect to the opinion on the accompanying supplemental schedule of expenditures of federal awards insofar as it relates to the effects of the revision discussed in Note 5 to the schedule of expenditures of federal awards, as to which the date is March 29, 2024, on our consideration of Children National's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters for the year ended June 30, 2022. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Children's National's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

Washington, District of Columbia

October 6, 2022, except with respect to the opinion on the accompanying supplemental schedule of expenditures of federal awards insofar as it relates to the effects of the revision discussed in Note 5 to the schedule of expenditures of federal awards, as to which the date is March 29, 2024

Children's National Medical Center and Subsidiaries
Consolidated Balance Sheets
June 30, 2022 and 2021

<i>(in thousands)</i>	2022	2021
Assets		
Current assets		
Cash and cash equivalents	\$ 137,907	\$ 120,683
Short term investments	29,281	21,207
Short term assets whose use is limited	2,198	2,232
Accounts receivable	294,163	290,910
Settlements due from third-party payors	10,339	9,736
Contributions receivable, net	41,720	32,558
Grant receivable	13,778	11,879
Inventories of supplies	14,208	15,372
Prepaid expenses and other	<u>63,467</u>	<u>44,512</u>
Total current assets	<u>607,061</u>	<u>549,089</u>
Noncurrent assets		
Property and equipment, net	886,275	897,663
Right of use assets, financing	120,730	113,515
Right of use assets, operating	79,180	89,224
Assets whose use is limited	54,768	37,710
Investments	899,680	1,042,917
Contributions receivable, net	36,485	33,813
Loan receivable	13,496	13,496
Interest in beneficial trusts	9,661	9,762
Other	<u>39,833</u>	<u>46,622</u>
Total noncurrent assets	<u>2,140,108</u>	<u>2,284,722</u>
Total assets	<u>\$ 2,747,169</u>	<u>\$ 2,833,811</u>

The accompanying notes are an integral part of these consolidated financial statements.

Children's National Medical Center and Subsidiaries
Consolidated Balance Sheets (continued)
June 30, 2022 and 2021

<i>(in thousands)</i>	2022	2021
Liabilities and Net Assets		
Current liabilities		
Accounts payable	\$ 66,685	\$ 49,806
Accrued salaries and other expenses	188,212	201,365
Current portion of reserve for claims	32,794	27,208
Settlements due to third-party payors	10,094	5,028
Deferred revenue	18,620	14,840
Medical claims payable	23,937	20,700
Current portion of long-term debt	11,621	11,303
Current portion of financing lease liabilities	3,475	7,946
Current portion of operating lease liabilities	5,159	7,717
Total current liabilities	<u>360,597</u>	<u>345,913</u>
Noncurrent liabilities		
Long-term debt	726,785	737,929
Long-term financing lease liabilities	159,549	139,536
Long-term operating lease liabilities	81,924	94,150
Reserve for claims	98,316	78,271
Other long-term liabilities	57,333	44,853
Total noncurrent liabilities	<u>1,123,907</u>	<u>1,094,739</u>
Total liabilities	<u>1,484,504</u>	<u>1,440,652</u>
Net Assets		
Without donor restrictions - attributable to Children's National	858,844	983,327
Without donor restrictions - noncontrolling interests	19,057	7,366
Total net assets without donor restrictions	<u>877,901</u>	<u>990,693</u>
With donor restrictions	384,764	402,466
Total net assets	<u>1,262,665</u>	<u>1,393,159</u>
Total liabilities and net assets	<u>\$ 2,747,169</u>	<u>\$ 2,833,811</u>

The accompanying notes are an integral part of these consolidated financial statements.

Children's National Medical Center and Subsidiaries
Consolidated Statements of Operations
Years Ended June 30, 2022 and 2021

<i>(in thousands)</i>	2022	2021
Operating revenue and other support		
Net patient service revenue	\$ 1,256,740	\$ 1,127,080
Capitation revenue	184,371	176,260
Grant revenue	112,660	89,662
Other operating revenue	87,500	100,646
Contributions	22,879	25,528
Net assets released from restrictions used for operations	47,169	31,398
Total operating revenue and other support	<u>1,711,319</u>	<u>1,550,574</u>
Expenses		
Salaries, wages, and benefits	1,007,067	912,268
Supplies and other	448,929	406,281
Medical claims expense	89,331	83,853
Depreciation and amortization	104,580	93,084
Provision for insurance	19,746	16,971
Interest and amortization	31,912	29,310
Development expense	26,388	22,927
Total expenses	<u>1,727,953</u>	<u>1,564,694</u>
Operating loss	<u>(16,634)</u>	<u>(14,120)</u>
Non-operating revenues and expenses		
Investment return, net	(111,984)	123,847
Realized and change in unrealized fair value of interest rate swaps	-	60
Other non-operating income (loss), net	(4)	1,246
Total non-operating revenues and expenses	<u>(111,988)</u>	<u>125,153</u>
(Deficit) excess of revenues over expenses	(128,622)	111,033
Contributions from noncontrolling interests	12,464	-
Distributions from noncontrolling interests	(412)	-
Released from restriction for property and equipment	3,778	2,519
Other changes in net assets without donor restrictions	-	(310)
(Decrease) increase in net assets without donor restrictions	<u>\$ (112,792)</u>	<u>\$ 113,242</u>

The accompanying notes are an integral part of these consolidated financial statements.

Children's National Medical Center and Subsidiaries
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2022 and 2021

<i>(in thousands)</i>	2022	2021
Net assets without donor restrictions		
Excess of revenues over expenses	\$ (128,622)	\$ 111,033
Contributions from noncontrolling interests	12,464	-
Distributions from noncontrolling interests	(412)	-
Released from restriction for property and equipment	3,778	2,519
Other changes in net assets without donor restrictions	-	(310)
Increase in net assets without donor restrictions	<u>(112,792)</u>	<u>113,242</u>
Net assets with donor restrictions		
Contributions	67,474	36,797
Investment return, net	(32,652)	58,846
Released from restrictions	(50,947)	(33,917)
Change in value of split interest agreements	(101)	2,574
Loss from uncollectible pledges	(324)	(6,426)
Other changes in net assets with donor restrictions	(1,152)	160
Increase in net assets with donor restrictions	<u>(17,702)</u>	<u>58,034</u>
Change in net assets	(130,494)	171,276
Net assets		
Beginning of year	<u>1,393,159</u>	<u>1,221,883</u>
End of year	<u>\$ 1,262,665</u>	<u>\$ 1,393,159</u>

The accompanying notes are an integral part of these consolidated financial statements.

Children's National Medical Center and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2022 and 2021

<i>(in thousands)</i>	2022	2021
Cash flows from operating activities		
Change in net assets	\$ (130,494)	\$ 171,276
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities		
Depreciation and amortization	104,580	93,084
Provision for uncollectible contributions	484	6,241
Loss on sale of assets	1,205	36
Amortization of deferred financing costs	478	253
Amortization of bond premium	(2,267)	(2,420)
Loss in PSV equity investment	12,004	9,680
Net realized and change in unrealized loss (gain) on investments	172,325	(159,583)
Change in fair market value of interest rate swaps	-	(60)
Contributions from noncontrolling interests	(12,464)	-
Distributions to noncontrolling interests	412	-
Proceeds from restricted contributions and income received	(18,003)	(9,923)
Change in assets and liabilities		
Accounts receivable for patient services	(3,253)	(83,244)
Settlements due from third-party payors	(603)	14,305
Other current assets and inventory of supplies	(7,791)	(5,876)
Contributions and grants receivable	(14,217)	18,895
Interest in beneficial trusts	101	(2,574)
Right-of-use assets	9,763	10,937
Other noncurrent assets	6,789	(9,826)
Accounts payable	24,496	(465)
Accrued salaries and other expenses	(13,153)	42,652
Reserve for claims	25,631	2,702
Deferred revenue	3,780	997
Medical claims payable	3,237	(3,225)
Settlements due to third-party payors	5,066	(17,266)
Operating lease liabilities	(11,370)	(8,298)
Financing lease liabilities	(280)	664
Other noncurrent liabilities	(7,520)	9,515
Net cash, cash equivalents, and restricted cash provided by operating activities	<u>148,936</u>	<u>78,477</u>
Cash flows from investing activities		
Purchases of property, plant and equipment	(87,561)	(163,679)
Proceeds from sales of property and equipment	-	309
Purchases of investments	(154,058)	(651,163)
Sales of investments	97,970	576,606
Contribution to equity investment	(10,112)	(10,256)
Net cash, cash equivalents, and restricted cash used in investing activities	<u>(153,761)</u>	<u>(248,183)</u>
Cash flows from financing activities		
Proceeds from issuance of long-term debt	-	301,272
Proceeds from line of credit	-	2,000
Payments on line of credit	-	(2,000)
Payments of long-term debt	(9,037)	(105,464)
Payments of debt issuance costs	-	(2,791)
Contributions from noncontrolling interests	12,464	-
Distributions to noncontrolling interests	(412)	-
Proceeds from restricted contributions and income received	18,003	9,923
Proceeds from financing sale leaseback arrangement	10,000	-
Proceeds from financing lease incentives	-	1,228
Payments on financing lease obligations	(8,979)	(5,787)
Net cash, cash equivalents, and restricted cash provided by financing activities	<u>22,039</u>	<u>198,381</u>
Increase in cash, cash equivalents, and restricted cash	17,214	28,675
Cash, cash equivalents, and restricted cash		
Beginning of year	122,851	94,176
End of year	<u>\$ 140,065</u>	<u>\$ 122,851</u>
Supplemental disclosure of cash flow information		
Cash paid for interest	\$ 34,128	\$ 26,876
Property and equipment in accounts payable	7,617	(19,138)
Property and equipment in exchange for other long-term debt	-	54,515

The accompanying notes are an integral part of these consolidated financial statements.

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

1. Organization

Organizational Structure

The Children's National Medical Center's ("Children's National") consolidated financial statements include the accounts of Children's Hospital (the "Hospital"); Children's Hospital Foundation (the "Foundation"); Children's National at Walter Reed, LLC ("CNWR"); Children's Research Institute ("CRI"); Safe Kids Worldwide ("Safe Kids"); Children's Pediatricians and Associates ("CP&A"); Children's National Health Network ("CNHN"); Pediatric Health Network ("PHN"); Children's School Services ("CSS"); Brainy Camps Association ("BCA"); the HSC Foundation and Subsidiaries ("HSC"); Bearacuda Reinsurance Company, Ltd. (the "Captive"); Building 52/53 NMTC Borrower LLC; Building 52/53 HTC Tenant LLC; Building 52/53 Managing Member LLC; Building 54 NMTC Borrower LLC; Building 54 HTC Tenant LLC; Building 54 Managing Member LLC; all referred to as the "Subsidiaries."

Children's National is a tax exempt, nonstock corporation, which controls its subsidiary corporations through its authority to appoint the governing boards of the tax exempt, nonstock subsidiaries or its stock ownership. Children's National and its subsidiaries provide health care services to infants, children, and youth in Washington, D.C., and the surrounding metropolitan area. The Hospital operates an acute care pediatric and teaching facility.

The Foundation supports and maintains the programs, services, and facilities of Children's National in part through solicitation, receipt, administration, and distribution of philanthropic gifts on behalf of its tax-exempt subsidiaries.

CNWR is a limited liability company organized for the purpose of holding certain real property conveyed by the United States Department of Defense to be used for public health purposes.

CRI is a research organization involved in providing services and support in connection with the delivery of health care services on behalf of the community.

Safe Kids is an organization involved in nonhospital pediatric health and safety activities.

CP&A is a limited liability corporation that operates for-profit physician practices. CP&A is owned 50% by Children's National and 50% by the Hospital.

CNHN is a for-profit physician hospital organization, of which Children's National is the sole shareholder.

PHN is a for-profit clinically integrated physician network, of which Children's National is the sole shareholder.

CSS is an organization that operates a school nurse program in the District of Columbia.

BCA is an organization that provides residential summer camps, support, and leadership programs for youth with chronic health conditions, of which the Hospital is the sole corporate member.

The HSC Foundation, a nonprofit corporation is organized to coordinate the activities of and provide support to The Hospital for Sick Children (the "Pediatric Center"), Health Services for Children with Special Needs, Inc ("HSCSN"), a managed care organization, and HSC Home Care, LLC.

The Pediatric Center is a Washington, D.C., nonprofit corporation, formed as a pediatric specialty care hospital.

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

HSCSN is a Washington, D.C., nonprofit corporation, formed as a health plan that services children and young adults who are residing in Washington, D.C. and qualify for the federal Supplemental Security Income program ("SSI") or a Tax Equity and Fiscal Responsibility Act ("TEFRA") waiver.

HSC Home Care, LLC is a Washington, D.C. limited liability company, formed as Medicare and Medicaid certified home health agency that provides care for children who have complex health care needs and disabilities.

The Captive is a wholly owned captive insurance company established to assume general liability and malpractice risk for Children's National entities, effective August 1, 1997.

Building 52/53 NMTC Borrower LLC ("Building 52/53 Borrower"), a Washington, D.C., limited liability company, was formed to acquire, own, rehabilitate, lease, manage, and operate the property known as Building 52/53 in a manner that will qualify such rehabilitation for historic and new market rehabilitation tax credits to Section 47 of the Internal Revenue Code of 1986, as amended. The property is comprised of land and historic buildings located on the former campus of the Walter Reed Army Medical Center in Washington D.C. (the "WR Campus"). Building 52/53 is also located in a qualified census tract that meets certain income, unemployment and poverty level requirements and qualifies under the New Market Tax Credit Program as a qualified active low-income community business ("QALICB"). Through its ownership of Building 52/53 Managing Member LLC, CNMC holds a 90% interest in Building 52/53 Borrower. Building 52/53 Borrower follows a calendar based fiscal year.

Building 52/53 Managing Member LLC ("Building 52/53 MM"), a Washington D.C., limited liability company, is the managing member of Building 52/53 Borrower. Building 52/53 MM is a wholly owned subsidiary of Children's National and is taxed as a corporation. The member managers of Building 52/53 MM are officers and senior leaders of Children's National. As part of the New Market Tax Credit and Historic Tax Credit transactions, this separate, for-profit, single purpose entity was established to manage the Building 52/53 property to meet the QALICB requirements. Building 52/53 MM is the manager of the property and the managing member of Building 52/53 HTC Tenant LLC, holding a 1% interest in Building 52/53 HTC Tenant LLC. Building 52/53 MM follows a calendar based fiscal year.

Building 52/53 HTC Tenant LLC ("Building 52/53 Tenant"), a Washington, D.C., limited liability company, was formed to lease, manage and operate property owned by Building 52/53 Borrower. Building 52/53 Tenant has made an equity investment in Building 52/53 Borrower and is also a member with a 10% interest. Building 52/53 Tenant consists of a managing member with 1% interest and an investor member with a 99% interest. Building 52/53 Tenant and Building 52/53 Borrower have executed a historic tax credit pass-through agreement pursuant to which Building 52/53 Borrower will elect under Section 50 of the Internal Revenue Code to pass through to Building 52/53 Tenant the federal tax credits to which it is entitled because of the historic building's rehabilitation project. Children's National meets the requirements for consolidation of the Building 52/53 Tenant through its ownership of the managing member (Building 52/53 MM) and control of Building 52/53 Tenant. The 99% interest held by an investor member is reflected as non-controlling interest. Building 52/53 Tenant follows a calendar based fiscal year.

Building 54 NMTC Borrower LLC ("Building 54 Borrower"), a Washington, D.C., limited liability company, was formed to acquire, own, rehabilitate, lease, manage, and operate the property known as Building 54 in a manner that will qualify such rehabilitation for historic rehabilitation tax credits pursuant to Section 47 of the Internal Revenue Code of 1986, as amended. The property is comprised of land and a historic building located on the WR Campus. Through its ownership of Building 54 Managing Member LLC, CNMC holds a 90% interest in Building 54 Borrower. Building 54 Borrower follows a calendar based fiscal year.

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

Building 54 Managing Member LLC ("Building 54 MM"), a Washington D.C., limited liability company, is the managing member of Building 54 Borrower. Building 54 MM is a wholly owned subsidiary of Children's National and is taxed as a corporation. The member managers of Building 54 MM are officers and senior leaders of Children's National. Building 54 MM is the manager of the property and the managing member of Building 54 HTC Tenant LLC, holding a 1% interest in Building 54 HTC Tenant LLC. Building 54 MM follows a calendar based fiscal year.

Building 54 HTC Tenant LLC ("Building 54 Tenant"), a Washington, D.C., limited liability company, was formed to lease, manage and operate property owned by Building 54 Borrower. Building 54 Tenant has made an equity investment in Building 54 Borrower and is also a member with a 10% interest. Building 54 Tenant consists of a managing member with 1% interest and an investor member with a 99% interest. Building 54 Tenant and Building 54 Borrower have executed a historic tax credit pass-through agreement pursuant to which Building 54 Borrower will elect under Section 50 of the Internal Revenue Code to pass through to Building 54 Tenant the federal tax credits to which it is entitled because of the historic building's rehabilitation project. Children's National meets the requirements for consolidation of the Building 54 Tenant through its ownership of the managing member (Building 54 MM) and control of Building 54 Tenant. The 99% interest held by an investor member is reflected as non-controlling interest. Building 54 Tenant follows a calendar based fiscal year.

Children's National, Hospital, Foundation, CRI, Safe Kids, CSS, BCA, the HSC Foundation, the Pediatric Center, and HSC Home Care, are not-for-profit organizations that qualify under Section 501(c)(3) of the Internal Revenue Code, and are therefore, not subject to tax under current income tax regulations.

