

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization CALVERTHEALTH MEDICAL CENTER INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 HOSPITAL ROAD
City or town, state or province, country, and ZIP or foreign postal code
PRINCE FREDERICK, MD 20678
D Employer identification number 52-0619000
E Telephone number (410) 535-4000
G Gross receipts \$ 170,342,462
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: [x] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

J Website: WWW.CALVERTHEALTHMEDICINE.ORG

K Form of organization: [x] Corporation [] Trust [] Association [] Other L Year of formation: 1918 M State of legal domicile: MD

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: (SEE ON SCHEDULE O); 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets; 3-7a Summary statistics; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here Signature of officer JEREMY BRADFORD, PRESIDENT & CEO Date
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name AMY BIBBY Preparer's signature AMY BIBBY Date 05/08/2026 Check [] if self-employed PTIN P00445891
Firm's name FORVIS MAZARS, LLP Firm's EIN 44-0160260
Firm's address ONE OAK PLAZA SUITE 300, ASHEVILLE, NC 28801 Phone no. (828) 254-2254

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
CALVERTHEALTH MEDICAL CENTER PROVIDES QUALITY INPATIENT AND AMBULATORY HEALTH CARE TO THE PEOPLE OF SOUTHERN MARYLAND THAT IS ACCESSIBLE, COST-EFFECTIVE AND COMPASSIONATE. CHMC WORKS IN PARTNERSHIP WITH THE COMMUNITY TO IMPROVE THE HEALTH STATUS OF ITS MEMBERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 141,296,897 including grants of \$) (Revenue \$ 168,294,210)
(SEE ON SCHEDULE O)

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

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

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

4e Total program service expenses 141,296,897

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,314
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 CAROLYN HEITHAUS, 100 HOSPITAL ROAD, PRINCE FREDERICK, MD 20678, (410) 535-8241

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEREMY S BRADFORD PRESIDENT & CEO	40.0 4.0	✓		✓				832,944	0	132,298
(2) CAROLYN M HEITHAUS VP FINANCE	40.0 4.0			✓				717,131	0	69,069
(3) ANTHONY M BLADEN FORMER CHIEF OPERATING OFFICER	0.0					✓		731,870	0	2,494
(4) THEODORE N TSANGARIS, MD VP MEDICAL AFFAIRS/CHIEF MEDICAL OFFICER	40.0 1.0				✓			487,640	0	42,368
(5) THERESA L JOHNSON VP BRAND STRATEGY & PHILANTHROPY	40.0 1.0				✓			369,846	0	33,955
(6) KASIA A SWEENEY VP STRATEGY & BUSINESS DEVELOPMENT	40.0 1.0				✓			345,586	0	34,621
(7) CHRISTIAN J SOROCHTY VICE PRESIDENT HUMAN RESOURCES	40.0 1.0				✓			297,039	0	24,427
(8) BENJAMIN I COX AVP INFORMATION SERVICES/CIO	40.0 1.0				✓			242,041	0	35,032
(9) JOSEPH PATRICK GARCIA-VALLE CHIEF COMPLIANCE COUNSEL	40.0 1.0			✓				249,563	0	12,371
(10) KARA A HARRER AVP ANCILLARY OPERATIONS	40.0 1.0				✓			246,992	0	14,378
(11) NICOLE M HEDDERICH ASSOC VP QUALITY & RISK MGMT	40.0 1.0				✓			235,559	0	11,567
(12) LAURAL H BRINKLEY VP CLINICAL SERVICES CHIEF NURSING OFFICER	40.0 1.0			✓				204,672	0	27,862
(13) SUSAN MCCALLUM RN - FLEX 2	40.0 0.0					✓		196,380	0	10,623
(14) RICHARD PELLEGRINO DIRECTOR FINANCIAL PLANNING & REIMBURSEMENT	40.0 0.0					✓		186,989	0	10,129

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MEREDITH MOODY DIR PHARMACY	40.0 0.0					✓	184,636	0	9,412	
(16) SHERRY WALKER DIR SURGICAL SERVICES	40.0 0.0					✓	172,047	0	9,400	
(17) KIMBERLY S GIRARD CHARGE NURSE	40.0 0.0					✓	172,064	0	8,012	
(18) MELISSA HALL FORMER VP CLINICAL SERVICES CHIEF NURSING OFFICER	40.0 0.0					✓	173,077	0	3,826	
(19) ANTHONY BUTTERS BOARD MEMBER	2.0 2.0	✓					0	0	0	
(20) BARBARA GARDNER BOARD SECRETARY	4.0 12.0	✓					0	0	0	
(21) CHANG CHOI, MD BOARD MEMBER	40.0 1.0	✓					0	0	0	
(22) GERALD CLARK BOARD MEMBER	2.0 2.0	✓					0	0	0	
(23) KATHY DICKENSON BOARD MEMBER	2.0 2.0	✓					0	0	0	
(24) LISA HARFORD BOARD MEMBER - EX-OFFICIO	10.0 1.0	✓					0	0	0	
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal							6,046,076	0	491,844	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							6,046,076	0	491,844	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 189