2. Risk Factors

Children's National's ability to maintain or increase future revenues could be adversely impacted by: (1) future legislation, regulation, or other actions by federal, state, or District of Columbia agencies, which may impose requirements or continue the trend toward more restrictive limitations on reimbursement for hospital services; (2) future legislation or adverse trends affecting the costs related to professional liability coverage; (3) changes in general and local economic conditions including the financial condition of the District of Columbia, the State of Maryland and the State of Virginia; and (4) a potential shortage of qualified doctors and other skilled healthcare professionals in the local employment market.

In December 2019, a novel strain of coronavirus, Coronavirus Disease 2019 ("COVID-19"), developed and has spread around the world, with resulting business and social disruption. Recent actions taken by Children's National to combat the spread COVID-19 have had an adverse effect on Children's National's operations. The extent to which COVID-19 impacts the operations of Children's National in the future will depend on the duration and severity of the outbreak as well Children's National's ability to contain its impact. These developments cannot be predicted with confidence and could have a negative effect on the current financial results of Children's National, including its operations and its investments. If the duration of the outbreak becomes extended or increases in severity, Children's National has available liquidity, as well as the ability to adjust capital expenditures and curtail certain discretionary operating expenses to mitigate the impact of COVID-19 on operating results.

In April 2020, the Department of Health and Human Services ("HHS") began distributing portions of its \$175 billion stimulus funding appropriation to providers in response to the COVID-19 pandemic. In order to keep the distributed funds, provider relief payments require an attestation indicating that the recipient agrees to comply with certain terms and conditions, including use of the funds to offset lost revenues and increased expenses that have resulted from the pandemic. In addition to providing relief through a general allocation to most providers, HHS also distributed funding for targeted purposes, including to hospitals in "high impact" areas, in rural areas, and those considered "safety net" hospitals for uninsured patients. Children's National accounted for the provider relief funds using the contribution model of accounting. All terms and conditions of the relief fund award were met to recognize revenue and

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

therefore, Children's National recorded \$3.1 million and \$27.2 million in other operating revenue in the accompanying Consolidated Statement of Operations for the year ended June 30, 2022 and 2021, respectively.

3. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Principles of Consolidation

The consolidated financial statements include the accounts of Children's National and its subsidiaries after elimination of all significant intercompany accounts and transactions.

Cash and Cash Equivalents

Cash equivalents include amounts invested in accounts with depository institutions which are readily convertible to cash, with original maturities of three months or less. Total deposits maintained at these institutions at times exceed the amount insured by federal agencies and therefore, bear a risk of loss. Children's National has not experienced such losses on these funds.

Investments and Assets Whose Use is Limited

Investments consist primarily of money market funds, government securities, equity securities (including common trust funds), and mutual funds and are reported at fair value. Investments that management does not consider necessary for current operations are classified as long-term.

Investments in companies in which Children's National does not have control but has the ability to exercise significant influence over operating and financial policies are accounted for under the equity method of accounting and operating results are recorded within investment return, net on the Consolidated Statements of Operations. Dividends received are recorded as a reduction of the carrying amount of the investment.

Assets whose use is limited include cash and investments restricted under professional liability arrangements and debt agreements.

Restricted cash amounts included in short term assets whose use is limited represent amounts required to be set aside by debt or regulatory agreements. Restricted cash amounts included in assets whose use is limited represent amounts set aside to pay general and professional liability claims.

The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported within the Consolidated Balance Sheets to the amounts shown in the Consolidated Statements of Cash Flows as of June 30:

<i>(in thousands)</i>	2022	2021
Cash and cash equivalents	\$ 137,907	\$ 120,683
Short term assets whose use is limited	1,577	1,577
Assets whose use is limited	<u>581</u>	<u>591</u>
Cash, cash equivalents, and restricted cash	<u>\$ 140,065</u>	<u>\$ 122,851</u>

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

Investment Return, Net

Investment income or loss including interest and dividends, net of investment management fees; realized gains and losses on investments return, net and unrealized gains and losses on equity securities is reported as non-operating revenue and is included in excess of revenue over expenses unless the income or loss is restricted by donor or law.

Income Taxes

Children's National is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. On such basis, the exempt entities will not incur any liability for federal income taxes, except for possible unrelated business income.

The Financial Accounting Standards Board's ("FASB") guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions. The guidance defines the threshold for recognizing tax return positions in the consolidated financial statements as "more likely than not" that the position is sustainable, based on technical merits.

Children's National evaluates uncertain tax positions using a two-step approach for recognizing and measuring tax benefits taken or expected to be taken in an unrelated business activity tax return and disclosures regarding uncertainties in tax positions. There was no impact on Children's National's consolidated financial statements during the years ended June 30, 2022 and 2021, as Children's National has no uncertain tax positions.

Accounts Receivable

Patient accounts receivable consists primarily of amounts owed by various governmental agencies, insurance companies and patients. Children's National manages these receivables by regularly reviewing the accounts and contracts and by recording appropriate price concessions. Children's National reports accounts receivable at an amount equal to the consideration it expects to receive in exchange for providing healthcare services to its patients, which is estimated using contractual provisions associated with specific payors, historical reimbursement rates and analysis of past experience to estimate potential adjustments. Children's National writes off amounts that have been deemed to be uncollectible because of circumstances that affect the ability of payors to make payments as they occur.

Inventories of Supplies

Inventories generally consist of medical and nonmedical supplies and are stated at the lower of cost or net realizable value, using the first in, first out method. The total inventory balance was \$14.2 million and \$15.4 million at June 30, 2022 and 2021, respectively.

Contributions and Grants

Unconditional promises to give cash and other assets are reported at fair value as contributions receivable at the date the promise is received. These promises are subject to annual donor approval and are restricted. Amounts due are recorded at the net realizable value discounted using a rate of return that a market participant would expect to receive over the payment period at the date the pledge is received. An allowance for uncollectible pledges is recorded for pledges which may become uncollectible in future periods. Amounts deemed to be uncollectible have been written off. The contributions receivable balance is based on management's best estimate of the amounts expected to be collected. The amounts Children's National will ultimately realize could differ from the amounts assumed in arriving at the present value and allowance for doubtful pledges. Conditional promises to give and indications of intentions to give are reported at fair value at the date the promise becomes unconditional. As of June 30, 2022 and 2021 conditional promises to give excluding those from grants, amounted to \$51 million and \$44.7 million, respectively.

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

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. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is met, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the Consolidated Statements of Operations as net assets released from restrictions used for operations. Donor-restricted contributions whose restrictions are met within the same year as received are reported as net assets without donor restrictions in the accompanying consolidated financial statements.

Children's National and its subsidiaries receive various grants from Federal agencies and District of Columbia agencies for the purpose of furthering its mission of providing acute pediatric care, research, and education. For the majority of its grants, Children's National accounts for them under the contribution model, which is outside the scope of ASC 606, *Revenue from Contracts with Customers* ("ASC 606"). Revenue for these grants is recognized as expenses are incurred. Grants recognized under ASC 606 were \$19.9 million and \$30.0 million in the years ended June 30, 2022 and 2021, respectively.

Total conditional contributions from grants as of June 30, 2022 and 2021 were \$79.1 million and \$62.8 million, respectively. Revenue for these conditional contributions will be recognized in future periods when the conditions are met. The conditions related to these contributions are based on performance barriers, a right of return, and scope related conditions as outlined under the Uniform Guidance cost principles. Children's National has elected the simultaneous release option which allows a conditional restricted contribution to be recognized directly in net assets without donor restrictions if the condition and restriction is met in the same period that the revenue is recognized.

Loan Receivable

As part of the New Market Tax Credit and Historic Tax Credit transactions, Children's Hospital made a leveraged loan to Children's National NMTC Investment Fund, LLC in the amount of \$13.5 million in June 2019. The loan bears interest at 1.3% with quarterly interest only payments due September 2019 through March 2026, followed by quarterly principal and interest payments of \$160 thousand through June 2049.

New Accounting Pronouncements

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement* ("ASU 2018-13"). ASU 2018-13 is intended to improve the effectiveness of disclosure requirements on fair value measurement. Amongst other changes, ASU 2018-13 removes: i) the requirement to disclose the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy, ii) the requirement to disclose the policy for timing of transfers between levels, and iii) disclosure of the valuation processes for Level 3 fair value measurements. In addition, ASU 2018-13 modifies the disclosure requirements to require disclosure for investments in certain entities that calculated net asset value of the timing of liquidation of an investee's assets and the date redemption might lapse only if the investee has communicated the timing to the entity or announced the timing publicly and clarifies that the measurement uncertainty disclosure is to communicate information about the uncertainty of measurement as of the reporting date. The update is effective for fiscal years, and interim periods with those fiscal years, beginning after December 15, 2019 with early adoption permitted. An entity is permitted to early adopt any removed or modified disclosures upon the issuance of ASU 2018-13 and delay adoption of the additional disclosures until their effective date.

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation expense on Children's National's property and equipment is recorded using the straight-line method, which allocates the cost of the tangible property equally over the estimated useful lives, beginning with the date the asset is placed in service. Below are the useful lives by asset category:

Buildings	25 - 40 years
Building improvements	9 - 20 years
Fixed equipment	10 - 15 years
Movable equipment	3 - 20 years

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets, net of any income earned. Repairs and maintenance are expensed as incurred. When property and equipment are retired, sold, or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is recognized.

Deferred Financing Costs

Financing costs incurred in connection with the issuance of long-term debt are deferred and amortized using the straight-line method, which approximates the effective interest rate method, over the period the debt is outstanding. Deferred financing costs are recorded in long-term debt on the Consolidated Balance Sheets. The amortization expense was approximately \$0.5 million and \$0.3 million for the years ended June 30, 2022 and 2021, respectively.

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable. Children's National's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of the expected undiscounted future cash flows resulting from the use of the asset and its eventual disposition. Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value. Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value less cost to sell. There were no impairments of long-lived assets for the years ended June 30, 2022 and 2021.

Interest in Beneficial Trusts

Children's National also receives contributions in the form of irrevocable split-interest agreements. These agreements include charitable remainder trusts, charitable gift annuities and perpetual trusts. In all of these agreements, Children's National has an interest in the trust, but is not the trustee. When the trust's obligations to all beneficiaries expire, the remaining assets revert to Children's National to be used according to the donor's wishes.

Deferred Compensation Plan

Children's National maintains a deferred compensation plan for certain employees. As of June 30, 2022 and 2021, deferred compensation investments of \$33.2 million and \$40.8 million, respectively, included in other assets on the Consolidated Balance Sheets, represent investments held by Children's National under these deferred compensation agreements. Such amounts approximate Children's National's related liability to the employees and are included in other long-term liabilities.

Interest Rate Swaps

The value of the interest rate swap agreements entered by Children's National is adjusted to fair value monthly at the close of each accounting period based upon quotations from market makers. The change in fair value, if any, is recorded in the Consolidated Statements of Operations. Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market, and

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

documentation risk in excess of the amounts recognized on the Consolidated Balance Sheets. Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates.

Net Assets

Net assets without donor restrictions include undesignated amounts as well as amounts designated by the board for future capital and operating purposes. Net assets with donor restrictions are those whose use by Children's National has been limited by donors to a specific time period or purpose, including federal appropriations restricted for capital improvements. Net assets are released from donor restriction by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by donors. Also included in net assets with donor restrictions are those gifts that have been restricted by donors to be maintained by Children's National in perpetuity.

Charity Care

Children's National, in keeping with its mission and philosophy to extend quality care and compassionate service, recognizes that some patients are unable to compensate Children's National for their treatment either through third party coverage or their own resources. Accordingly, Children's National extends charity or free care to those patients who do not have the ability to meet their obligations. Children's National provides free care based on federal poverty income guidelines or when it is determined that the patients are unable to fulfill their obligations to Children's National. Children's National also provides assistance in helping patients obtain third party coverage through state Medicaid programs. Because Children's National does not pursue collections of amounts determined to qualify as charity care, they are not reported as revenue. Direct and indirect costs for these services amounted to \$8.7 million and \$5.4 million for the years ended June 30, 2022 and 2021, respectively. The costs of providing charity care services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charge is calculated based on Children's National's total operating expenses divided by patient service revenue.

In addition to direct charity care, Children's National is committed to improving the health and well-being of children in the Washington, D.C., metropolitan area. Through programs of clinical intervention, community awareness, education and advocacy, Children's National strives to address the many challenges facing children and families today. Examples of programs addressing these challenges are the Community Pediatric Health Care Centers, school nursing services for District of Columbia Public Schools and District of Columbia Public Chartered Schools, Team Kid Power ("KIPOW"), DC Collaborative for Mental Health in Pediatric Primary Care, Health Access in Pediatrics ("DC MAP") Program, and services provided to children with AIDS.

Excess of Revenues Over Expenses

The Consolidated Statements of Operations include excess of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues over expenses, consistent with industry practice, include, among other items, contributions released from restrictions for property and equipment.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during reporting period. Actual results could differ from these estimates. These significant estimates include, among others, estimated net realizable value of patient receivables, estimated third-party payor settlements, and accrued insurance costs.

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

Accrued Vacation

Children's National records a liability for amounts due to employees for future absences which are attributable to services performed in the current and prior period. The liability for accrued vacation was \$37.6 million and \$37.5 million as of June 30, 2022 and 2021, respectively, and is recorded in accrued salaries and other expenses.

Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Reserve for Medical Malpractice Claims

Children's National's medical malpractice claims reserve is an estimate of payments to be made for claims losses incurred but not reported. The estimate was developed using actuarial methods based upon historical data for payment patterns, cost trends, and other relevant factors. The estimate is continually reviewed and adjusted as necessary as experience develops or new information becomes known, such adjustments are included in current operations.

Medical Claims Expense and Payable

HSCSN contracts with various health care providers for the provision of related medical care services to its members. The providers are compensated based on payment rates as specified in the provider agreements. Medical claims expense that has been reported in the accompanying Consolidated Statements of Operations includes an accrual for medical services incurred but not reported ("IBNR"). Medical claims expense is determined using a combination of methods including multiplying census times average daily rate for inpatient facilities, per-member-per-month for medical categories other than inpatient and, actual invoices for pharmacy and other vendors. IBNR is determined using the percentage of completion model analysis which uses paid claims to estimate the total dollar of claims outstanding at a given point in time

Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which Children's National expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others. Generally, Children's National bills the patient and third-party payors several days 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 Children's National. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. Children's National 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 receiving inpatient acute care services. Children's National measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided, and Children's National does not believe it is required to provide additional goods or services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, Children's National has elected to apply the practical expedient provided in FASB ASC 606-10-50-14a, and therefore is not required to disclose the aggregate amounts of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

These performance obligations 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.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. Children's National also provides services to uninsured patients. The transaction price for both uninsured patients, as well as insured patients with deductibles and coinsurance, is estimated based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Children's National determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. Children's National determines its estimate of implicit price concessions based on historical collection experience with these classes of patients using a portfolio approach as a practical expedient. The portfolio approach is being used as Children's National has a large volume of similar contracts with similar classes of customers. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. Children's National reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately.

Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of change. No significant amounts of revenues were recognized in the current year due to changes in the estimates of implicit price concessions, discounts and contractual adjustments for performance obligations satisfied in the prior years. Subsequent changes that are determined to be the results of an adverse change in the patient's or third-party payor's ability to pay are recorded as bad debt expense. Bad debt expense is reported as a component of supplies and other in the Consolidated Statements of Operations and Changes in Net Assets and was not significant for the years ended June 30, 2022 and 2021.

Children's National has agreements with third-party payors that provide for payments to Children's National at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed cost, discounted charges, and per diem payments. Contractual adjustments to patient service revenue were \$2.1 billion and \$1.8 billion for the years ended June 30, 2022 and 2021, respectively.

Approximately 45% and 43% of net patient service revenues were from Medicaid and Medicaid managed care programs in 2022 and 2021, respectively. Total reimbursements received for Graduate Medical Education ("GME") were \$17.5 million in 2022 and \$16.5 million in 2021. Federal GME is subject to appropriation each year.

Inpatient and outpatient services, defined capital and medical education costs related to beneficiaries are paid using a cost reimbursement methodology for Medicare and the Fee-for-Service Medicaid programs. These services are paid prospectively for DC Medicaid and Maryland Medicaid. For cost reimbursable items, Children's National is reimbursed at a tentative rate with final settlement determined after submission of the annual cost reports by Children's National and audits thereof by the fiscal intermediary. Children's National cost reports have been audited and settled by the Medicare intermediary through 2020 for all facilities. The Virginia Medicaid cost report is settled annually and is settled through 2021.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to interpretation. 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. There can be no assurance that regulatory authorities will not challenge Children's National's compliance with these laws and regulations, and it is not possible

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

to determine the impact (if any) such claims, or penalties would have upon Children’s National. In addition, the contracts Children’s National has with commercial payors also provide for retroactive audit and review of claims.

Cost report settlements under reimbursement agreements with Medicare and Medicaid 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 the terms of the payment agreement with the payor, correspondence from the payor and Children’s National’s historical experience. Estimated settlements are adjusted in future periods as final settlements are determined. There is a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments arising from a change in the transaction price were not significant in 2022 and 2021.

The composition of net patient service revenues by payor for the years ended June 30, is as follows:

<i>(in thousands)</i>	2022	2021
Blue Cross	\$ 268,458	\$ 265,110
Commercial	15,919	12,608
Managed Care	339,031	308,356
Medicaid	565,900	489,002
Other	41,784	34,155
Self-pay	<u>25,648</u>	<u>17,849</u>
Total	<u>\$ 1,256,740</u>	<u>\$ 1,127,080</u>

Children’s National 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 Children’s National’s expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, Children’s National does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Capitation Revenue and Receivable

HSCSN receives a monthly interim capitation rate per enrollee and recognizes capitation revenue from premiums in the period that a member is eligible for health care coverage. Revenue related to capitation premiums consists of the amount the District of Columbia has contracted to pay for the provision of health care benefits. HSCSN has accrued the difference between the actual monthly interim payment and the estimated reimbursement for the actual monthly enrollee population served.