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MDICS AT CALVERT LLC, 7250 PARKWAY DRIVE, SUITE 120, HANOVER, MD 21076	HEALTH & MEDICAL SERVICES	3,230,562
ANESTHESIA COMPANY, LLC, 720 MELVIN AVE., ANNAPOLIS, MD 21401	HEALTH & MEDICAL SERVICES	2,838,913
QUALIVIS, LLC, 1601 ASSUMBLY ST, PO BOX 1439, COLUMBIA, SC 29201	HEALTHCARE WORKFORCE SOLUTIONS	1,987,112
BRG-BERKELEY RESEARCH GROUP, LLC, 2200 POWELL STREET, SUITE 1200, EMERYVILLE, CA 94608	CONSULTING SERVICES	1,594,708
BENERATION, LLC, 2124 RACE STREET GROUND FLOOR, PHILADELPHIA, PA 19103	CONSOLIDATED HEALTHCARE ADMINISTRATOR	1,192,719
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	70	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	426,470				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	472,040				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		898,510				
	Program Service Revenue				Business Code			
2a		INPATIENT REVENUE	621110	68,993,776	68,993,776			
b		OUTPATIENT REVENUE	621110	73,350,085	73,350,085			
c		EMERGENCY REVENUE	621110	24,961,836	24,961,836			
d								
e								
f		All other program service revenue		0	0	0	0	
g	Total. Add lines 2a-2f		167,305,697					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		24,524			24,524	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real	583,475				
			(ii) Personal					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	583,475	0			
	d	Net rental income or (loss)		583,475		7,800	575,675	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	266,522				
			(ii) Other					
	b	Less: cost or other basis and sales expenses	7b		72,919			
	c	Gain or (loss)	7c	266,522	(72,919)			
	d	Net gain or (loss)		193,603			193,603	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11a	SUPPORT FEES	561000	254,004	254,004			
	b	CAFETERIA SALES	722514	253,801	253,801			
	c	BUILDING SERVICES FEES	811000	251,528		251,528		
	d	All other revenue	621110	504,401	480,708	23,693	0	
e	Total. Add lines 11a-11d		1,263,734					
12	Total revenue. See instructions		170,269,543	168,294,210	283,021	793,802		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,175,589	717,978	4,457,611	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	65,694,109	59,008,416	6,685,693	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,562,874	2,159,897	402,977	
9	Other employee benefits	6,826,437	5,753,072	1,073,365	
10	Payroll taxes	5,211,615	4,392,159	819,456	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	286,857		286,857	
c	Accounting	208,845		208,845	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	21,528,327	18,561,047	2,967,280	0
12	Advertising and promotion	250,946	211,488	39,458	
13	Office expenses	4,202,515	3,541,726	660,789	
14	Information technology	3,162,569	2,665,298	497,271	
15	Royalties				
16	Occupancy	3,914,692	3,299,159	615,533	
17	Travel	169,107	142,517	26,590	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	125,160	105,480	19,680	
20	Interest	1,022,162	861,441	160,721	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,528,794	5,254,990	5,273,804	
23	Insurance	1,477,168	1,244,903	232,265	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>MEDICAL SUPPLIES</u>	23,011,788	23,011,788		
b	<u>REPAIRS AND MAINTENANCE</u>	6,188,303	5,215,276	973,027	
c	<u>PURCHASED SERVICES</u>	5,822,644	4,907,112	915,532	
d	<u>BAD DEBT EXPENSE</u>	288,515	243,150	45,365	
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	167,659,016	141,296,897	26,362,119	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,294,309	1	1,214,893
	2 Savings and temporary cash investments	818,568	2	901,510
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,956,724	4	18,966,119
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,758,249	8	2,885,744
	9 Prepaid expenses and deferred charges	2,753,846	9	2,415,693
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 248,784,100		
	b Less: accumulated depreciation	10b 162,411,037	90,583,169	10c 86,373,063
	11 Investments—publicly traded securities	602,280	11	947,298
	12 Investments—other securities. See Part IV, line 11	263,514	12	263,514
	13 Investments—program-related. See Part IV, line 11	12,481,208	13	14,309,690
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,264,927	15	12,381,998
16 Total assets. Add lines 1 through 15 (must equal line 33)	144,776,794	16	140,659,522	
Liabilities	17 Accounts payable and accrued expenses	25,017,432	17	20,813,839
	18 Grants payable		18	
	19 Deferred revenue	70,000	19	65,000
	20 Tax-exempt bond liabilities	14,807,427	20	13,319,207
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties	31,102,775	23	30,434,775
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	16,181,882	25	15,119,524
	26 Total liabilities. Add lines 17 through 25	87,179,516	26	79,752,345
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	54,009,584	27	56,178,322
	28 Net assets with donor restrictions	3,587,694	28	4,728,855
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	57,597,278	32	60,907,177	
33 Total liabilities and net assets/fund balances	144,776,794	33	140,659,522	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	170,269,543
2	Total expenses (must equal Part IX, column (A), line 25)	2	167,659,016
3	Revenue less expenses. Subtract line 2 from line 1	3	2,610,527
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,597,278
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	699,372
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	60,907,177

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARJORIE CLAGETT ----- BOARD MEMBER	15.0 ----- 1.0	✓						0	0	0
(26) MIKE COX ----- BOARD MEMBER	2.0 ----- 2.0	✓						0	0	0
(27) SALLY SHOWALTER ----- BOARD MEMBER	2.0 ----- 2.0	✓						0	0	0
(28) SAMUEL FOSTER, MD ----- BOARD MEMBER - EX-OFFICIO	10.0 ----- 1.0	✓						0	0	0
(29) SCOTT REEVES ----- BOARD TREASURER	2.0 ----- 6.0	✓						0	0	0
(30) STEPHANIE DABULIS, MD ----- BOARD MEMBER - EX-OFFICIO	40.0 ----- 1.0	✓						0	0	0
(31) TERRI WOLFLEY ----- BOARD VICE CHAIRPERSON	2.0 ----- 6.0	✓						0	0	0
(32) UDAY PATEL, MD ----- BOARD MEMBER	40.0 ----- 1.0	✓						0	0	0
(33) WILSON PARRAN ----- BOARD CHAIRPERSON	5.0 ----- 24.0	✓						0	0	0
(34) YOLANDA WILSON ----- BOARD MEMBER	5.0 ----- 5.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization CALVERTHEALTH MEDICAL CENTER INC	Employer identification number 52-0619000
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization CALVERTHEALTH MEDICAL CENTER INC	Employer identification number 52-0619000
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization CALVERTHEALTH MEDICAL CENTER INC	Employer identification number 52-0619000
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 426,470	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CALVERTHEALTH MEDICAL CENTER INC

Employer identification number

52-0619000

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

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

Name of organization CALVERTHEALTH MEDICAL CENTER INC	Employer identification number 52-0619000
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: CALVERTHEALTH MEDICAL CENTER INC; Employer identification number: 52-0619000

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions about conservation easements.

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

Table with 2 columns: Description, Amount. Rows 1a-2 for questions about art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

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

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

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations? **Yes** **No**
- (ii)** Related organizations? **Yes** **No**

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,239,640		5,239,640
b Buildings		105,063,517	62,166,116	42,897,401
c Leasehold improvements		2,560,559	2,595,894	(35,335)
d Equipment		127,426,181	94,019,426	33,406,755
e Other		8,494,203	3,629,601	4,864,602
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				86,373,063

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN FREESTATE	34,237	END OF YEAR MARKET VALUE
(2) INVESTMENT IN CPHA	4,205,049	END OF YEAR MARKET VALUE
(3) INVESTMENT IN FOUNDATION	9,124,426	END OF YEAR MARKET VALUE
(4) INVESTMENT IN CHOICEONE	945,978	END OF YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))	14,309,690	

Part IX Other Assets

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

(a) Description	(b) Book value
(1) LT BOND FINANCING COSTS	54,784
(2) OTHER RECEIVABLES	873,892
(3) GOODWILL	15,000
(4) MALPRACTICE INS RECOVERY	3,780,915
(5) DUE FROM RELATED PARTIES	38,286
(6) RIGHT OF USE ASSET	7,619,121
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	12,381,998

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EXECUTIVE 457B 457F PLANS	959,715
(3) ADVANCES FROM THIRD PARTIES	3,017,240
(4) ACCRUED PENSION COSTS	787,529
(5) PROFESSIONAL LIABILITY	4,814,705
(6) OTHER LIABILITIES	3,332,693
(7) CAPITAL LEASE LIABILITY	2,207,642
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	15,119,524