HSCSN entered a Child and Adolescent Supplemental Security Income Program (“CASSIP”) agreement with the District of Columbia Department of Health Care Finance (“DHCF”) to coordinate health care services for a defined group of Supplemental Security Income-eligible special needs children and youths. This indefinite-delivery indefinite-quantity contract is HSCSN’s primary source of operating revenue. Under this agreement, DHCF pays HSCSN a fixed capitation amount based on the number of eligible participants enrolled in the program, subject to a final retroactive settlement. The contract requires an annual settlement process whereby DHCF and HSCSN share the benefits and risks associated with financial gains and losses of the managed care program, which are final settled through September 30, 2020. These amounts are included in due to third-party payers in the accompanying Consolidated Balance Sheets.

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

The capitation payment received by HSCSN has two components: one for administrative services and the second for medical services. The administrative services portion funds the management expenses of HSCSN, as well as the annual premium tax and Health Benefits Exchange (HBX) tax assessed by the District of Columbia, and factors in the potential for a 1.75% margin. The medical services portion pays for medical services (physician, hospital, pharmacy, home health, etc.), case management, utilization management, and quality oversight services.

The capitation payment is calculated based on the target medical claims ratio, which is the aggregate claims paid for the year for services covered, and medical management expenses as determined by Maryland's COMAR regulations. This medical services portion of HSCSN's capitation payment is subject to a risk sharing arrangement. If the total costs for medical services differs from the threshold specified in the CASSIP agreement, then the over/under outside of the base 2% corridor is shared between HSCSN and DHCF on a sliding scale, where HSCSN is at risk for a proportion of the overage for 50% or 100%, or benefits from the underage at a similar proportion.

HSCSN's third party receivables and payables result from this single contract with the DHCF. Termination of the contract or non-payment by the DHCF of the capitation revenue or risk receivable would have a material adverse effect on future operations and the liquidity of HSCSN. The initial year of the current contract with DHCF expires on September 30, 2022 and includes four 1-year option periods.

HSCSN's ability to maintain and/or increase future revenue could be adversely affected by: (1) the growth of managed care organizations promoting alternative methods for health care delivery and payment of services such as discounted fee for service networks and capitated fee arrangements; (2) proposed and/or future changes in the laws, rules, regulations, and policies relating to the definition, activities, and/or taxation of not-for-profit tax-exempt entities; (3) the inability of the District of Columbia, Maryland and Virginia Medicaid programs to correctly process medical claims and ultimately pay the System for services it provides to their patients; (4) the inability to collect on revenue earned for services provided; and (5) possible changes in general and local economic conditions, which could cause volatility in and/or limitations to access to capital and debt markets.

Other Revenue

In addition to net patient service and capitation revenue, Children's National also recognizes revenue related to other transactions. These transactions include revenues from parking, pharmacy 340b programs, collaborative arrangements with other healthcare providers, transport, and PSV. Revenue from these transactions is recognized when obligations under the terms of the respective contract are satisfied. Revenue from these transactions is measured as the amount of consideration Children's National expects to receive from those services.

4. Fair Value Measurements

Children's National follows the FASB's guidance on fair value measurements, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements. This guidance applies to other accounting pronouncements that require or permit fair value measurements, and accordingly, this guidance does not require any new fair value measurements.

The guidance discusses valuation techniques such as the market approach, cost approach and income approach. This guidance establishes a three-tier level hierarchy for fair value measurements based upon the transparency of inputs used to value an asset or liability as of the measurement date.

Children's National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

The three-tier hierarchy prioritizes the inputs used in measuring fair value as follows:

Level 1 Observable inputs such as quoted market prices for identical assets or liabilities in active markets;

Level 2 Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and

Level 3 Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions.

The financial instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Each of the financial instruments below has been valued utilizing the market approach.

The following tables present the financial instruments carried at fair value grouped by hierarchy level:

(in thousands)

	June 30, 2022		
	Quoted In Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Total Fair Value
Assets			
Investments			
Cash and short term investments	\$ 54,093	\$ -	\$ 54,093
Fixed income securities	343,155	32,136	375,291
Equity securities	539,466	425	539,891
Real estate investments		6,125	6,125
Total investments	<u>936,714</u>	<u>38,686</u>	<u>975,400</u>
Deferred compensation money market funds	2,386	-	2,386
Deferred compensation mutual funds	30,954	-	30,954
Beneficial interests held by 3rd party	-	1,144	1,144
Perpetual trusts held by 3rd party	-	8,517	8,517
Short term assets whose use is limited by terms of debt agreement	2,198	-	2,198
Total assets at fair value	<u>\$ 972,252</u>	<u>\$ 48,347</u>	<u>\$ 1,020,599</u>
Investment funds at NAV			<u>3,935</u>
			<u>\$ 1,024,534</u>
Liabilities			
Deferred compensation liability	\$ -	\$ 34,258	\$ 34,258
Total liabilities at fair value	<u>\$ -</u>	<u>\$ 34,258</u>	<u>\$ 34,258</u>

Children's National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

(in thousands)

	June 30, 2021		
	Quoted In Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Total Fair Value
Assets			
Investments			
Cash and short term investments	\$ 52,005	\$ -	\$ 52,005
Fixed income securities	374,506	35,896	410,402
Equity securities	622,166	425	622,591
Real estate investments	-	6,125	6,125
Total investments	1,048,677	42,446	1,091,123
Deferred compensation money market funds	2,035	-	2,035
Deferred compensation mutual funds	38,771	-	38,771
Beneficial interests held by 3rd party	-	1,145	1,145
Perpetual trusts held by 3rd party	-	8,617	8,617
Short term assets whose use is limited by terms of debt agreement	2,232	-	2,232
Total assets at fair value	<u>\$ 1,091,715</u>	<u>\$ 52,208</u>	<u>\$ 1,143,923</u>
Investment funds at NAV			4,427
			<u>\$ 1,148,350</u>
Liabilities			
Deferred compensation liability	\$ -	\$ 42,007	\$ 42,007
Total liabilities at fair value	<u>\$ -</u>	<u>\$ 42,007</u>	<u>\$ 42,007</u>

The following tables present information for investments measured at net asset value ("NAV") as of June 30:

Description	NAV at June 30, 2022	Redemption frequency	Redemption notice period	Receipt of proceeds	June 30, 2022 unfunded commitments
Limited partnerships	\$ 1,127	Ranges from illiquid to quarterly	60 days	Ranges from 95% on redemption date, to within 3 years of redemption date	3,892
Funds of funds	2,808	Ranges from monthly to annually	Ranges from 5 to 65 days	Ranges from 95% on redemption date, to within one year of redemption date	\$385
	<u>\$ 3,935</u>				

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

(in thousands)

<u>Description</u>	<u>NAV at June 30, 2021</u>	<u>Redemption frequency</u>	<u>Redemption notice period</u>	<u>Receipt of proceeds</u>	<u>June 30, 2021 unfunded commitments</u>
Limited partnerships	\$ 1,240	Ranges from illiquid to quarterly	60 days	Ranges from 95% on redemption date, to within 3 years of redemption date	3,784
Funds of funds	<u>3,187</u>	Ranges from monthly to annually	Ranges from 5 to 65 days	Ranges from 95% on redemption date, to within one year of redemption date	\$407
	<u>\$ 4,427</u>				

Following is a description of the Children’s National valuation methodologies for assets and liabilities measured at fair value.

Fair value for Level 1 is based upon quoted prices in active markets that Children’s National has the ability to access for identical assets and liabilities. Market price data is generally obtained from exchange or dealer markets. Children’s National does not adjust the quoted price for such assets and liabilities. Level 1 investments include cash and cash equivalents including money market accounts, fixed income and equity securities, and mutual funds that are traded in an active exchange market. Cash equivalents are considered short term investments.

Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources including market participants, dealers, and brokers. Level 2 investments include certain equity mutual funds, real estate investments, corporate bond funds, US government obligations, and federal agency obligations.

Certain investments are measured at NAV, which consist of limited partnerships and fund of funds. The limited partnerships represent domestic and offshore private placement securities. The fund of funds are investment funds, which invest in other investment funds to reach their desired investment objectives. The master funds are investment funds, which invest substantially all their assets through a “master feeder” structure to pool investment capital raised by both U.S. and overseas investors into one central vehicle. The investment fund investments have varying liquidity terms from illiquid to annual liquidity.

Interest rate swaps are valued using both observable and unobservable inputs, such as quotations received from the counterparty, dealers, or brokers, whenever available and considered reliable. In instances where models are used, the value of the interest rate swap depends upon the contractual terms of, and specific risks inherent in, the instrument as well as the availability and reliability of observable inputs. Such inputs include market prices for reference securities, yield curves, credit curves, measures of volatility, prepayment rates, assumptions for nonperformance risk, and correlations of such inputs. The interest rate swap arrangements have inputs which can generally be corroborated by market data and are therefore classified within Level 2.

The fair value of the obligations under deferred compensation agreements approximates the fair value of the other investment assets, which are determined using quoted market prices. These assets are comprised of mutual funds and money market funds.

Children's National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Children's National believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

5. Property and Equipment

The components of property and equipment as of June 30 are summarized below:

<i>(in thousands)</i>	2022	2021
Land	\$ 37,651	\$ 37,651
Buildings and building improvements	1,382,708	1,359,936
Fixed and movable equipment	367,573	382,442
	<u>1,787,932</u>	<u>1,780,029</u>
Less: Accumulated depreciation	(972,769)	(939,210)
	<u>815,163</u>	<u>840,819</u>
Construction in progress	71,112	56,844
Property and equipment, net	<u>\$ 886,275</u>	<u>\$ 897,663</u>

Depreciation expense for the years ended June 30, 2022 and 2021 was \$104.6 million and \$93.1 million, respectively.

Children's National owns various buildings at the Children's National Research and Innovation Campus for which an environmental retirement obligation was recorded. The balances of such liabilities were \$1.3 million and \$1.3 million as of June 30, 2022 and 2021, respectively.

During the year ended June 30, 2021, Children's National sold or disposed of long-lived assets with a net book value of \$0.3 million. During the year ended June 30, 2022, Children's National disposed of long-lived assets with a net book value of \$1.2 million.

For presentation purposes, Children's National reclassified \$14.0 million to building & building improvements and \$1.9 million to fixed and moveable equipment from construction in progress for the year ended June 30, 2021 to properly reflect the in-service status of these assets.

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

6. Contributions Receivable

Unconditional promises to give as of June 30 were as follows:

<i>(in thousands)</i>	2022	2021
Less than one year	\$ 42,330	\$ 33,044
One to five years	35,898	28,693
More than five years	<u>3,700</u>	<u>8,445</u>
	81,928	70,182
Less: Discount	(2,531)	(2,779)
Allowance for uncollectible contributions	<u>(1,192)</u>	<u>(1,032)</u>
Contribution receivable, net	<u>\$ 78,205</u>	<u>\$ 66,371</u>

Contributions receivable greater than one year in time are discounted using a rate of return that a market participant would expect to receive over the period at the date the pledge is received. The discount rate used is commensurate with the risk involved and ranges from 0.25% to 4.75% based on the date the pledge is made. Loss from uncollectible pledges was \$0.3 million and \$6.4 million for the years ended June 30, 2022 and 2021, respectively.

Children's National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

7. Investments and Assets Whose Use is Limited

The composition and fair values of investments and assets whose use is limited, as reported on the accompanying Consolidated Balance Sheets, at June 30 is as follows:

<i>(in thousands)</i>	2022	2021
Limited by terms of debt agreements		
Cash and short term investments	\$ 2,198	\$ 2,232
Total assets whose use is limited	<u>2,198</u>	<u>2,232</u>
by terms of debt agreements	<u>\$ 2,198</u>	<u>\$ 2,232</u>
Limited for professional liability claims		
Cash and short term investments	\$ 581	\$ 591
Fixed income securities	28,125	20,340
Equity securities	<u>26,062</u>	<u>16,779</u>
Total funded professional liability	<u>\$ 54,768</u>	<u>\$ 37,710</u>
Investments		
Cash and short term investments	\$ 52,856	\$ 51,413
Fixed income securities	346,866	390,061
Equity securities	514,786	605,814
Equity method investments	4,393	6,284
Real estate investments	6,125	6,125
Alternative investments	<u>3,935</u>	<u>4,427</u>
Total Investments	<u>\$ 928,961</u>	<u>\$ 1,064,124</u>
Interest in Beneficial Trusts		
Beneficial interests held by 3rd party	\$ 1,144	\$ 1,145
Perpetual trusts held by 3rd party	<u>8,517</u>	<u>8,617</u>
Total interest and beneficial trusts	<u>\$ 9,661</u>	<u>\$ 9,762</u>

Investments included approximately \$294.7 million and \$332.7 million at June 30, 2022 and 2021, respectively, of funds which are restricted by donors for specific programs or for capital improvements.

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

Investment returns consisted of the following:

(in thousands)

	June 30, 2022		
	Without Donor Resctrions	With Donor Restrictions	Total
Dividends and interest income	\$ 29,662	\$ 10,031	\$ 39,693
Loss on equity method investments	(12,004)		(12,004)
Realized gains	<u>6,734</u>	<u>2,045</u>	<u>8,779</u>
Investment income	24,392	12,076	36,468
Change in net unrealized gain/(loss) on investments	<u>(136,376)</u>	<u>(44,728)</u>	<u>(181,104)</u>
Total investment returns, net	<u>\$ (111,984)</u>	<u>\$ (32,652)</u>	<u>\$ (144,636)</u>

(in thousands)

	June 30, 2021		
	Without Donor Resctrions	With Donor Restrictions	Total
Dividends and interest income	\$ 23,190	\$ 9,599	\$ 32,789
Loss on equity method investments	(9,680)	-	(9,680)
Realized gains	<u>21,290</u>	<u>2,830</u>	<u>24,120</u>
Investment income	34,800	12,429	47,229
Change in net unrealized gains on investments	<u>89,047</u>	<u>46,417</u>	<u>135,464</u>
Total investment returns, net	<u>\$ 123,847</u>	<u>\$ 58,846</u>	<u>\$ 182,693</u>

Realized gains and losses are calculated by comparing proceeds upon sale of an investment to its original cost, or its cost less any adjustment recorded for other-than-temporary loss on investments where applicable. The change in unrealized gains and losses on investments reflects the increase or decrease during the period in the difference between the fair value and the carrying amount of securities. Interest and dividend earnings (net of expenses), net realized gains and losses on investments and the net change in unrealized gains and losses on investments are considered investment income and are included and primarily recorded in investment returns, net on the Consolidated Statement of Operations.

In October of 2013, Children’s National and Inova Health Care Services (“Inova”) partnered in a joint venture to create Pediatric Specialists of Virginia (“PSV”). PSV is a Virginia limited liability company which provides high-quality pediatric specialty care to the children of Northern Virginia through clinical excellence, innovation, education, research, and family-centered care. Children’s National has a 50% investment in PSV, and it is accounted for under the equity method. Inova owns the remaining 50% of PSV.

Children's National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

PSV is governed by an eight-member Management Committee of which Children's National has four members. Any action by the Management Committee must be approved by a majority of the members, provided that it includes an affirmative vote by both one Inova representative and one Children's National representative.

Children's National's investment in PSV was \$4.4 million and \$6.3 million as of June 30, 2022 and 2021, respectively. Children's National's contributed cash of \$10.1 million and \$10.3 million to PSV during the year ended June 30, 2022 and 2021, respectively. Children's National's share of losses from PSV as of June 30, 2022 and 2021 were \$12.5 million and \$9.7 million, respectively and are included within investment income in the Consolidated Statements of Operations.

The total assets, liabilities, and members' equity as of June 30, 2022 and 2021, and the total revenue, expenses and net loss for the years then ended for PSV are as follows:

<i>(in thousands)</i>	2022	2021
Total assets	\$ 20,012	\$ 26,434
Total liabilities	11,227	13,866
Members' equity	8,785	12,568
Total revenue	37,840	35,838
Total expenses	<u>62,933</u>	<u>55,197</u>
Net loss	<u>\$ (25,093)</u>	<u>\$ (19,359)</u>

8. Liquidity and Availability

As of June 30, 2022, financial assets, and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, were as follows:

<i>(in thousands)</i>	2022	2021
Financial assets		
Cash and cash equivalents	\$ 137,907	\$ 120,683
Short term investments	29,281	21,207
Short term assets whose use is limited by terms of debt agreement	2,198	2,232
Accounts receivable for patient services, net	294,163	290,910
Settlements due from third-party payors	10,339	9,736
Current contributions receivable without donor restrictions, net	7,369	3,887
Grants receivable	<u>13,778</u>	<u>11,879</u>
Total financial assets available within one year	495,035	460,534
Liquidity resources:		
Bank line of credit	<u>100,000</u>	<u>100,000</u>
Total financial assets and liquidity resources available within one year	<u>\$ 595,035</u>	<u>\$ 560,534</u>

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

As part of the Children's National's liquidity management plan, cash in excess of daily requirements is invested in either money market funds, short-term investments, or long-term investments. Investment decisions are made based on anticipated liquidity needs, such that financial assets are available as general expenditures, liabilities, and other obligations come due. To manage liquidity, Children's National maintains a \$100.0 million line of credit, as discussed in Note 10, *Debt*.

In addition, Children's National has board designated investments which are available for general expenditure upon Board approval. The amount of board designated investments was \$589.6 million and \$671.1 million as of June 30, 2022 and 2021, respectively.

Through its budgeting process, the CNMC Board authorizes access and release of board designated funds, transfer among CNMC and its affiliates, and transfers to operating accounts by taking action that approves the use of the funds. The CNMC Board also maintains banking and signature policies that authorize individual signers to transfer investment funds to the operating accounts. The CNMC Board may also rely upon the review and recommendations of its Finance and Investment Committee and the Board of its Affiliates.

9. Derivative Instruments

Children's National recognizes its derivative instruments as either assets or liabilities in the Consolidated Balance Sheets at fair value in accordance with relevant accounting guidance.

The Center entered into a swap agreement in conjunction with its Bank Qualified Revenue Bonds. Pursuant to the swap agreement, the Center, pays the counterparty a fixed interest rate equal to 3.83% per annum and receives interest at a variable rate of 80% of the one-month USD-LIBOR plus 1.25% per annum. The total notional amount of the swap agreement was \$4.2 million as of June 30, 2020. The swap matured in December 2020.

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

10. Debt

As of June 30, long-term debt consisted of the following:

<i>(in thousands)</i>	2022	2021
Series 2015 bonds maturity between July 15, 2019 and July 15, 2044, interest rates ranging from 4.00% to 5.00%	\$ 342,350	\$ 350,230
Series 2020 bonds, interest only at 2.93%, maturing on July 15, 2050	300,000	300,000
Bank Qualified Revenue Bonds	7,175	7,775
Other long-term debt	57,406	57,963
Notes payable	18,820	18,820
Total debt	<u>725,751</u>	<u>734,788</u>
Unamortized premiums and discounts, net	22,050	24,317
Unamortized debt issuance costs	<u>(9,395)</u>	<u>(9,873)</u>
	738,406	749,232
Less: Current portion	<u>(11,621)</u>	<u>(11,303)</u>
Total long-term debt	<u>\$ 726,785</u>	<u>\$ 737,929</u>

Series 2015 Bonds

In September 2015, the Children’s National Obligated Group (“Obligated Group”) borrowed from the District of Columbia (the “District”) the proceeds of a series of tax-exempt revenue refunding bonds (“Series 2015 Bonds”) issued by the District in the principal amount of \$374.0 million. The Obligated Group consists of Children’s Hospital, CNWR (joined September 2016), and the Foundation. The Series 2015 Bonds were sold at a premium of \$39.8 million which is being amortized using the effective interest method. The amortization expense for the years ended June 30, 2022 and 2021 was \$2.3 million and \$2.4 million, respectively. The proceeds were used to advance refund the outstanding Series 2008 and Series 2005 Bonds and pay the cost of issuance associated with the Series 2015 Bonds. The Series 2005 Bonds and the Series 2008 Bonds (\$139.5 million and \$248.6 million outstanding as of the advance refunding date, respectively) were issued or refinanced as tax-exempt revenue bonds with fixed interest rates and a final maturity date of July 2035 and July 2044, respectively. The Series 2005 Bonds and the Series 2008 Bonds each had a call provision where the bonds could not be redeemed until July 2018. On July 15, 2018 the bonds were redeemed for \$394.2 million, including interest.

The Series 2015 Bonds are comprised of four tranches:

- \$195,030,000 5.00% Serial Bonds due July 15, 2016 through July 15, 2035
- \$40,315,000 4.00% Term Bonds due July 15, 2040
- \$50,000,000 5.00% Term Bonds due July 15, 2040
- \$88,615,000 5.00% Term Bonds due July 15, 2044

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

Series 2020 Bonds

In August 2020, the Obligated Group issued the Children's Hospital Series 2020 Taxable Bonds ("Series 2020 Bonds") in the principal amount of \$300.0 million. The proceeds from the sale of the Series 2020 Bonds were used to finance general corporate purposes of the Obligated Group, refinance the Bank of America Loan, and pay expenses in conjunction with the issuance of the Series 2020 Bonds. The Series 2020 Bonds bear interest at a fixed rate of 2.93 percent per annum and mature on July 15, 2050 with interest-only payments due January 15 and July 15 of each year.

The most restrictive covenant for the Series 2015 and 2020 Bonds requires the Obligated Group to maintain a minimum debt service coverage ratio of 1.2. The Obligated Group was in compliance with this covenant as of June 30, 2022.

Bank Qualified Revenue Bonds

The HSC Pediatric Center is obligated under Bank Qualified Revenue Bonds, in the original principal amount of \$11,525,000, which were scheduled to mature (subject to prior redemption) on January 1, 2035. The bank had the option to terminate the loan and call the debt on December 17, 2020. Principal payments were made annually, and interest payments were made monthly. The variable interest rate on the bonds was the lesser of the bank rate as determined in accordance with the indenture and the maximum rate permitted by law. In April 2020, the loan was refinanced through the same bank for the amount outstanding at that date of \$8,475,000. The refinanced loan has a 15-year term with scheduled monthly principal payments of \$50,000 and interest payments. The variable interest rate is equal to 79% of the sum of the 1-month London Inter-bank Offer Rate ("LIBOR") plus 1.45%, as defined.

Notes Payable

On June 20, 2019, CITI NMTC SUBSIDIARY CDE XXXIV, LLC, a Delaware limited liability company, issued two loans to Building 52/53 Borrower providing historic and new market rehabilitation tax credit financing for two buildings and certain real property located at 7115 and 7125 13th Place, NW, Washington, D.C. known as Walter Reed Building 52 and Building 53.

The first loan, Promissory Note A1 in the amount of \$6,132,174, accrues interest at 1.0% per year and is computed on the basis of a 360-day year, based upon four 90-day quarters. The loan has a 30-year term with interest only payments required until June 2026. Payments are due quarterly on the 1st day of each March, June, September, and December. Upon the conclusion of the interest only period payments in the amount of \$74,758, consisting of both interest and principal begin on September 1, 2026. The loan matures on June 20, 2049.

The second loan, Promissory Note B1, in the amount of \$2,687,826, accrues interest at 1.0% per year and is computed on the basis of a 360-day year, based upon four 90-day quarters. The loan has a 30-year term with interest only payments required until June 2026. Payments are due quarterly on the 1st day of each March, June, September and December. Upon the conclusion of the interest only period payments in the amount of \$32,768, consisting of both interest and principal begin on September 1, 2026. The loan matures on June 20, 2049.

On June 20, 2019, NTCIC-CNWR, LLC, a Delaware limited liability company, issued two loans to Building 52/53 Borrower providing historic and new market rehabilitation tax credit financing for Walter Reed Building 52 and Building 53.

The first loan, Promissory Note A2 in the amount of \$7,363,526, accrues interest at 1.0% per year and is computed on the basis of a 360-day year, based upon four 90-day quarters. The loan has a 30-year term with interest only payments required until June 2026. Payments are due quarterly on the 1st day of each March, June, September, and December. Upon the conclusion of the interest only period payments in the amount of \$89,770, consisting of both interest and principal begin on September 1, 2026. The loan matures on June 20, 2049.

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

The second loan, Promissory Note B2 in the amount of \$2,636,474, accrues interest at 1.0% per year and is computed on the basis of a 360-day year, based upon four 90-day quarters. The loan has a 30-year term with interest only payments required until June 2026. Payments are due quarterly on the 1st day of each March, June, September and December. Upon the conclusion of the interest only period payments in the amount of \$32,142, consisting of both interest and principal begin on September 1, 2026. The loan matures on June 20, 2049.

The notes are collateralized by Building 52/53 Borrower's property and the improvements. Building 52/53 Borrower may not encumber, transfer ownership, relocate or otherwise act so as to decrease the value of all, or any portion of, the property without prior written consent. The notes are guaranteed by Children's National.

Other Long-Term Debt

In September 2020, Children's Hospital was conveyed title to certain property and land located in Prince George's County, MD that it previously leased from a third-party developer under an operating lease. In exchange for deed and title to the property, Children's Hospital entered a lease-leaseback transaction with an unrelated third party. Children's National guarantees the lease payments made by Children's Hospital. For accounting purposes, this transaction was accounted for as an in-substance net financing as a lease does not exist with the unrelated third party, that is, the right to control the use of the asset was not conveyed to the third party both during and after the leaseback transaction. Children's National recorded other long-term debt, net of debt issuance costs, in the amount of \$55.8 million, assets of \$54.5 million and removed the existing operating lease liability and right-of-use assets of \$30.2 million and \$28.3 million, respectively from its Consolidated Balance Sheet as of the transaction date. No gain or loss was recorded as a result of this transaction during the year ended June 30, 2021. The other-long term debt is amortized based on the monthly lease payments using the effective interest method at an interest rate of 3.14%.

Lines of Credit

On January 23, 2020, the Hospital entered into a \$50.0 million line of credit agreement with JP Morgan Chase Bank, N.A. The line of credit accrued interest at a variable rate equal to the 1 Month LIBOR plus 30 basis points and a commitment fee of 6 basis points. This agreement expired on January 30, 2021. On March 27, 2020, the Hospital entered an additional \$50.0 million line of credit with JP Morgan Chase Bank, N.A. The line of credit accrued interest at a variable rate equal to the 1 Month LIBOR plus 30 basis points and a commitment fee of 10 basis points. This agreement expired on September 30, 2020.

On January 29, 2021, Children's Hospital entered a \$100.0 million revolving Line of Credit with Capital One, N.A. for a one-year term (the Capital One credit agreement). The Capital One credit agreement bears interest at a variable rate equal to the 1 Month LIBOR plus 40 basis points and a commitment fee of 25 basis points. There were no amounts outstanding as of June 30, 2022.

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

Maturities and sinking fund requirements of long-term debt outstanding for the next 5 years and thereafter as of June 30, 2022 were as follows:

(in thousands)

2023	\$ 9,499
2024	10,046
2025	10,564
2026	11,099
2027	11,658
Thereafter	<u>672,886</u>
	<u>\$ 725,752</u>

Total interest expense was \$31.9 million and \$29.3 million for the years ended June 30, 2022 and 2021, respectively. Cash paid for interest was \$34.1 million and \$26.9 million for the years ended June 30, 2022 and 2021, respectively, and includes capitalized interest for construction projects of \$0.2 million and \$0.9 million, net of investment income for the year ended June 30, 2022 and 2021, respectively.

11. Endowments

Children’s National endowment consists of individual donor restricted endowment funds for a variety of purposes. In addition, contributions receivables, split interest agreements, and other net assets have been designated for Children’s National endowment.

The Board of Trustees of Children’s National has interpreted the “Uniform Prudent Management of Institutional Funds Act” (“UPMIFA”) as requiring the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Children’s National classifies net assets with donor restrictions (a time restriction in perpetuity), (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified as net assets with donor restrictions (a time restriction in perpetuity) is classified as net assets with donor restrictions (a purpose restriction) until those amounts are appropriated for expenditure by Children’s National in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, Children’s National considers the following factors in making a determination to appropriate or accumulate endowment funds:

- (1) The duration and preservation of the fund;
- (2) The purposes of Children’s National and the donor-restricted endowment fund;
- (3) General economic conditions;
- (4) The possible effect of inflation and deflation;
- (5) The expected total return from income and the appreciation of investments;
- (6) Other resources of Children’s National; and
- (7) The investment policies of Children’s National.

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

Endowment net asset composition by type of fund for the years ended June 30 were as follows:

(in thousands)

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds			
Historical gift value	\$ -	\$ 182,894	\$ 182,894
Appreciation	-	56,926	56,926
Total endowment funds	<u>\$ -</u>	<u>\$ 239,820</u>	<u>\$ 239,820</u>

(in thousands)

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds			
Historical gift value	\$ -	\$ 164,725	\$ 164,725
Appreciation	-	98,304	98,304
Board-designated endowment funds	-	-	-
Total endowment funds	<u>\$ -</u>	<u>\$ 263,029</u>	<u>\$ 263,029</u>

Children's National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

Changes in endowment net assets for the years ended June 30 were as follows:

(in thousands)

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ -	\$ 263,029	\$ 263,029
Investment return, net	-	(32,601)	(32,601)
Redesignation of net assets	-	-	-
Gifts	-	17,390	17,390
Loss from uncollectible pledges	-	400	400
Appropriation for expenditure	-	(8,397)	(8,397)
Endowment net assets, end of year	\$ -	\$ 239,821	\$ 239,821

(in thousands)

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ -	\$ 204,882	\$ 204,882
Investment return, net	-	58,892	58,892
Redesignation of net assets	-	1,006	1,006
Gifts	-	7,097	7,097
Loss from uncollectible pledges	-	(1,234)	(1,234)
Appropriation for expenditure	-	(7,614)	(7,614)
Endowment net assets, end of year	\$ -	\$ 263,029	\$ 263,029

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

Description of the amounts classified as net assets with donor restrictions held in perpetuity (endowments only) as of June 30 is as follows:

<i>(in thousands)</i>	2022	2021
Patient care	\$ 81,127	\$ 67,230
Health-related education	6,627	6,521
Research	<u>95,140</u>	<u>90,974</u>
	<u>\$ 182,894</u>	<u>\$ 164,725</u>

Endowment Funds with Deficits

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts (deficit). When donor endowment deficits exist, they are classified as a reduction of net assets with donor restrictions. There were no deficits in donor gift amounts as of June 30, 2022 and 2021.

Return Objectives and Risk Parameters

Children’s National has adopted endowment investment and spending policies that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of endowment assets. Under this policy, the return objective for the endowment assets, measured over a full market cycle, shall be to maximize the return against a blended index, based on the endowment’s target allocation applied to the appropriate individual benchmarks. Children’s National expects its endowment funds over time, to provide an average rate of return of approximately 5% annually. Actual returns in any given year may vary from this amount.

Strategies Employed for Achieving Investment Objectives

To achieve its long-term rate of return objectives, Children’s National relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yield (interest and dividends). Children’s National targets a diversified asset allocation that places greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints.

Endowment Spending Allocation and Relationship of Spending Policy to Investment Objectives

The Board of Trustees of Children’s National determines the method to be used to appropriate endowment funds for expenditure. Calculations were performed for individual endowment funds at a rate of 4.5% of the three-year rolling average using a monthly average over the most recent 36 months ended June 30th. The corresponding calculated spending allocations were distributed annually in the first month of the fiscal year from the current net total or accumulated net total investment returns for individual endowment funds. In establishing this policy, the Board considered the expected long-term rate of return on its endowment. Accordingly, over the long term, Children’s National expects the current spending policy to allow its endowment to grow at between 3-8% annually, consistent with its intention to maintain the purchasing power of the endowment assets as well as to provide additional real growth through new gifts.

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

12. Net Assets with Donor Restrictions

Net assets with donor restrictions, consisting of cash, investments, and contributions receivable, were available for the following purposes at June 30:

<i>(in thousands)</i>	2022	2021
Patient care	\$ 153,421	\$ 192,941
Building expansion and equipment	5,590	3,303
Health-related education	8,102	9,248
Research	33,613	31,104
Endowment funds	182,894	164,725
Charitable remainder trusts	1,144	1,145
	<u>\$ 384,764</u>	<u>\$ 402,466</u>

13. Insurance

Children’s National self-insures for malpractice and general liability claims up to a retention limit and carries excess coverage above that limit. On August 1, 1997, Children’s National established the Captive as a wholly owned captive insurance company to assume the retained portion of medical malpractice, employment, and general liability claims of Children’s National arising on or after August 1, 1997. Cash transfers to the Captive are based on premium levels established by the Captive’s management, as well as Cayman Islands statutory capital requirements.

The reserve for claims shown in the accompanying Consolidated Balance Sheets represents the reserve for asserted and unasserted malpractice and comprehensive general liability claims against Children’s National and its affiliated physicians. The reserve for claims is estimated by management using information supplied by legal counsel and an independent actuarial firm.

Malpractice and other claims in excess of the reserve for claims have been asserted against Children’s National, and it is possible that actual claim liabilities could differ from estimated amounts in the near term. However, management and legal counsel do not believe that the ultimate cost of resolving asserted and unasserted claims related to events having occurred through June 30, 2022 are materially in excess of the reserve for claims and malpractice insurance coverage.

Children’s National also self-insures for employee health and dental claims. In addition, Children’s National has a deductible of \$500 thousand per occurrence for workers’ compensation. Amounts accrued in the accompanying Consolidated Balance Sheets for the estimated cost of health and dental care claims incurred, including estimates for incurred but not reported amounts, were approximately \$8.1 million and \$7.6 million as of June 30, 2022 and 2021, respectively. Amounts accrued for workers compensation claims were approximately \$3.0 million and \$3.1 million as of June 30, 2022 and 2021, respectively.

14. Benefit Plans

Children’s National sponsors defined contribution retirement plans that are available to substantially all employees. Children’s National makes contributions to the plans on behalf of each participant based on the employee’s level of contribution. The cost of the plan to Children’s National was approximately \$30.1 million and \$29.0 million as of June 30, 2022 and 2021, respectively.

Children’s National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

Children’s National also has incentive compensation plans, based on achievement of organizational and individual goals, and deferred compensation arrangements. Assets and liabilities related to the deferred compensation arrangements are included in other noncurrent assets and other noncurrent liabilities in the accompanying Consolidated Balance Sheets in the amount of approximately \$36.6 million and \$44.9 million as of June 30, 2022 and 2021, respectively.

15. Leases

Children’s National determines if an arrangement is a lease at inception. Operating leases are included in operating lease right-of-use assets, current portion of operating lease liabilities and operating lease liabilities on the Consolidated Balance Sheet. Financing leases are included in financing right-of-use asset, current portion of finance lease liabilities and finance lease liabilities on the Consolidated Balance Sheet. Leases are recognized based on the present value, net of the future minimum lease payments over the lease term using the organization’s incremental borrowing rate based on the information available at commencement and include both lease and non-lease components. The ROU asset is derived from the lease liability and also includes any lease payments made and excludes lease incentives and initial direct costs incurred. Certain lease agreements for real estate include payments based on actual common area maintenance expenses and others include rental payments adjusted periodically for inflation. These variable lease payments are recognized in other operating expenses, net, but are not included in the right-of-use asset or liability balances. Lease agreements may include one or more renewal options which are at the organization’s sole discretion. Children’s National does not consider the renewal options to be reasonably likely to be exercised, therefore they are not included in ROU assets and lease liabilities. Lease expense for minimum lease payments is recognized on a straight-line basis over the lease term for operating leases.