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

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE MEDICAL CENTER IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE IRC AS A PUBLIC CHARITY. THE MEDICAL CENTER IS ENTITLED TO RELY ON THIS DETERMINATION AS LONG AS THERE ARE NO SUBSTANTIAL CHANGES IN ITS CHARACTER, PURPOSES, OR METHODS OF OPERATION. MANAGEMENT HAS CONCLUDED THAT THERE HAVE BEEN NO SUCH CHANGES AND, THEREFORE, THE MEDICAL CENTER'S STATUS AS A PUBLIC CHARITY EXEMPT FROM FEDERAL INCOME TAXATION REMAINS IN EFFECT.</p> <p>THE STATE IN WHICH THE MEDICAL CENTER OPERATES ALSO PROVIDES GENERAL EXEMPTION FROM STATE INCOME TAXATION FOR ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAXATION. HOWEVER, THE MEDICAL CENTER IS SUBJECT TO BOTH FEDERAL AND STATE INCOME TAXATION AT CORPORATE TAX RATES ON ITS UNRELATED BUSINESS INCOME. EXEMPTION FROM OTHER STATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY TAXES, IS SEPARATELY DETERMINED.</p> <p>THE MEDICAL CENTER HAD NO UNRECOGNIZED TAX BENEFITS OR SUCH AMOUNTS WERE IMMATERIAL DURING THE PERIODS PRESENTED. FOR TAX PERIODS WITH RESPECT TO WHICH NO UNRELATED BUSINESS INCOME WAS RECOGNIZED, NO TAX RETURN WAS REQUIRED.</p> <p>MANAGEMENT HAS ALSO CONSIDERED THE IMPACT OF UNRELATED BUSINESS ACTIVITIES AND HAS CONCLUDED THAT THE MEDICAL CENTER IS NOT SUBJECT TO UNRELATED BUSINESS TAX OR ANY OTHER TAXES THAT COULD BE IMPOSED BY THE IRC OR STATE TAXING AUTHORITIES. AS SUCH, NO PROVISION IS MADE FOR INCOME TAXES AND NO ASSET OR LIABILITY HAS BEEN RECOGNIZED FOR DEFERRED TAXES.</p>

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization CALVERTHEALTH MEDICAL CENTER INC	Employer identification number 52 0619000
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	✓	
b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		✓
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			3,290,864		3,290,864	1.96
b Medicaid (from Worksheet 3, column a)					0	0.00
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial assistance and means-tested government programs	0	0	3,290,864	0	3,290,864	1.96
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			661,085	27,603	633,482	0.38
f Health professions education (from Worksheet 5)			20,980		20,980	0.01
g Subsidized health services (from Worksheet 6)			958,654	54,115	904,539	0.54
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			69,917		69,917	0.04
j Total. Other benefits	0	0	1,710,636	81,718	1,628,918	0.97
k Total. Add lines 7d and 7j	0	0	5,001,500	81,718	4,919,782	2.93

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing				0	0.00
2	Economic development		1,836		1,836	0.00
3	Community support		12,223		12,223	0.01
4	Environmental improvements				0	0.00
5	Leadership development and training for community members		19,108		19,108	0.01
6	Coalition building		119,806		119,806	0.07
7	Community health improvement advocacy		33,285		33,285	0.02
8	Workforce development		938		938	0.00
9	Other				0	0.00
10	Total	0	187,196	0	187,196	0.11

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 646,510
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 518,163
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 69,875,554
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 54,539,486
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 15,336,068
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** Yes No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes No

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers', directors', trustees', or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 CALVERTHEALTH MEDICAL CENTER, INC.
 100 HOSPITAL ROAD, PRINCE FREDERICK, MD 20678
 WWW.CALVERTHEALTHMEDICINE.ORG STATE LICENSE
 NO. : 04-001

2

3

4

5

6

7

8

9

10

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: CALVERTHEALTH MEDICAL CENTER, INC.

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

		Yes	No
Community Health Needs Assessment (CHNA)			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		✓
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	✓	
7	Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," list url: <u>(SEE STATEMENT)</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: CALVERTHEALTH MEDICAL CENTER, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>2</u> <u>0</u> <u>0</u> % for eligibility for discounted care of <u>5</u> <u>0</u> <u>0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: CALVERTHEALTH MEDICAL CENTER, INC.

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: CALVERTHEALTH MEDICAL CENTER, INC.