In accordance with ASC 842, *Leases*, Children’s National has elected to not recognize ROU assets and lease liabilities for short-term leases with a lease term of 12 months or less. Children’s National recognizes the lease payments associated with its short-term leases as an expense on a straight-line basis over the lease term. Variable lease payments associated with these leases are recognized and presented in the same manner as all other leases.

Children’s National is obligated under various operating and financing real property and equipment leases for medical and administrative offices and equipment with remaining terms of 1 to 27 years, some of which include options to extend or options to terminate the leases. Several of these leases contain escalation clauses, with fixed-rate increases ranging from 2%-4%.

Lease expense for the years ended June 30 are as follows:

<i>(in thousands)</i>	2022	2021
Financing lease expense:		
Amortization of right-of-use assets	\$ 10,318	\$ 10,115
Interest on lease liabilities	5,946	5,434
Operating lease expense	13,696	15,794
Short-term lease expense	4,089	3,073
Variable lease expense	3,648	3,405
	<hr/>	<hr/>
Total lease cost	\$ 37,697	\$ 37,821

Children's National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

Commitments related to non-cancellable operating and financing for the years ending June 30 are as follows:

<i>(in thousands)</i>	Operating Leases	Financing Leases
2023	\$ 14,583	\$ 14,074
2024	14,372	14,463
2025	13,226	14,745
2026	13,259	15,145
2027	13,126	15,507
2028 and thereafter	<u>58,448</u>	<u>124,182</u>
Total future minimum payments	127,014	198,116
Less: Present Value Discount	<u>(39,930)</u>	<u>(50,634)</u>
Present value of net minimum lease payments	<u>\$ 87,084</u>	<u>\$ 147,482</u>

The weighted average remaining lease term and discount rate as of June 30, 2022 is as follows:

Weighted average remaining lease terms (in years):

Operating Leases	8.83
Financing Leases	12.32

Weighted average discount rate:

Operating Leases	4.00%
Financing Leases	3.67%

For the year ended June 30, supplemental cash flow information related to leases was as follows:

(in thousands)

Cash paid (received) for amounts included in the measurement of lease liabilities:

	2022	2021
Operating cash flows for operating leases	\$ 16,838	\$ 15,247
Operating cash flows for financing leases	5,948	3,977
Financing cash flows for financing leases	8,979	5,787
Right of assets obtained in exchange for lease liabilities		
Operating leases	\$ 9,696	\$ 1,286
Financing leases	7,688	1,418

Children's National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

Children's National entered into a sale-leaseback agreement with the District of Columbia involving property at its CNRIC campus. Under the arrangement, Children's National sold property for \$20.0 million and leased back the same property for an initial term of 15 years with the option to renew the lease for an additional 14 years. Under the terms of the lease, Children's National pays base rent of one dollar per year and has the option to purchase the property back at the end of the lease term which precludes treating the transfer of the property as a sale. As such, Children's National treated the transaction as a financing obligation and recorded \$20.0 million in other long-term liabilities, \$10.0 million in cash and \$10.0 million in other accounts receivable during the year ended June 30, 2022.

16. Concentrations of Credit Risk

Financial instruments which subject Children's National to concentrations of credit risk consist primarily of cash and cash equivalents, investments, assets who use is limited and patient accounts receivable.

Children's National grants credit without collateral to its patients, most of whom are residents insured under third party payor agreements. The mix of Hospital accounts receivable, net was as follows:

	2022	2021
Managed Care/Commercial	45 %	45 %
Maryland Medicaid	22	25
District of Columbia Medicaid	11	12
Virginia Medicaid and other	19	16
Self-pay	3	2
	<u>100 %</u>	<u>100 %</u>

17. Functional Expenses

Children's National provides health care services to children both within and outside its geographical service area. Children's National's consolidated financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation, amortization, interest and other occupancy costs, are allocated to a function based on a square footage or units of service basis. Expenses related to providing these services are as follows:

(in thousands)

	June 30, 2022				
	Support Services		Program Services		Total
	Fundraising	Management and General	Patient Care	Research	
Operating expenses:					
Salaries, wages and benefits	\$ 7,993	\$ 222,924	\$ 714,802	\$ 61,348	\$ 1,007,067
Supplies & other	1,644	163,313	247,835	36,137	448,929
Medical claims expense	-	-	89,331	-	89,331
Depreciation & amortization	62	74,207	24,573	5,738	104,580
Insurance	-	10,218	9,528	-	19,746
Interest	-	8,884	22,751	277	31,912
Development expense	25,619	769	-	-	26,388
Total operating expenses	<u>\$ 35,318</u>	<u>\$ 480,315</u>	<u>\$ 1,108,820</u>	<u>\$ 103,500</u>	<u>\$ 1,727,953</u>

Children's National Medical Center and Subsidiaries
Notes to Consolidated Financial Statements
Years Ended June 30, 2022 and 2021

<i>(in thousands)</i>	June 30, 2021				
	Support Services		Program Services		Total
	Fundraising	Management and General	Patient Care	Research	
Operating expenses:					
Salaries, wages and benefits	\$ 5,398	\$ 196,104	\$ 655,907	\$ 54,859	\$ 912,268
Supplies & other	1,380	152,398	218,521	33,982	406,281
Medical claims expense	-	-	83,853	-	83,853
Depreciation & amortization	14	41,962	39,438	11,670	93,084
Insurance	-	10,379	6,592	-	16,971
Interest	-	8,417	20,727	166	29,310
Development expense	21,536	1,391	-	-	22,927
Total operating expenses	\$ 28,328	\$ 410,651	\$ 1,025,038	\$ 100,677	\$ 1,564,694

18. Noncontrolling Interests

The following table reconciles the carrying amounts of Children's National's controlling interest and the noncontrolling interests for net assets without donor restrictions:

<i>(in thousands)</i>	Total	Controlling Interest	Noncontrolling Interests
Balance at June 30, 2020	\$ 877,451	\$ 869,859	\$ 7,592
Excess of revenues over expenses	111,033	111,259	(226)
Released from restrictions for property and equipment	2,519	2,519	-
Other changes in net assets without donor restrictions	(310)	(310)	-
Balance at June 30, 2021	\$ 990,693	\$ 983,327	\$ 7,366
Excess of revenues over expenses	(128,622)	(128,261)	(361)
Contributions from noncontrolling interests	12,464	-	12,464
Distributions from noncontrolling interests	(412)	-	(412)
Released from restrictions for property and equipment	3,778	3,778	-
Other changes in net assets without donor restrictions	-	-	-
Balance at June 30, 2022	\$ 877,901	\$ 858,844	\$ 19,057

Children's National Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2022 and 2021

19. Commitments and Contingencies

Children's National is involved in litigation and regulatory investigations arising in the ordinary course of business. After consulting with legal counsel, management estimates that these matters will be resolved without material adverse effect on Children's National's future financial position or results from operations.

20. Subsequent Events

On August 31, 2022, Children's National settled a legal dispute with the general contractor of the Phase I Children's National Research and Innovation Campus construction project related to cost overruns. Under the terms of the settlement agreement, Children's National paid \$17.5 million to the general contractor on August 31, 2022. As of June 30, 2022, the settlement amount was unknown, therefore the only amount recorded associated with the \$17.5 million settlement was \$2.3 million of retainage. The remaining \$15.2 million will be recorded in the balance sheet to plant property and equipment, net in fiscal year 2023.

Subsequent events have been evaluated by management through October 6, 2022 which is the date the consolidated financial statements were issued. There were no events that require adjustment to the consolidated financial statements or disclosure in the notes to the consolidated financial statements.

Supplementary Consolidating Information



Report of Independent Auditors

To the Board of Trustees of Children's National Medical Center

We have audited the consolidated financial statements of Children's National Medical Center and its subsidiaries as of and for the year ended June 30, 2022 and our report thereon appears on pages 1-3 of this document which included an unmodified opinion on those consolidated financial statements. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplementary consolidating information as of and for the year ended June 30, 2022 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements, nor is it intended to present the financial position or results of operations of the individual companies. The 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 supplementary 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 supplementary consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

A handwritten signature in black ink that reads "PricewaterhouseCoopers us". The signature is written in a cursive, flowing style.

October 6, 2022

Children's National Medical Center and Subsidiaries
Supplementary Consolidating Balance Sheet
June 30, 2022

(in thousands)	Obligated group														Consolidated Total
	Hospital	CNWR	Foundation	Eliminations	Obligated Group Total	CRI	Safekids	CP&A	CSS	PHN/CNHN	HSC	Other	Captive	Eliminations	
Assets															
Current assets															
Cash and cash equivalents	\$ 98,034	\$ -	\$ (15)	\$ -	\$ 98,019	\$ -	\$ -	\$ (587)	\$ (5)	\$ -	\$ 31,589	\$ 4,079	\$ 4,812	\$ -	\$ 137,907
Short term investments	29,281	-	-	-	29,281	-	-	-	-	-	-	-	-	-	29,281
Short term assets whose use is limited by terms of debt ag	1,893	-	-	-	1,893	-	-	-	-	-	305	-	-	-	2,198
Accounts receivable, net	296,238	-	-	-	296,238	-	-	1,949	-	-	5,395	-	-	(9,419)	294,163
Settlements due from third-party payors	8,326	-	-	-	8,326	-	-	-	-	-	2,013	-	-	-	10,339
Contributions receivable, net	-	-	39,818	-	39,818	-	1,902	-	-	-	-	-	-	-	41,720
Grant receivable	888	-	-	-	888	8,697	164	-	4,029	-	-	-	-	-	13,778
Inventories of supplies	13,489	-	-	-	13,489	-	-	657	-	-	62	-	-	-	14,208
Prepaid expenses and other	76,892	10,263	-	-	87,155	199	141	98	-	857	1,532	20	12,519	(39,054)	63,467
Total current assets	525,041	10,263	39,803	-	575,107	8,896	2,207	2,117	4,024	857	40,896	4,099	17,331	(48,473)	607,061
Property and equipment, net	589,372	89,705	105	-	679,182	8,171	619	2,496	-	-	34,488	167,129	-	(5,810)	886,275
Right of use assets, financing	120,106	-	-	-	120,106	-	-	544	-	-	80	-	-	-	120,730
Right of use assets, operating	62,986	-	-	-	62,986	-	78	9,562	-	-	6,554	-	-	-	79,180
Assets whose use is limited by professional liability claims	581	-	-	-	581	-	-	-	-	-	-	-	54,187	-	54,768
Investments	844,352	-	597,819	(643,780)	798,391	45,979	2,247	-	-	-	91,971	(6)	7,078	(45,980)	899,680
Contributions receivable, net	-	-	36,485	-	36,485	-	-	-	-	-	-	-	-	-	36,485
Loan receivable	81,763	-	-	-	81,763	-	-	-	-	-	-	-	-	(68,267)	13,496
Interest in beneficial trusts	-	-	9,661	-	9,661	-	-	-	-	-	-	-	-	-	9,661
Due from affiliates	522,353	-	5,489	(70,328)	457,514	-	-	-	-	-	-	250	-	(457,764)	-
Other	64,608	-	-	-	64,608	-	-	974	-	-	-	897	-	(26,646)	39,833
Total noncurrent assets	2,286,121	89,705	649,559	(714,108)	2,311,277	54,150	2,944	13,576	-	-	133,093	168,270	61,265	(604,467)	2,140,108
Total assets	\$ 2,811,162	\$ 99,968	\$ 689,362	\$ (714,108)	\$ 2,886,384	\$ 63,046	\$ 5,151	\$ 15,693	\$ 4,024	\$ 857	\$ 173,989	\$ 172,369	\$ 78,596	\$ (652,940)	\$ 2,747,169
Liabilities and Net Assets															
Current liabilities															
Accounts payable	65,846	16	4	\$ -	\$ 65,866	\$ 392	\$ -	\$ 848	\$ -	\$ -	\$ 5,321	\$ 8,257	\$ 1,230	\$ (15,229)	\$ 66,685
Accrued salaries and other expenses	175,589	29	992	-	176,610	2,381	143	4,154	1,274	60	3,591	4,839	-	(4,840)	188,212
Current portion of reserve for claims	32,794	-	-	-	32,794	-	-	-	-	-	-	-	28,404	(28,404)	32,794
Settlements due to third-party payors	1,749	-	-	-	1,749	-	-	-	-	-	8,345	-	-	-	10,094
Deferred revenue	4,438	1,698	107	-	6,243	12,390	-	-	-	-	-	-	851	(864)	18,620
Medical claims payable	-	-	-	-	-	-	-	-	-	-	23,937	-	-	-	23,937
Current portion of long-term debt	11,021	-	-	-	11,021	-	-	-	-	-	600	-	-	-	11,621
Current portion of financing lease liabilities	3,278	-	-	-	3,278	-	-	171	-	-	26	-	-	-	3,475
Current portion of operating lease liabilities	3,224	-	374	-	3,598	158	64	1,035	-	-	304	-	-	-	5,159
Total current liabilities	297,939	1,743	1,477	-	301,159	15,321	207	6,208	1,274	60	42,124	13,096	30,485	(49,337)	360,597
Noncurrent liabilities															
Long-term debt	701,891	-	-	-	701,891	-	-	-	-	-	6,505	18,389	-	-	726,785
Long-term financing lease liabilities	158,745	-	-	-	158,745	-	-	748	-	-	56	-	-	-	159,549
Long-term operating lease liabilities	65,236	-	(374)	-	64,862	(158)	-	9,875	-	-	7,345	-	-	-	81,924
Reserve for claims	97,169	-	-	-	97,169	-	-	-	-	-	-	-	25,783	(25,783)	98,316
Due to affiliates	-	70,328	-	(70,328)	-	392,745	1,908	27,798	3,960	5,451	25,867	35	-	(457,764)	-
Other long-term liabilities	33,687	21,328	271	-	55,286	-	-	974	-	-	1,107	68,233	-	(68,267)	57,333
Total noncurrent liabilities	1,056,728	91,656	(103)	(70,328)	1,077,953	392,587	1,908	39,395	3,960	5,451	42,027	86,657	25,783	(551,814)	1,123,907
Total liabilities	1,354,667	93,399	1,374	(70,328)	1,379,112	407,908	2,115	45,603	5,234	5,511	84,151	99,753	56,268	(601,151)	1,484,504
Net assets (deficit)															
Without donor restrictions - controlling interest	1,120,340	6,569	307,631	(307,631)	1,126,909	(390,835)	(1,102)	(29,910)	(1,210)	(4,654)	89,570	53,559	22,328	(5,811)	858,844
Without donor restrictions - noncontrolling interest	-	-	-	-	-	-	-	-	-	-	-	19,057	-	-	19,057
With donor restrictions	336,155	-	380,357	(336,149)	380,363	45,973	4,138	-	-	-	268	-	-	(45,978)	384,764
Total net assets (deficit)	1,456,495	6,569	687,988	(643,780)	1,507,272	(344,862)	3,036	(29,910)	(1,210)	(4,654)	89,838	72,616	22,328	(51,789)	1,262,665
Total liabilities and net assets (deficit)	\$ 2,811,162	\$ 99,968	\$ 689,362	\$ (714,108)	\$ 2,886,384	\$ 63,046	\$ 5,151	\$ 15,693	\$ 4,024	\$ 857	\$ 173,989	\$ 172,369	\$ 78,596	\$ (652,940)	\$ 2,747,169

The accompanying note is an integral part of these supplementary consolidated information.

Children's National Medical Center and Subsidiaries
Supplementary Consolidating Statement of Operations
Year Ended June 30, 2022

	Obligated Group														Total
	Hospital	CNWR	Foundation	Eliminations	Obligated Group Total	CRI	Safekids	CP&A	CSS	PHN/CNHN	HSC	Other	Captive	Eliminations	
<i>(in thousands)</i>															
Operating revenue and other support															
Net patient service revenue	\$ 1,237,798	\$ -	\$ -	\$ -	\$ 1,237,798	\$ -	\$ (21)	\$ 30,101	\$ -	\$ -	\$ 23,710	\$ -	\$ -	\$ (34,848)	\$ 1,256,740
Capitation revenue	-	-	-	-	-	-	-	-	-	-	184,371	-	-	-	184,371
Grant revenue	22,666	-	-	-	22,666	67,117	418	818	21,641	-	-	-	-	-	112,660
Other operating revenue	125,268	1,042	27	(3,940)	122,397	741	1,418	801	-	2,681	1,371	6,423	11,353	(59,685)	87,500
Contributions	123	-	21,332	-	21,455	-	727	-	-	-	697	-	-	-	22,879
Net assets released from restrictions used for operations	29,916	-	2,945	-	32,861	10,862	3,390	-	-	-	56	-	-	-	47,169
Total operating revenue and other support	1,415,771	1,042	24,304	(3,940)	1,437,177	78,720	5,932	31,720	21,641	2,681	210,205	6,423	11,353	(94,533)	1,711,319
Expenses															
Salaries, wages, and benefits	849,385	1,354	-	-	850,739	60,084	2,650	20,512	18,651	1,727	52,704	-	-	-	1,007,067
Supplies and other	380,798	11,515	-	(3,940)	388,373	46,653	3,162	12,536	3,586	2,853	37,209	184	2,050	(47,677)	448,929
Medical claims expense	-	-	-	-	-	-	-	-	-	-	124,834	-	-	(35,503)	89,331
Depreciation and amortization	92,275	2,368	-	-	94,643	2,250	119	446	-	-	2,745	4,377	-	-	104,580
Provision for insurance	20,789	-	-	-	20,789	58	-	272	(14)	-	4	-	9,989	(11,352)	19,746
Interest and amortization	29,071	62	-	-	29,133	-	-	38	-	-	193	2,548	-	-	31,912
Development expense	-	-	26,388	-	26,388	-	-	-	-	-	-	-	-	-	26,388
Total expenses	1,372,318	15,299	26,388	(3,940)	1,410,065	109,045	5,931	33,804	22,223	4,580	217,689	7,109	12,039	(94,532)	1,727,953
Operating income (loss)	43,453	(14,257)	(2,084)	-	27,112	(30,325)	1	(2,084)	(582)	(1,899)	(7,484)	(686)	(686)	(1)	(16,634)
Non-operating revenues and expenses															
Investment return, net	(39,392)	-	(58,508)	-	(97,900)	-	-	-	-	-	(8,230)	(6)	(5,848)	-	(111,984)
Other non-operating loss, net	-	-	-	-	-	-	-	-	-	-	(4)	-	-	-	(4)
Total non-operating revenues and expenses	(39,392)	-	(58,508)	-	(97,900)	-	-	-	-	-	(8,234)	(6)	(5,848)	-	(111,988)
Excess (deficiency) of revenues over expenses	\$ 4,061	\$ (14,257)	\$ (60,592)	\$ -	\$ (70,788)	\$ (30,325)	\$ 1	\$ (2,084)	\$ (582)	\$ (1,899)	\$ (15,718)	\$ (692)	\$ (6,534)	\$ (1)	\$ (128,622)

The accompanying note is an integral part of this supplementary consolidated information.

Children's National Medical Center and Subsidiaries
Supplementary Consolidating Balance Sheet – The HSC Foundation and Subsidiaries
Year Ended June 30, 2022

<i>(in thousands)</i>	The HSC Foundation	The HSC Pediatric Center	Health Services for Children with Special Needs, Inc.	HSC Home Care, LLC	2013 Holdings, Inc.	Total
Assets						
Current assets						
Cash and cash equivalents	\$ 10,792	\$ -	\$ 20,797	\$ -	\$ -	\$ 31,589
Short term assets whose use is limited by terms of debt agreement	-	-	305	-	-	305
Accounts receivable, net	-	4,524	-	871	-	5,395
Settlements due from third-party payors	-	1,348	665	-	-	2,013
Inventories of supplies	-	62	-	-	-	62
Prepaid expenses and other	72	481	959	20	-	1,532
Total current assets	<u>10,864</u>	<u>6,415</u>	<u>22,726</u>	<u>891</u>	<u>-</u>	<u>40,896</u>
Property and equipment, net	50	30,117	4,195	126	-	34,488
Right of use assets, financing	-	-	80	-	-	80
Right of use assets, operating	-	3,611	2,623	320	-	6,554
Investments	48,292	36	43,643	-	-	91,971
Total noncurrent assets	<u>48,342</u>	<u>33,764</u>	<u>50,541</u>	<u>446</u>	<u>-</u>	<u>133,093</u>
Total assets	<u>\$ 59,206</u>	<u>\$ 40,179</u>	<u>\$ 73,267</u>	<u>\$ 1,337</u>	<u>\$ -</u>	<u>\$ 173,989</u>
Liabilities and Net Assets						
Current liabilities						
Accounts payable	-	\$ 831	\$ 4,465	\$ 25	\$ -	\$ 5,321
Accrued salaries and other expenses	(46)	757	2,760	120	-	3,591
Settlements due to third-party payors	-	3,815	4,530	-	-	8,345
Medical claims payable	-	-	23,937	-	-	23,937
Current portion of long-term debt	-	600	-	-	-	600
Current Portion of Finance Lease Liabilities	-	-	26	-	-	26
Current Portion of Operating Lease Liabilities	-	155	-	149	-	304
Total current liabilities	<u>(46)</u>	<u>6,158</u>	<u>35,718</u>	<u>294</u>	<u>-</u>	<u>42,124</u>
Noncurrent liabilities						
Long-term debt	-	6,505	-	-	-	6,505
Long-term Finance Lease Liabilities	-	-	56	-	-	56
Long-term operating lease liabilities	-	3,899	3,275	171	-	7,345
Reserve for claims	-	1,032	92	23	-	1,147
Due to affiliates	(15,980)	49,454	2,245	(9,852)	-	25,867
Other long-term liabilities	1,107	-	-	-	-	1,107
Total noncurrent liabilities	<u>(14,873)</u>	<u>60,890</u>	<u>5,668</u>	<u>(9,658)</u>	<u>-</u>	<u>42,027</u>
Total liabilities	<u>(14,919)</u>	<u>67,048</u>	<u>41,386</u>	<u>(9,364)</u>	<u>-</u>	<u>84,151</u>
Net assets (deficit)						
Without donor restrictions - controlling interest	74,125	(27,137)	31,881	10,701	-	89,570
With donor restrictions	-	268	-	-	-	268
Total net assets (deficit)	<u>74,125</u>	<u>(26,869)</u>	<u>31,881</u>	<u>10,701</u>	<u>-</u>	<u>89,838</u>
Total liabilities and net assets (deficit)	<u>\$ 59,206</u>	<u>\$ 40,179</u>	<u>\$ 73,267</u>	<u>\$ 1,337</u>	<u>\$ -</u>	<u>\$ 173,989</u>

The accompanying note is an integral part of this supplementary consolidated information.

Children's National Medical Center and Subsidiaries
Supplementary Consolidating Statement of Operations – The HSC Foundation and Subsidiaries
Year Ended June 30, 2022

<i>(in thousands)</i>	The HSC Foundation	The HSC Pediatric Center	Health Services for Children with Special Needs, Inc.	HSC Home Care, LLC	2013 Holdings, Inc.	HSC Eliminations	Total
Operating revenue and other support							
Net patient service revenue	\$ -	\$ 27,833	\$ -	\$ 8,695	\$ -	\$ (12,818)	\$ 23,710
Capitation revenue	-	-	184,371	-	-	-	184,371
Other operating revenue	-	1,091	-	280	-	-	1,371
Total Unrestricted Contributions	-	697	-	-	-	-	697
Net assets released from restrictions used for operations	-	56	-	-	-	-	56
Total operating revenue and other support	<u>-</u>	<u>29,677</u>	<u>184,371</u>	<u>8,975</u>	<u>-</u>	<u>(12,818)</u>	<u>210,205</u>
Expenses							
Salaries, wages, and benefits	8	22,285	23,367	7,044	-	-	52,704
Supplies and other	-	15,649	19,838	1,722	-	-	37,209
Medical claims expense	-	-	137,652	-	-	(12,818)	124,834
Depreciation and amortization	320	1,527	881	17	-	-	2,745
Provision for insurance	-	4	-	-	-	-	4
Interest and amortization	67	124	2	-	-	-	193
Total expenses	<u>395</u>	<u>39,589</u>	<u>181,740</u>	<u>8,783</u>	<u>-</u>	<u>(12,818)</u>	<u>217,689</u>
Operating income (loss)	<u>(395)</u>	<u>(9,912)</u>	<u>2,631</u>	<u>192</u>	<u>-</u>	<u>-</u>	<u>(7,484)</u>
Non-operating revenues and expenses							
Investment return, net	(5,316)	(10)	(2,904)	-	-	-	(8,230)
Other non-operating loss, net	-	(4)	-	-	-	-	(4)
Total non-operating revenues and expenses	<u>(5,316)</u>	<u>(14)</u>	<u>(2,904)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(8,234)</u>
Excess (deficiency) of revenues over expenses	<u>\$ (5,711)</u>	<u>\$ (9,926)</u>	<u>\$ (273)</u>	<u>\$ 192</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (15,718)</u>

The accompanying note is an integral part of this supplementary consolidated information.

Children’s National Medical Center and Subsidiaries
Notes to Consolidating Supplementary Information
Year Ended June 30, 2022

1. Basis of Presentation—Consolidating Supplementary Information

The consolidating supplementary information (“consolidating information”) presented on pages 44-47 was derived from and relates to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements, rather than to present the financial position and results of operations, changes in net assets and cash flows of the individual companies within Children’s National and is not a required part of the consolidated financial statements. The individual companies within Children’s National as presented within the consolidating information are disclosed within Note 1 to the consolidated financial statements.

**Schedule of Expenditures of Federal Awards
and
Notes to Schedule of Expenditures of Federal Awards**

Children's National Medical Center and Subsidiaries

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Direct	Pass-Through	Pass-Through Entity	Pass-Through Entity Sponsor Number	Total Expenditures	Passed to Sub-Recipients
Research and Development Cluster							
DEPARTMENT OF DEFENSE							
Department of the Army							
Military Medical Research and Development	12.420	\$ 1,501,268	\$ -			\$ 1,501,268	\$ 4,445
Military Medical Research and Development	12.420	-	-	1 Binghamton University	202SUB00000095	\$ 1	-
Military Medical Research and Development	12.420	-	83,135	Children's Hospital of Philadelphia	3211260622/PO# 20228798	\$ 83,135	-
Military Medical Research and Development	12.420	-	24,073	George Washington University	21-14110	\$ 24,073	-
Military Medical Research and Development	12.420	-	33,136	Medstar Health Research Institute	3002028409	33,136	-
Military Medical Research and Development	12.420	-	18,604	Sarcoma Alliance for Resrch through Collaboration	SARC-20191008	18,604	-
Military Medical Research and Development	12.420	-	34,249	University of Alabama-Birmingham	000516840-SC005-T001	34,249	17,400
Military Medical Research and Development	12.420	-	8,687	University of Kentucky	3200004210-22-026	8,687	-
Military Medical Research and Development	12.420	-	17,679	Weill Cornell Medical College	89495-21535	17,679	-
SubTotal Military Medical Research and Development		<u>1,501,268</u>	<u>219,564</u>			<u>1,720,832</u>	<u>21,845</u>
Basic Scientific Research	12.431	50,472	-			50,472	-
Total Department of Defense		<u>1,551,740</u>	<u>219,564</u>			<u>1,771,304</u>	<u>21,845</u>
NATIONAL SCIENCE FOUNDATION							
National Science Foundation							
Engineering	47.041	46,581	-			46,581	-
Computer and Information Science and Engineering	47.070	76,268	-			76,268	-
Computer and Information Science and Engineering	47.070	-	77,098	The Research Foundation for SUNY	86479/2/1157719	77,098	-
SubTotal Computer and Information Science and Engineering		<u>76,268</u>	<u>77,098</u>			<u>153,366</u>	<u>-</u>
Total National Science Foundation		<u>122,849</u>	<u>77,098</u>			<u>199,947</u>	<u>-</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES							
Centers for Disease Control and Prevention							
Innovations in Applied Public Health Research	93.061	-	181,175	Creare LLC	S676 /PO 108128	181,175	-
Blood Disorder Program: Prevention, Surveillance, and Research	93.080	-	24,766	Children's Hospital of Philadelphia	GRT-00000783-0922/PO# 20318951	24,766	-
Blood Disorder Program: Prevention, Surveillance, and Research	93.080	-	9,229	Children's Hospital of Philadelphia	GRT-00000783/PO#20224718	9,229	-
SubTotal Blood Disorder Program: Prevention, Surveillance and Research		<u>-</u>	<u>33,995</u>			<u>33,995</u>	<u>-</u>
Injury Prevention and Control Research and State and Community Based Programs	93.136	79,012	-			79,012	-
Injury Prevention and Control Research and State and Community Based Programs	93.136	-	58,900	Emory University	A605980	58,900	-
SubTotal Injury Prevention and Control Research and State and Community Based Programs		<u>79,012</u>	<u>58,900</u>			<u>137,912</u>	<u>-</u>
Preventive Health and Health Services Block Grant	93.991	-	119,786	DC Department of Health	CHA2022-000011	119,786	-
Preventive Health and Health Services Block Grant	93.991	-	46,359	DC Department of Health	CHA2022-000011-000	46,359	-
SubTotal Preventive Health and Health Services Block Grant		<u>-</u>	<u>166,145</u>			<u>166,145</u>	<u>-</u>
Administration for Community Living							
ACL National Institute on Disability, Independent Living, and Rehabilitation Research	93.433	-	174,220	Catholic University of America	407261 Sub 2 A2	174,220	-
ACL National Institute on Disability, Independent Living, and Rehabilitation Research	93.433	-	26,501	MedStar Health Research Institute	5002027613	26,501	-
SubTotal National Institute on Disability, Independent Living, and Rehabilitation Research		<u>-</u>	<u>200,721</u>			<u>200,721</u>	<u>-</u>
Food and Drug Administration							
Food and Drug Administration_Research	93.103	936,169	-			936,169	578,590
Food and Drug Administration_Research	93.103	-	19,400	Children's Hospital of Philadelphia	3201480821/ PO# 20225919	19,400	-
Food and Drug Administration_Research	93.103	-	30,627	Institute for Advanced Clinical Trials	CNMC-01	30,627	-
SubTotal Food and Drug Administration_Research		<u>936,169</u>	<u>50,027</u>			<u>986,196</u>	<u>578,590</u>
Health Resources and Services Administration							
Maternal and Child Health Federal Consolidated Programs	93.110	304,983	-			304,983	3,804
Maternal and Child Health Federal Consolidated Programs	93.110	-	38,104	Children's Hospital of Philadelphia	3209610521/PO# 20189289 - 3209610522/PO# 20274254	38,104	-
Maternal and Child Health Federal Consolidated Programs	93.110	-	68,927	Association of Public Health Laboratories	56300-600-150-21-09	68,927	-
Maternal and Child Health Federal Consolidated Programs	93.110	-	6,428	Children's Hospital of Philadelphia	GRT-00002064/PO#20369615	6,428	-
Maternal and Child Health Federal Consolidated Programs	93.110	-	29,559	Health Research, Inc.	6028-03	29,559	-
Maternal and Child Health Federal Consolidated Programs	93.110	-	288,945	The Medical Society of Virginia Foundati	MSVF20210309	288,945	-
SubTotal Maternal and Child Health Federal Consolidated Programs		<u>304,983</u>	<u>431,963</u>			<u>736,946</u>	<u>3,804</u>
National Institutes of Health							
Human Genome Project	93.172	1,558,523	-			1,558,523	190,102
Research Related to Deafness and Communication Disorders	93.173	-	37,383	Georgetown University	CRIAWD-7773445, AdvAcct-413569_GR413479-	37,383	-
Minority Health and Health Disparities Research	93.307	-	29,129	Nationwide Children's Hospital	700235-0622-00	29,129	-
COVID-19 Trans-NIH Research Support	93.310	-	200,931	University of California, San Francisco	13550sc	200,931	-
Biomedical Research and Research Training	93.859	434,386	-			434,386	34,596
Medical Library Assistance	93.879	604,192	-			604,192	306,625
International Research and Research Training	93.989	97,755	-			97,755	-
Cancer Research Manpower	93.398	-	65,320	George Washington University	20-M108	65,320	-

See accompanying notes to Schedule of Expenditures of Federal Awards.