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

Part V, Section C

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: CALVERTHEALTH MEDICAL CENTER, INC.</p> <p>DESCRIPTION: FACILITY AND COMMUNITY LEADERS CONDUCTED A COMMUNITY WIDE ONLINE SURVEY AND CONDUCTED KEY INFORMANT INTERVIEW.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES</p>	<p>FACILITY NAME: CALVERTHEALTH MEDICAL CENTER, INC.</p> <p>DESCRIPTION: CALVERT COUNTY GOVERNMENT, CALVERT COUNTY GOVERNMENT OFFICE OF AGING, CALVERT COUNTY HEALTH DEPARTMENT, CALVERT COUNTY LIBRARY, CALVERT COUNTY PARKS AND RECREATION, CALVERT COUNTY SHERIFF'S DEPARTMENT, LOCAL BEHAVIORAL HEALTH AUTHORITY, NAACP AND ST. JOHN VIANNEY CATHOLIC CHURCH</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTPS://WWW.CALVERTHEALTHMEDICINE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)</p>	<p>HTTPS://WWW.HEALTHYCALVERT.ORG/CONTENT/SITES/CALVERTHOSPITAL/CHNA/2023/CALVERTHEALTH_FY_2023-2025_CHNA_REPORT_FINAL.PDF</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: CALVERTHEALTH MEDICAL CENTER, INC.</p> <p>DESCRIPTION: SEE IMPLEMENTATION STRATEGY ON WEBSITE.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>FACILITY NAME: CALVERTHEALTH MEDICAL CENTER, INC.</p> <p>DESCRIPTION: THE FACILITY USES THE FPG IN ADDITION TO STATE MANDATED ASSISTANT PROGRAMS, WHICH ARE HSCRC STATE MANDATED PROGRAMS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>WWW.CALVERTHEALTHMEDICINE.ORG</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p>WWW.CALVERTHEALTHMEDICINE.ORG</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p>WWW.CALVERTHEALTHMEDICINE.ORG</p>

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of facility (describe)
1 SHELDON E GOLDBERG CTR FOR BREAST CARE 130 HOSPITAL ROAD SUITE 201 PRINCE FREDERICK, MD 20678	OUTPATIENT CLINIC
2 CALVERTHEALTH OUTPATIENT REHABILITATION 130 HOSPITAL ROAD SUITE 103 PRINCE FREDERICK, MD 20678	OUTPATIENT REHAB
3 CALVERTHEALTH OUTPATIENT REHABILITATION 10845 TOWN CENTER BLVD SUITE 100 DUNKIRK, MD 20754	OUTPATIENT REHAB
4 CALVERTHEALTH OUTPATIENT REHABILITATION 14090 H.G. TRUEMAN ROAD SUITE 1500 SOLOMONS, MD 20688	OUTPATIENT REHAB
5 	
6 	
7 	
8 	
9 	
10 	

Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 5A	CHMC OFFERS FREE OR DISCOUNTED CARE TO PATIENTS WHO ARE UNABLE TO PAY FOR THEIR SERVICES AND MEET THE ELIGIBILITY CRITERIA REGARDLESS OF THE AMOUNT BUDGETED FOR FINANCIAL ASSISTANCE IN THE HOSPITAL'S ANNUAL OPERATING PLAN.
SCHEDULE H, PART I, LINE 6A	MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) REQUIRES ALL MARYLAND HOSPITALS TO COMPLETE AND SUBMIT A COMMUNITY BENEFITS REPORT ANNUALLY. THE HSCRC IS RESPONSIBLE FOR COLLECTING THE DATA FROM THE INDIVIDUAL HOSPITALS AND COMPILING A STATEWIDE DOCUMENT THAT CONTAINS SUMMARY INFORMATION AS WELL AS INDIVIDUAL HOSPITAL REPORTS. THE STATEWIDE DOCUMENT IS MADE AVAILABLE TO THE PUBLIC ON THE HSCRC'S WEBSITE.
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	CALVERT COUNTY GOVERNMENT, CALVERT COUNTY GOVERNMENT OFFICE OF AGING, CALVERT COUNTY HEALTH DEPARTMENT, CALVERT COUNTY LIBRARY, CALVERT COUNTY PARKS AND RECREATION, CALVERT COUNTY SHERIFF'S DEPARTMENT, LOCAL BEHAVIORAL HEALTH AUTHORITY, NAACP AND ST. JOHN VIANNEY CATHOLIC CHURCH
SCHEDULE H, PART I, LINE 7	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COSTING METHODOLOGY USED TO CALCULATE AMOUNTS REPORTED IN LINE 7 WAS A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY</p>	<p>CHMC IS RECOGNIZED AS A LEADER IN THE PROVISION OF HEALTH CARE IN THE LOCAL AREA. IT PARTNERS WITH MANY ORGANIZATIONS AND AGENCIES TO EXPAND THE REACH FOR IMPROVING THE HEALTH OF ITS COMMUNITY.</p> <p>ECONOMIC DEVELOPMENT</p> <p>-NATIONAL NIGHT OUT: CALVERTHEALTH STAFF PARTICIPATION IN ANNUAL EVENT AT NEIGHBORHOODS IN CALVERT COUNTY TO BUILD SUPPORT WITH FIRST RESPONDERS AND PROVIDE HEALTH EDUCATION.</p> <p>COMMUNITY SUPPORT</p> <p>-FARMERS MARKET: INCREASE ACCESS TO PROGRAMS THAT PROMOTE A HEALTHY LIFESTYLE THAT INCORPORATES EXERCISE, NUTRITION, HEALTHY WEIGHT, AND OTHER HEALTH BEHAVIORS AT THE LOCAL FARMERS MARKET THAT RUNS FROM APRIL - NOVEMBER.</p> <p>-HEALTH MINISTRY: CHIR SUBCOMMITTEE THAT SUPPORTS AND EDUCATES FAITH COMMUNITY IN AN EFFORT TO IMPROVE THE HEALTH OF COMMUNITY MEMBERS.</p> <p>-PARKINSON'S WELLNESS WORKSHOP: PROVIDE EDUCATION, AWARENESS, SUPPORT, AND PREVENTION FOR COMMUNITY MEMBERS AND CAREGIVERS THAT HAVE EXPERIENCED PARKINSON'S DISEASE OR HAVE A LOVED ONE WHO HAS EXPERIENCED PARKINSON'S DISEASE.</p> <p>-STROKE SUPPORT GROUP: PROVIDE EDUCATION, AWARENESS, SUPPORT, AND PREVENTION FOR COMMUNITY MEMBERS AND CAREGIVERS THAT HAVE EXPERIENCED A STROKE OR HAVE A LOVED ONE WHO HAS EXPERIENCED A STROKE.</p> <p>LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS</p> <p>-COMMUNITY MOBILE HEALTH CENTER: PROVIDE EDUCATION, AWARENESS, SUPPORT, AND PREVENTION FOR COMMUNITY MEMBERS AND CAREGIVERS THAT HAVE EXPERIENCED A STROKE OR HAVE A LOVED ONE WHO HAS EXPERIENCED A STROKE.</p> <p>COALITION BUILDING</p> <p>-BEHAVIORAL HEALTH OUTREACH: COLLABORATE WITH COMMUNITY PARTNERS TO ADDRESS BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, INCLUDING STRESS REDUCTION AND COPING SKILLS.</p> <p>-BREAST TUMOR BOARD: MULTI-DISCIPLINARY TEAM WORKING COLLABORATIVELY TOGETHER TO IMPROVE AND NAVIGATE THE CARE OF BREAST CANCER PATIENTS.</p> <p>-CALVERT COUNTY INTERAGENCY COUNCIL: COLLABORATE COMMUNITY PARTNERSHIP THAT PROVIDES RESOURCES AND EDUCATION THROUGHOUT NONPROFIT ORGANIZATIONS AND COMMUNITY LEADERS.