Children's National Medical Center and Subsidiaries

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Direct	Pass-Through	Pass-Through Entity	Pass-Through Entity Sponsor Number	Total Expenditures	Passed to Sub-Recipients
Pediatric SARs-CoV-2 and MIS-C Long-term Follow-up Protocol	93.RD	-	2,297,221	Leidos Biomedical Research, Inc	21X125	2,297,221	-
Autism Neurocognitive Data Support Services	93.RD	46,469	-			46,469	-
Studies of the Natural History and Pathogenesis of Spondyloarthritis	93.RD	53,005	-			53,005	-
SubTotal Federal Contracts		<u>99,474</u>	<u>2,297,221</u>			<u>2,396,696</u>	<u>-</u>
Oral Diseases and Disorders Research	93.121	-	113,915	Children's Hospital of Los Angeles	AdvAcct-000012943-C	113,915	-
Oral Diseases and Disorders Research	93.121	-	10,430	University of Colorado Denver	AdvAcct-FY21.1047.001	10,430	-
Oral Diseases and Disorders Research	93.121	-	70,127	University of Pittsburgh	AWD00002487 (134948-4)	70,127	-
SubTotal Oral Diseases and Disorders Research		<u>-</u>	<u>194,472</u>			<u>194,472</u>	<u>-</u>
Research and Training in Complementary and Integrative Health	93.213	296,457	-			296,457	37,403
Research and Training in Complementary and Integrative Health	93.213	-	211,728	Colorado State University	G-45172-02	211,728	-
SubTotal Research and Training in Complementary and Integrative Health		<u>296,457</u>	<u>211,728</u>			<u>508,185</u>	<u>37,403</u>
Research on Healthcare Costs, Quality and Outcomes	93.226	25,758	-			25,758	-
Research on Healthcare Costs, Quality and Outcomes	93.226	-	1,205	Albert Einstein College of Medicine	311812	1,205	-
Research on Healthcare Costs, Quality and Outcomes	93.226	-	30,903	Children's Hospital of Los Angeles	AdvAcct-000013257-C	30,903	-
Research on Healthcare Costs, Quality and Outcomes	93.226	-	5,330	University of Michigan	3004658566	5,330	-
SubTotal Research on Healthcare Costs, Quality and Outcomes		<u>25,758</u>	<u>37,438</u>			<u>63,196</u>	<u>-</u>
Mental Health Research Grants	93.242	1,620,300	-			1,620,300	160,717
Mental Health Research Grants	93.242	-	54,653	Creare LLC	S624/9R44MH119027-02	54,653	-
Mental Health Research Grants	93.242	-	58,960	George Washington University	AWD7772276-GR205181_and_GR207108	58,960	-
Mental Health Research Grants	93.242	-	30,655	George Washington University	AWD7772276-GR205181_and_GR207108	30,655	-
Mental Health Research Grants	93.242	-	12,914	Georgetown University	AdvAcct-AWD772276-GR2051	12,914	-
Mental Health Research Grants	93.242	-	99,817	Georgetown University	AdvAcct-AWD772276-GR2051	99,817	-
Mental Health Research Grants	93.242	-	155,028	Nationwide Children's Hospital	AdvAcct-700258-0422-00	155,028	-
Mental Health Research Grants	93.242	-	351,413	University of Maryland, College Park	AdvAcct-82724-20279202	351,413	-
Mental Health Research Grants	93.242	-	219,713	University of Virginia	GB10691_PO#2133159	219,713	-
Mental Health Research Grants	93.242	-	78,205	Washington University - St. Louis	AdvAcct-WU-22-0031	78,205	-
SubTotal Mental Health Research Grants		<u>1,620,300</u>	<u>1,061,358</u>			<u>2,681,658</u>	<u>160,717</u>
Alcohol Research Programs	93.273	902,007	-			902,007	9,605
Alcohol Research Programs	93.273	-	50,397	Cogthera LLC	NIH-CRI-01	50,397	-
SubTotal Alcohol Research Programs		<u>902,007</u>	<u>50,397</u>			<u>952,404</u>	<u>9,605</u>
Drug Abuse and Addiction Research Programs	93.279	354,790	-			354,790	-
Drug Abuse and Addiction Research Programs	93.279	-	2,866	Johns Hopkins University	2003164315	2,866	-
SubTotal Drug Abuse and Addiction Research Programs		<u>354,790</u>	<u>2,866</u>			<u>357,656</u>	<u>-</u>
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	862,930	-			\$ 862,930	\$ 346,952
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	-	6,685	Clear Guide Medical	11982ac	6,685	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	-	125,867	Johns Hopkins University	2005365061	125,867	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	-	354	Kilware, Inc.	K001848-00-S02	354	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	-	50,130	Kilware, Inc.	K002847-00-S02	50,130	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	-	19,102	Optosurgical LLC	CRI-2021-EB-001	19,102	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	-	16,259	University of Maryland, College Park	39478-Z0681001	16,259	-
SubTotal Discovery and Applied Research for Technological Innovations to Improve Human Health		<u>862,930</u>	<u>218,397</u>			<u>1,081,327</u>	<u>346,952</u>
National Center for Advancing Translational Sciences	93.350	2,404,464	-			2,404,464	435,371
COVID-19 National Center for Advancing Translational Sciences	93.350	59,165	-			59,165	-
National Center for Advancing Translational Sciences	93.350	-	2,397	George Washington University	AdvAcct-21-M74	2,397	-
National Center for Advancing Translational Sciences	93.350	-	10,606	Seattle Children's Hospital Resrch Inst	106311.94Seattle	10,606	-
National Center for Advancing Translational Sciences	93.350	-	106,536	Seattle Children's Hospital Resrch Inst	AdvAcct-12485SUB	106,536	-
National Center for Advancing Translational Sciences	93.350	-	2,516	Seattle Children's Hospital Resrch Inst	12506SLB	2,516	-
National Center for Advancing Translational Sciences	93.350	-	40,729	University of Colorado Denver	FY22.1126.059	40,729	-
National Center for Advancing Translational Sciences	93.350	-	61,787	Washington University - St. Louis	AdvAcct-WU-21-76	61,787	-
National Center for Advancing Translational Sciences	93.350	-	74	WESTAT	6693-00-S001	74	-
National Center for Advancing Translational Sciences	93.350	-	189,843	WESTAT	6693-02-S001	189,843	-
SubTotal National Center for Advancing Translational Sciences		<u>2,463,629</u>	<u>414,488</u>			<u>2,878,117</u>	<u>435,371</u>
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	686,452	-			686,452	436,381
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	-	16,123	Mayo Clinic	CRI-260212-01/PO #6757442	16,123	-
SubTotal 21st Century Cures Act - Beau Biden Cancer Moonshot		<u>686,452</u>	<u>16,123</u>			<u>702,575</u>	<u>436,381</u>
Nursing Research	93.361	156,165	-			156,165	-
Nursing Research	93.361	-	109,279	Auscutech Dx	ATX-CRI-1294	109,279	-
Nursing Research	93.361	-	12,937	University of Tennessee	A19-0157-S001	12,937	-
SubTotal Nursing Research		<u>156,165</u>	<u>122,216</u>			<u>278,381</u>	<u>-</u>
Cancer Cause and Prevention Research	93.393	65,353	-			65,353	12,659
Cancer Cause and Prevention Research	93.393	-	12,617	George Washington University	21-M128	12,617	-
SubTotal Cancer Cause and Prevention Research		<u>65,353</u>	<u>12,617</u>			<u>77,970</u>	<u>12,659</u>
Cancer Detection and Diagnosis Research	93.394	615,765	-			615,765	136,414
Cancer Detection and Diagnosis Research	93.394	-	209,051	Children's Hospital of Philadelphia	AdvAcct-GRT-00000367/PO#2	209,051	-
Cancer Detection and Diagnosis Research	93.394	-	10,238	George Washington University	18-M96R	10,238	-

See accompanying notes to Schedule of Expenditures of Federal Awards.

Children's National Medical Center and Subsidiaries

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Pass-Through			Pass-Through Entity Sponsor Number	Total Expenditures	Passed to Sub-Recipients
		Direct	Pass-Through	Pass-Through Entity			
Cancer Detection and Diagnosis Research	93.394	\$ -	\$ 7	St. Jude Children's Research Hospital	112134050-7941910	\$ 7	\$ -
Cancer Detection and Diagnosis Research	93.394	-	58,866	University of South Florida	1257-1022-00-D	58,866	-
SubTotal Cancer Detection and Diagnosis Research		<u>615,765</u>	<u>278,162</u>			<u>893,927</u>	<u>136,414</u>
Cancer Treatment Research	93.395	904,740	-			904,740	200,419
Cancer Treatment Research	93.395	-	56,824	Baylor College of Medicine	AdvAcct-PO#7000001449	56,824	-
Cancer Treatment Research	93.395	-	12,458	Children's Hospital of Philadelphia	FP0026537_SUB09_01	12,458	-
Cancer Treatment Research	93.395	-	23,415	Children's Hospital of Philadelphia	20291473	23,415	-
Cancer Treatment Research	93.395	-	291,386	Johns Hopkins University	AdvAcct-2004490955	291,386	-
Cancer Treatment Research	93.395	-	33,201	Northwestern University	60047359CR1	33,201	-
Cancer Treatment Research	93.395	-	3,209	Public Health Institute (PHI)	AR03432/PO#2913	3,209	-
Cancer Treatment Research	93.395	-	13,541	Public Health Institute (PHI)	AR13037/PO: 0000003987	13,541	-
Cancer Treatment Research	93.395	-	35,700	Public Health Institute (PHI)	AR13038/PO: 0000003996	35,700	-
Cancer Treatment Research	93.395	-	6,289	Public Health Institute (PHI)	AR10370-PO0000003601	6,289	-
Cancer Treatment Research	93.395	-	69,859	St. Jude Children's Research Hospital	11006823B-8081659	69,859	2,930
Cancer Treatment Research	93.395	-	50,352	Univ of Texas M.D. Anderson Cancer Cntr	AdvAcct-3001292599	50,352	-
Cancer Treatment Research	93.395	-	167,215	Univ of Texas M.D. Anderson Cancer Cntr	AdvAcct-3001292626	167,215	-
Cancer Treatment Research	93.395	-	510,885	Univ of Texas M.D. Anderson Cancer Cntr	AdvAcct-3001292604	510,885	-
Cancer Treatment Research	93.395	-	36,185	University of Maryland @ Baltimore	Sub#1903114 PO1000004417	36,185	-
SubTotal Cancer Treatment Research		<u>904,740</u>	<u>1,310,519</u>			<u>2,215,259</u>	<u>203,349</u>
Cancer Control	93.399	-	3,112	Children's Hospital of Philadelphia	PO20219554	\$ 3,112	\$ -
Cancer Control	93.399	-	179	Children's Hospital of Philadelphia	PO20219384/PO20219370	179	-
Cancer Control	93.399	-	2,431	Public Health Institute	AdvAcct-AR04865	2,431	-
SubTotal Cancer Control		<u>-</u>	<u>5,722</u>			<u>5,722</u>	<u>-</u>
Cardiovascular Diseases Research	93.837	3,143,227	-			3,143,227	186,740
Cardiovascular Diseases Research	93.837	-	150,483	Auscultech Dx	ATX-CRI-1293	150,483	-
Cardiovascular Diseases Research	93.837	-	32,692	Auscultech Inc	ATX-CRI-1295	32,692	-
Cardiovascular Diseases Research	93.837	-	6,974	Emory University	A355977- Cost Reim	6,974	-
Cardiovascular Diseases Research	93.837	-	23,105	Emory University	Sub#A573308	23,105	-
Cardiovascular Diseases Research	93.837	-	12,611	Elometry Inc.	R44HL117340	12,611	-
Cardiovascular Diseases Research	93.837	-	18,777	George Washington University	20-M128	18,777	-
Cardiovascular Diseases Research	93.837	-	88,166	New England Research Institute	FUELOLE-4898_20180817	88,166	-
Cardiovascular Diseases Research	93.837	-	55,808	New England Research Institute	Exhibit F to NERI MCTA	55,808	-
Cardiovascular Diseases Research	93.837	-	170,348	The University of Chicago	AWD100549	170,348	-
SubTotal Cardiovascular Diseases Research		<u>3,143,227</u>	<u>558,964</u>			<u>3,702,191</u>	<u>186,740</u>
Lung Diseases Research	93.838	1,436,868	-			1,436,868	37,196
COVID-19 Lung Diseases Research	93.838	178,945	-			178,945	-
Lung Diseases Research	93.838	-	3,565	Indiana University	8500-CRI	3,565	-
Lung Diseases Research	93.838	-	148,339	Kitware, Inc.	K003000-00-S01	148,339	-
Lung Diseases Research	93.838	-	95,342	University of Arizona	AdvAcct-UA Agreement 328534	95,342	-
Lung Diseases Research	93.838	-	40,690	Wayne State University	WSU22147	40,690	-
SubTotal Lung Diseases Research		<u>1,615,813</u>	<u>287,936</u>			<u>1,903,749</u>	<u>37,196</u>
Blood Diseases and Resources Research	93.839	1,679,741	-			1,679,741	44,816
Blood Diseases and Resources Research	93.839	-	68,048	Baylor College of Medicine	AdvAcct-PO 7000000480	68,048	-
Blood Diseases and Resources Research	93.839	-	152,400	Emory University	A577312	152,400	-
Blood Diseases and Resources Research	93.839	-	4,166	Fred Hutchinson Cancer Research Center	0001043125	4,166	-
Blood Diseases and Resources Research	93.839	-	9,303	Medical College of Wisconsin	MCW20181219	9,303	-
Blood Diseases and Resources Research	93.839	-	23,626	Medical College of Wisconsin	MCW20220119	23,626	-
Blood Diseases and Resources Research	93.839	-	346,848	Medical College of Wisconsin	AdvAcct-MCW20191009	346,848	-
Blood Diseases and Resources Research	93.839	-	66,925	Univ of North Carolina at Chapel Hill	5105020	66,925	-
Blood Diseases and Resources Research	93.839	-	21,331	University of Alabama-Birmingham	000524452-SC001	21,331	-
Blood Diseases and Resources Research	93.839	-	84,028	University of Minnesota	AdvAcct-P007988801	84,028	-
Blood Diseases and Resources Research	93.839	-	147,206	University of Virginia	GB10717_PO#2234098	147,206	-
Blood Diseases and Resources Research	93.839	-	26,833	Vanderbilt University	VUMC91809	26,833	-
SubTotal Blood Diseases and Resources Research		<u>1,679,741</u>	<u>950,714</u>			<u>2,630,455</u>	<u>44,816</u>
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	325,199	-			325,199	-
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	-	54,179	Baylor College of Medicine	7000001063	54,179	-
SubTotal Arthritis, Musculoskeletal and Skin Diseases Research		<u>325,199</u>	<u>54,179</u>			<u>379,378</u>	<u>-</u>
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	890,968	-			890,968	83,126
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	20,176	Baylor College of Medicine	AdvAcct-7000001068	20,176	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	76,291	Children's Hospital of Pittsburgh	AdvAcct-AWD00000120 (1325)	76,291	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	41,594	CoapTech Inc.	R44DK123910-CNMC	41,594	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	67,815	George Washington University	20-M12R	67,815	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	157	Johns Hopkins University	2004092761	157	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	79,971	Kitware, Inc.	K002739-00-S01	79,971	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	42,555	Optosurgical LLC	CRI-2021-DK-001	42,555	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	104,392	University of Alabama-Birmingham	000526569-SP002-SC001	104,392	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	186,198	University of Virginia	GB10730_PO#2238820	186,198	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	-	218,113	Vanderbilt University	AdvAcct-VUMC75773	218,113	-
SubTotal Diabetes, Digestive, and Kidney Diseases Extramural Research		<u>890,968</u>	<u>837,262</u>			<u>1,728,230</u>	<u>83,126</u>
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	5,061,260	-			5,061,260	650,801

See accompanying notes to Schedule of Expenditures of Federal Awards.

Children's National Medical Center and Subsidiaries

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Direct	Pass-Through	Pass-Through Entity	Pass-Through Entity Sponsor Number	Total Expenditures	Passed to Sub-Recipients
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	\$ -	\$ 93,654	Baylor College of Medicine	AdvAcct-7000001512	\$ 93,654	\$ -
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	-	24,693	Children's Hospital of Philadelphia	AdvAcct-3201870622	24,693	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	-	32,627	Children's Hospital of Philadelphia	3202030623	32,627	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	-	71,899	mRecule, Inc	MR-001	71,899	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	-	210,853	University of California Los Angeles	1713 G ZB088; FAU 441488-GC-31938	210,853	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	-	10,849	University of California, San Francisco	9672sc	10,849	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	-	6,052	University of California, San Francisco	11081sc	6,052	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	-	6,458	University of Michigan	SUBK00014911	6,458	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	-	60,265	University of Washington	UWSC11001	60,265	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	-	1,560	Wake Forest University	433-102510-112671	1,560	-
SubTotal Extramural Research Programs in the Neurosciences and Neurological Disorders		5,061,260	518,910			5,580,170	650,801
Allergy, Immunology and Transplantation Research	93.855	1,807,249	-			1,807,249	193,725
COVID-19 Allergy, Immunology and Transplantation Research	93.855	176,383	-			176,383	-
Allergy, Immunology and Transplantation Research	93.855	-	75,628	Baylor College of Medicine	AdvAcct-7000000731	75,628	-
Allergy, Immunology and Transplantation Research	93.855	-	63,323	Children's Hospital Boston	AdvAcct-GENFD0002071754	63,323	-
Allergy, Immunology and Transplantation Research	93.855	-	15,501	Computer Technology Associates, Inc.	1	15,501	-
Allergy, Immunology and Transplantation Research	93.855	-	19,810	District of Columbia Center for AIDS Res	MO035RPTA3808311XXS	19,810	-
Allergy, Immunology and Transplantation Research	93.855	-	68,961	George Washington University	20-M120	68,961	-
Allergy, Immunology and Transplantation Research	93.855	-	14,630	George Washington University	20-M106	14,630	-
Allergy, Immunology and Transplantation Research	93.855	-	101,326	George Washington University	AdvAcct-20-M75	101,326	-
Allergy, Immunology and Transplantation Research	93.855	-	5,665	George Washington University	AdvAcct-20-M58	5,665	-
COVID-19 Allergy, Immunology and Transplantation Research	93.855	-	4,839	George Washington University	AdvAcct-21-M58	4,839	-
Allergy, Immunology and Transplantation Research	93.855	-	519	George Washington University	AdvAcct-20-M115	519	-
Allergy, Immunology and Transplantation Research	93.855	-	37,541	George Washington University	20-M94	37,541	-
Allergy, Immunology and Transplantation Research	93.855	-	20,033	George Washington University	DCCFAR20210104	20,033	-
Allergy, Immunology and Transplantation Research	93.855	-	80,166	Massachusetts General Hospital	229712	80,166	-
COVID-19 Allergy, Immunology and Transplantation Research	93.855	-	591,621	Massachusetts General Hospital	121R01A1127507	591,621	-
Allergy, Immunology and Transplantation Research	93.855	-	124,087	Michigan State University	RC106925E	124,087	-
Allergy, Immunology and Transplantation Research	93.855	-	129,248	Northwestern University	60057256 CRI	129,248	-
Allergy, Immunology and Transplantation Research	93.855	-	9,136	President and Fellows of Harvard College	AdvAcct-117273-5115223	9,136	-
Allergy, Immunology and Transplantation Research	93.855	-	38,199	The University of Calgary	10034797	38,199	-
Allergy, Immunology and Transplantation Research	93.855	-	2,170	University of Alabama-Birmingham	000522211-SC026	2,170	-
Allergy, Immunology and Transplantation Research	93.855	-	56,204	University of Wisconsin	Sub#0000000794	56,204	-
Allergy, Immunology and Transplantation Research	93.855	-	157,810	University of Wisconsin	0000001554	157,810	-
Allergy, Immunology and Transplantation Research	93.855	-	15,209	Weill Cornell Medical College	222806	15,209	-
Allergy, Immunology and Transplantation Research	93.855	-	50,096	Weill Cornell Medical College	215433	50,096	-
SubTotal Allergy, Immunology and Transplantation Research		1,983,632	1,681,722			3,665,354	193,725
Child Health and Human Development Extramural Research	93.865	9,423,071	-			9,423,071	3,008,778
Child Health and Human Development Extramural Research	93.865	-	64,507	Children's Hospital of Philadelphia	GRT-00000762 / PO# 20228079	64,507	-
Child Health and Human Development Extramural Research	93.865	-	137,544	Clear Guide Medical	CR1-002	137,544	-
Child Health and Human Development Extramural Research	93.865	-	48,729	George Washington University	17-S28	48,729	-
Child Health and Human Development Extramural Research	93.865	-	28,163	Indiana University	TIU20172704	28,163	-
Child Health and Human Development Extramural Research	93.865	-	44,725	Medical College of Wisconsin	AdvAcct-MCW-20190806	44,725	-
Child Health and Human Development Extramural Research	93.865	-	56,620	National Disease Research Interchange	AdvAcct-141144	56,620	-
Child Health and Human Development Extramural Research	93.865	-	26,451	Nationwide Children's Hospital	AdvAcct-700171-0722-00	26,451	-
Child Health and Human Development Extramural Research	93.865	-	42,257	Northwestern University	60046347CRI	42,257	-
Child Health and Human Development Extramural Research	93.865	-	50,908	RTI International	1-312-0217179-65703L	50,908	-
Child Health and Human Development Extramural Research	93.865	-	18,035	St. Jude Children's Research Hospital	111997050-7885091	18,035	-
Child Health and Human Development Extramural Research	93.865	-	69,545	The University of Chicago	AWD101148 (SUB000)	69,545	-
Child Health and Human Development Extramural Research	93.865	-	2,897	Univ of North Carolina at Chapel Hill	5122969	2,897	-
Child Health and Human Development Extramural Research	93.865	-	256,079	University of Michigan	AdvAcct-SUBK00008038	256,079	-
Child Health and Human Development Extramural Research	93.865	-	220,083	University of Alabama-Birmingham	000522197-SC001	220,083	-
SubTotal Child Health and Human Development Extramural Research		9,423,071	1,066,543			10,489,614	3,008,778
Vision Research	93.867	385,664	-			385,664	-
Vision Research	93.867	-	7,664	Virginia Polytec Inst & State University	412524-19859	7,664	-
SubTotal Vision Research		385,664	7,664			393,328	-
Total Department of Health and Human Services		\$ 37,577,415	\$ 13,653,307			\$ 51,230,722	\$ 7,097,750
Total Research and Development Cluster		\$ 39,252,004	\$ 13,949,969			\$ 53,201,973	\$ 7,119,594
Other Sponsored Programs							
DEPARTMENT OF AGRICULTURE							
Food and Nutrition Service							
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	-	860,660	DC Department of Health	CHA2021-000040-000	860,660	-
Total Department of Agriculture		-	860,660			860,660	-
DEPARTMENT OF JUSTICE							
Office for Victims of Crime							
Services for Trafficking Victims	16.320	143,519	-			143,519	-
Crime Victim Assistance/Discretionary Grants	16.582	1,896	-			1,896	-
Total Department of Justice		145,415	-			145,415	-
DEPARTMENT OF TRANSPORTATION							
National Highway Traffic Safety Administration							