</p> <p>-CALVERT HEALTH NEWSLETTER: PROVIDE A QUARTERLY NEWSLETTER FOR CALVERT COUNTY RESIDENTS HIGHLIGHTING HEALTH PREVENTION AND WELLNESS TOPICS LINKED TO THE CHNA.</p> <p>-COMMUNITY HEALTH IMPROVEMENT ROUNDTABLE: COMMUNITY HEALTH IMPROVEMENT MEETINGS, SUBCOMMITTEE MEETINGS, AND STEERING COMMITTEE MEETINGS THAT AIM TO PROMOTE CHNA HEALTH PRIORITIES.</p> <p>-DIABETES EXPO: IMPLEMENT STRATEGIES BASED ON THE MARYLAND DEPARTMENT OF HEALTH DIABETES ACTION PLAN. PROVIDE A DIABETES FOCUSED COMMUNITY EVENT THAT EDUCATES, PROVIDES RESOURCES, CREATES AWARENESS, AND PROMOTES PREVENTION.</p> <p>-LBHA COLALITION BUILDING: HOSPITAL REPRESENTATION ON LBHA COMMITTEE MEETINGS.</p> <p>-MARYLAND CANCER COALITION COLLABORATIVE: CALVERTHEALTH STAFF REPRESENTATION ON THE MARYLAND CANCER COALITION COLLABORATIVE COMMITTEES.</p> <p>COMMUNITY HEALTH IMPROVEMENT ADVOCACY</p> <p>-ASK THE EXPERT: PROVIDE COMMUNITY RESOURCES, EDUCATION, AND HEALTH SERVICES TO INCREASE UNDERSTANDING OF MEDICATIONS, PROVIDE BLOOD PRESSURE SCREENINGS, PROVIDE FITNESS CONSULTATIONS AND CLASSES TO INCREASE MOBILITY, AND INCREASE REFERRALS FOR FOLLOW UP CARE WITH PROVIDERS TO INCREASE COMPLIANCE.</p> <p>-BACK TO SCHOOL: ANNUAL EVENT TO PROVIDE HEALTH RESOURCES, SCREENINGS, AND FREE SCHOOL SUPPLIES COLLECTED TO STUDENTS IN NEED IN CALVERT COUNTY.</p> <p>-CANCER COMMITTEE: PROVIDE CANCER SCREENINGS AND EDUCATION PROGRAMS IN THE COMMUNITY. DEVELOP COMMUNITY RESOURCES TO EDUCATE AND CREATE AWARENESS ON CANCER; INCLUDING SKIN, ORAL, PROSTATE, LUNG, AND BREAST.</p> <p>-CANCER SURVIORSHIP: PROVIDE EDUCATION, RESOURCES, AND SUPPORT TO CANCER SURVIVORS AND THEIR SUPPORT PEOPLE.</p> <p>-COMMUNITY EDUCATION/PRESENTATIONS/HEALTH FAIRS/SCHOOLS: PROVIDE EDUCATION, RESOURCES, AND AWARENESS THROUGHOUT THE COMMUNITY AT SCHOOLS, FOOD PANTRIES, BUSINESSES, CHURCHES, AND COMMUNITY PARTNERS TO HIGHLIGHT THE AREAS OF HEALTH WHERE IMPROVEMENT IS NEEDED.</p> <p>-COOL KIDS CAMP: PROVIDE EDUCATION AND AWARENESS TO ENCOURAGE ELEMENTARY AND MIDDLE SCHOOL AGED CHILDREN TO LIVE A LIFE OF HEALTHY BEHAVIORS INCLUDING PHYSICAL ACTIVITY AND EATING HEALTHY.</p> <p>-DIABETES COMMUNITY CLASSES: FREE CLASSES OFFERED TO THE COMMUNITY TO EDUCATE, PREVENT, AND PROVIDE SUPPORT TO INDIVIDUALS WITH DIABETES OR PRE-DIABETES.</p> <p>-DIABETES SUPPORT GROUP: PROVIDE EDUCATION, AWARENESS, SUPPORT, AND PREVENTION FOR COMMUNITY MEMBERS AND CAREGIVERS THAT HAVE EXPERIENCED DIABETES OR HAVE A LOVED ONE WHO HAS EXPERIENCED DIABETES.</p> <p>-HEALTHY FAMILIES EXPO: HEALTH EXPO TO PROVIDE RESOURCES, SCREENINGS, AND EDUCATION TO THE GENERAL COMMUNITY.</p> <p>-MULTI-D TUMOR BOARD: MULTI-DISCIPLINARY TEAM WORKING COLLABORATIVELY TOGETHER TO IMPROVE AND NAVIGATE THE CARE OF CANCER PATIENTS.</p> <p>-OPIOD STEWARDSHIP: HOSPITAL AND COMMUNITY PARTNERS WORKING WITH HEALTH CARE TEAMS TO ADDRESS OPIOD EPIDEMIC ON WAYS HOSPITALS AND COMMUNITY PROVIDERS CAN REDUCE THE USE OF OPIODS FOR PAIN MANAGEMENT BY EDUCATING HEALTHCARE PROVIDERS.</p> <p>-THORACIC TUMOR BOARD: MULTI-DISCIPLINARY TEAM WORKING COLLABORATIVELY TOGETHER TO IMPROVE AND NAVIGATE THE CARE OF LUNG CANCER PATIENTS.</p> <p>WORKFORCE DEVELOPMENT</p> <p>-DIABETES MANAGEMENT GENERAL TEACHING CONSULTS: DIABETIC CONSULTATIONS TO IN-PATIENTS NEWLY DIAGNOSED WITH DIABETES ABOUT THE GENERAL RESOURCES, EDUCATIONS, AND SERVICES</p>