See accompanying notes to Schedule of Expenditures of Federal Awards.

Children's National Medical Center and Subsidiaries

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Direct	Pass-Through	Pass-Through Entity	Pass-Through Entity Sponsor Number	Total Expenditures	Passed to Sub-Recipients
National Highway Traffic Safety Administration (NHTSA) Discretionary Safety Grants	20.614	\$ 148,756	\$ -			\$ 148,756	\$ -
Total Department of Transportation		148,756	-			148,756	-
FEDERAL COMMUNICATIONS COMMISSION							
Federal Communications Commission							
COVID-19 Telehealth Program	32.006	101,964	-			101,964	-
Total Federal Communications Commission		101,964	-			101,964	-
DEPARTMENT OF HEALTH AND HUMAN SERVICES							
ARRA							
ARRA - State Grants to Promote Health Information Technology	93.719	-	139,558	Enlightened, Inc.	Enlightened20191025	139,558	-
Centers for Disease Control and Prevention							
COVID-19 Immunization Cooperative Agreements	93.268	-	1,722,572	DC Department of Health	CHA2022-000003-000	1,722,572	-
COVID-19 Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	-	18,755	DC Department of Health	CHA2022-000003-000	18,755	-
Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke	93.426	-	9,818	YMCA of Metropolitan Washington	YMCA20190703	9,818	-
Office of the Administration for Children & Families							
Family Violence Prevention and Services/Discretionary	93.592	3,099	-			3,099	-
Office of the Secretary							
COVID-19 Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	93.817	-	152,000	DC Department of Health	HEPRA2016-000001-006	152,000	-
COVID-19 Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	93.817	-	134,299	DC Department of Health	HEPRA2022-000003	134,299	-
SubTotal Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities		-	286,299			286,299	-
Health Resources and Services Administration							
Grants for Primary Care Training and Enhancement	93.884	177,574	-			177,574	-
COVID-19 Provider Relief Fund	93.498	29,043,649	-			29,043,649	-
Emergency Medical Services for Children	93.127	125,475	-			125,475	-
Teenage Pregnancy Prevention Program	93.297	-	216,072	DC Primary Care Associates	DCPCA20201030	216,072	-
HIV Care Formula Grants	93.917	-	181,836	DC Department of Health	20D405 - 21E405	181,836	-
COVID-19 Coordinated Services and Access to Research for Women, Infants, Children, and Youth							
Coordinated Services and Access to Research for Women, Infants, Children, and Youth	93.153	-	4,288	MedStar Health Research Institute	5002075888	\$ 4,288	\$ -
SubTotal Coordinated Services and Access to Research for Women, Infants, Children, and Youth		-	62,187	MedStar Health Research Institute	5001465411	62,187	-
HIV Emergency Relief Project Grants							
HIV Emergency Relief Project Grants	93.914	-	253,236	DC Department of Health	21E050	253,236	-
HIV Emergency Relief Project Grants	93.914	-	444,172	DC Department of Health	HAHSTA2019-000013-21E032	444,172	-
HIV Emergency Relief Project Grants	93.914	-	458,369	DC Department of Health	21E013	458,369	-
HIV Emergency Relief Project Grants	93.914	-	475,719	DC Department of Health	HAHSTA2022-000029-000	475,719	-
HIV Emergency Relief Project Grants	93.914	-	61,737	DC Department of Health	HAHSTA2022-000043	61,737	-
HIV Emergency Relief Project Grants	93.914	-	33,726	DC Department of Health	HAHSTA2022-000043	33,726	-
SubTotal HIV Emergency Relief Project Grants		-	1,726,959			1,726,959	-
Maternal and Child Health Services Block Grant to the States							
Maternal and Child Health Services Block Grant to the States	93.994	-	326,182	DC Department of Health	CHA2021-000024	326,182	-
Maternal and Child Health Services Block Grant to the States	93.994	-	177,179	DC Department of Health	CHA2021-000022	177,179	-
Maternal and Child Health Services Block Grant to the States	93.994	-	3,277	Department of Health and Mental Hygiene	PO#M00P161294	3,277	-
Maternal and Child Health Services Block Grant to the States	93.994	-	82,593	Maryland Department of Health	FH868SHN-PHPA	82,593	-
Maternal and Child Health Services Block Grant to the States	93.994	-	114,965	Maryland Department of Health	MDH2022	114,965	-
SubTotal Maternal and Child Health Services Block Grant to the State		-	704,196			704,196	-
Substance Abuse and Mental Health Services Administration							
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	93.243	122,464	-			122,464	-
Block Grants for Community Mental Health Services	93.958	-	316,996	DC Department of Behavioral Health	CW92996; RM-14-RFP-270-BY4-DJW; RK162513	316,996	-
Total Department of Health and Human Services		29,472,261	5,389,536			34,861,797	-
DEPARTMENT OF HOMELAND SECURITY							
United States Coast Guard							
Boating Safety Financial Assistance	97.012	48,995	-			48,995	-
Total Department of Homeland Security		48,995	-			48,995	-
FEDERAL EMERGENCY MANAGEMENT							
Federal Emergency Management Agency - Public Assistance							
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	11,186,946	-			11,186,946	-
Total Federal Emergency Management		11,186,946	-			11,186,946	-
Total Other Sponsored Programs Cluster		\$ 41,104,337	\$ 6,250,196			\$ 47,354,533	\$ -

See accompanying notes to Schedule of Expenditures of Federal Awards.

Children's National Medical Center and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Direct	Pass-Through	Pass-Through Entity	Pass-Through Entity Sponsor Number	Total Expenditures	Passed to Sub-Recipients
Highway Safety Programs DEPARTMENT OF TRANSPORTATION National Highway Traffic Safety Administration State and Community Highway Safety	20.600	\$ -	\$ 6,010	DC Department of Transportation	3.22.2022 _ DCDOT	\$ 6,010	\$ -
Total Highway Safety Cluster		<u>\$ -</u>	<u>\$ 6,010</u>			<u>\$ 6,010</u>	<u>\$ -</u>
Total Federal Award Expenditures		<u>\$ 80,356,341</u>	<u>\$ 20,206,175</u>			<u>\$ 100,562,516</u>	<u>\$ 7,119,594</u>

See accompanying notes to Schedule of Expenditures of Federal Awards.

Children's National Medical Center and Subsidiaries

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of Children's National Medical Center and Subsidiaries ("Children's National") under programs of the federal government for the year ended June 30, 2022. Because the Schedule presents only a selected portion of the operations of Children's National, it is not intended to and does not present the financial position, results of operations, changes in net assets, or cash flows of Children's National. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Assistance listing numbers and pass-through entity identification numbers are listed when available.

2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the cash basis of accounting. Such expenditures are recognized following the cost principles for Hospitals wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Children's National applies its predetermined approved facilities and administrative rate when charging indirect costs to federal awards rather than the 10% de minimis cost rate as described in Section 200.414 of the Uniform Guidance. Indirect costs allocated to such awards for the year ended June 30, 2022 were based on predetermined rates negotiated with Children's National cognizant federal agency, the Department of Health and Human Services.

3. Provider Relief Funds

Children's National was also the recipient of funding under Assistance Listing Number 93.498, Provider Relief Funds, and as required by the 2022 Compliance Supplement such expenditures have been included in the SEFA for the year ended June 30, 2022. The expenditures included in the SEFA are based upon the Provider Relief Fund reports submitted to the U.S. Department of Health and Human Services due by March 31, 2022.

4. Federal Emergency Management Agency (FEMA) Disaster Grants

Children's National applied for reimbursement of certain expenses related to the COVID-19 pandemic under Assistance Listing 97.036, FEMA Public Assistance. Expenditures are and will be reflected in the Schedule in the year in which a project application is obligated. The Schedule thus includes \$11.2 million of expenditures incurred in fiscal years 2020 and 2021, which were obligated in fiscal year 2022.

5. Revision

The Schedule initially excluded \$11.2 million of expenditures from program assistance listing number 97.036 Federal Emergency Management Agency – Disaster Grants – Public Assistance (Presidentially Declared Disasters). The Schedule has been revised to include this amount.

Part II
Reports on Compliance and Internal Control



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

To the Board of Trustees of Children's National Medical Center

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the consolidated financial statements of Children's National Medical Center and its subsidiaries ("Children's National"), which comprise the consolidated balance sheet as of June 30, 2022 and the related consolidated statements of operations, of changes in net assets and of cash flows for the year then ended, including the related notes (collectively referred to as the "consolidated financial statements"), and have issued our report thereon dated October 6, 2022, except with respect to the opinion on the accompanying supplemental schedule of expenditures of federal awards insofar as it relates to the effects of the revision discussed in Note 5 to the schedule of expenditures of federal awards, as to which the date is March 29, 2024.

Report on Internal Control Over Financial Reporting

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

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.



Report on Compliance and Other Matters

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

Purpose of this Report

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

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

Washington, District of Columbia

October 6, 2022, except with respect to the opinion on the accompanying supplemental schedule of expenditures of federal awards insofar as it relates to the effects of the revision discussed in Note 5 to the schedule of expenditures of federal awards, as to which the date is March 29, 2024



Report of Independent Auditors on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance

To the Board of Trustees of Children's National Medical Center

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Children's National Medical Center's ("Children's National") compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Children's National's major federal programs for the year ended June 30, 2022. Children's National's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Children's National complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (US GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Children's National and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Children's National's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to Children's National's federal programs.



Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Children's National's compliance based on our audit. 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 US GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Children's National's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with US GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, 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 Children's National's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Children's National's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Children's National's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

We previously issued our Report of Independent Auditors on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance, dated December 15, 2022. Subsequent to the issuance of that report, it was determined that there was a major program, assistance listing number 97.036 Federal Emergency Management Assistance Disaster Grants – Public Assistance (Presidentially Declared Disaster), that was not included on the Schedule of Expenditures of Federal Awards ("SEFA"). Accordingly, the accompanying SEFA has been revised to include assistance listing number 97.036 – Federal Emergency Management Assistance Disaster Grants – Public Assistance (Presidentially Declared Disaster) program as which has now been audited as a major program. The date of our audit of that major program is March 29, 2024.



Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we did identify a deficiency in internal control over compliance that we consider to be a significant deficiency.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2022-001 to be a significant deficiency.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on Children's National's response to the internal control over compliance finding identified in our audit described in the accompanying Corrective Action Plan. Children's National's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

Washington, District of Columbia
December 15, 2022, except with respect to assistance listing number 97.036 – Federal Emergency Management Assistance Disaster Grants – Public Assistance (Presidentially Declared Disaster) as to which the date is March 29, 2024

Part III
Findings

Children's National Medical Center and Subsidiaries
Schedule of Findings and Questioned Costs
Year Ended June 30, 2022

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal Control over financial reporting:

Material weakness(es) identified? No

Significant deficiency(ies) identified that are not considered to be material weaknesses? None reported

Noncompliance material to financial statements noted? No

Federal Awards

Internal Control over major programs:

Material weakness identified? No

Significant deficiency(ies) identified that are not considered to be material weaknesses? Yes

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? Yes

Identification of major programs:

Federal Assistance Listing Number Cluster	Name of Federal Program or
97.036	COVID-19 Disaster Grants – Public Assistance (Presidentially Declared Disasters)
93.498	COVID-19 Provider Relief Fund
93.268	COVID-19 Immunization Cooperative Agreements
Dollar threshold used to distinguish between Type A and Type B programs:	\$3,000,000
Auditee qualified as low-risk auditee?	Yes

Children's National Medical Center and Subsidiaries

Schedule of Findings and Questioned Costs

Year Ended June 30, 2022

Section II – Financial Statement Findings

There are no matters to report.

Section III – Federal Award Findings and Questioned Costs

2022-001 Federal Award Omitted from Schedule of Expenditures of Federal Awards

Grantor: Federal Emergency Management Agency (FEMA)

Award Name: Disaster Grants – Public Assistance (Presidentially Declared Disaster)

Award Year: FY2022

Assistance Listing Number: 97.036

Condition

During the 2023 Uniform Guidance audit, Management identified \$11.2 million of funds from this program that were not appropriately recorded in the 2022 SEFA. On the 2022 SEFA, management did not record reimbursement requests approved by the Federal Emergency Management Agency (FEMA) related to expenditures incurred in fiscal years 2020 and 2021.

Criteria

Per the FEMA's Public Assistance Program, nonfederal entities must record expenditures on the Schedule of Expenditures of Federal Awards (SEFA) when (1) FEMA has approved the nonfederal entity's project worksheet, and (2) the nonfederal entity has incurred the eligible expenditures.

Cause

The cause of this finding was due to insufficient review of the SEFA.

Effect

Federal funds related to program 97.036 of \$11.2 million were incorrectly excluded from the 2022 SEFA. Had this been recorded correctly, this program would have been tested as a major program in 2022. As such, the 2022 SEFA was required to be revised, testing was performed over this program for 2022, and a significant deficiency in internal controls over compliance was identified and included in the 2022 Report of Independent Auditors on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance, and the reporting package was re-submitted to the Federal Audit Clearinghouse.

Questioned Costs

There are no questioned costs associated with this finding.

Recommendation

Management should enhance the controls in place to review the SEFA.

Management's Views and Corrective Action Plan

Management's response is included in "Management's Views and Corrective Action Plan" included at the end of this report after the summary schedule of status of prior audit findings.

Children's National Medical Center and Subsidiaries
Summary Schedule of Prior Audit Findings
Year Ended June 30, 2022

There were no findings or questioned costs from prior year.



Children's National

111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

Management's View:

CNMC Management agrees with the finding. In September 2023, we incorporated a comprehensive review and reconciliation of all amounts recorded to Grant revenue in a fiscal year. This captured federally sourced revenue and expenditures recorded throughout the institution that span beyond the research and development cluster and were to be reported on the SEFA. Further, funded sources identified through this reconciliation were reviewed in depth to confirm federal financial compliance requirements are being met or were corrected immediately. Education to key stakeholders also took place to spread awareness of the compliance requirements regarding federally funded sources that are to be reported on the SEFA.

Corrective Action Plan:

Finding 2022-001

Contact Persons: Carmen Mendez, Vice President of Finance & Academic Administration and Scott Wuenschell, Vice President of Accounting & Controller

- At the completion of each fiscal period, grants accounting in collaboration with general accounting will prepare a comprehensive reconciliation of grant revenue recorded throughout the institution. Funding sources identified beyond the research and development cluster will be reviewed in depth to confirm federal financial compliance requirements are being met.
- Education on management of federal funds received outside grants accounting has been completed to all finance leadership to assist on early identification of federal funds.



 Scott Wuenschell
 Vice President of Accounting & Controller

March 20, 2024

 Date



 Carmen Mendez
 Vice President of Finance & Academic Administration

3/20/2024

 Date