Return Reference - Identifier	Explanation
	AVAILABLE TO THEM.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	<p>A PROCEDURE SIMILAR TO THAT USED TO DETERMINE CONTRACTUAL ALLOWANCES IS USED TO DETERMINE THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. HISTORICAL COLLECTIONS DATA, FROM THE SAME PERIODS AS USED IN THE CONTRACTUAL PROCEDURES, IS USED TO DETERMINE COLLECTIONS PERCENTAGES BY SERVICE LINE (IN-PATIENT, OUT-PATIENT, UNREGULATED, ETC.) PER AGING CATEGORY. THOSE PERCENTAGES ARE THEN APPLIED TO THE OUTSTANDING AR TO DETERMINE THE AMOUNTS LIKELY COLLECTIBLE AND UNCOLLECTIBLE. THE AMOUNT DETERMINED UNLIKELY TO BE COLLECTED IS PLACED TO THE ALLOWANCE.</p> <p>CALVERT ATTEMPTS TO COLLECT ON SERVICES PROVIDED AT THE TIME THE SERVICE IS PROVIDED. FOR SCHEDULED PROCEDURES, CALVERT ATTEMPTS TO COLLECT THE PERTINENT PATIENT INFORMATION AND GIVES THE PATIENT NOTICE OF WHAT THE AMOUNT DUE WILL BE BEFORE THEY ARE SCHEDULED. A BILL IS SENT TO EACH PATIENT, WHETHER SCHEDULED OR UNSCHEDULED, APPROXIMATELY 3 DAYS AFTER THE SERVICES WERE PROVIDED. IF THE AMOUNT REMAINS UNPAID, THE PATIENT WILL RECEIVE ADDITIONAL BILLS AT APPROXIMATELY 30, 60, 90 DAYS AND A FINAL NOTICE AFTER THE SERVICE WAS PROVIDED. FINAL SCREENINGS FOR CHARITY AND PATIENT CALLS ARE MADE BEFORE THE ACCOUNT IS SENT TO A COLLECTION AGENCY. THE ACCOUNT IS TYPICALLY AGED AT GREATER THAN 120 DAYS BEFORE REACHING AN AGENCY.</p>
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE ESTIMATED BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS THE RATIO OF PATIENT CARE COST TO CHARGES TO THE ORGANIZATION'S BAD DEBT EXPENSE FOR THE YEAR (\$646,510) * 80.15%
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	<p>CALVERT PATIENTS WHO ARE COVERED BY THIRD PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE HOSPITAL ALSO PROVIDES SERVICES TO UNINSURED PATIENTS, AND OFFERS THOSE UNINSURED OR UNDERINSURED PATIENTS FINANCIAL ASSISTANCE, BY EITHER POLICY OR LAW, FROM STANDARD CHARGES. THE HOSPITAL ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE AND FROM THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS.</p> <p>THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGES BY ANY EXPLICIT PRICE CONCESSION, FINANCIAL ASSISTANCE, AND IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENT TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE (PG. 15 OF THE AUDITED FINANCIAL STATEMENTS).</p> <p>CALVERT ATTEMPTS TO COLLECT ON SERVICES PROVIDED AT THE TIME THE SERVICE IS PROVIDED. FOR SCHEDULED PROCEDURES, CALVERT ATTEMPTS TO COLLECT THE PERTINENT PATIENT INFORMATION AND GIVES THE PATIENT NOTICE OF WHAT THE AMOUNT DUE WILL BE BEFORE THEY ARE SCHEDULED. A BILL IS SENT TO EACH PATIENT, WHETHER SCHEDULED OR UNSCHEDULED, APPROXIMATELY 3 DAYS AFTER THE SERVICES WERE PROVIDED. IF THE AMOUNT REMAINS UNPAID, THE PATIENT WILL RECEIVE ADDITIONAL BILLS AT APPROXIMATELY 30, 60, 90 DAYS AND A FINAL NOTICE AFTER THE SERVICE WAS PROVIDED. FINAL SCREENINGS FOR CHARITY AND PATIENT CALLS ARE MADE BEFORE THE ACCOUNT IS SENT TO A COLLECTION AGENCY. THE ACCOUNT IS TYPICALLY AGED AT GREATER THAN 120 DAYS BEFORE REACHING AN AGENCY.</p>
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE COSTING SOURCE IS THE MEDICARE COST REPORT AND THE METHODOLOGY IS MEDICARE ALLOWABLE COST TO MEDICARE REVENUES RECEIVED.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	<p>AS STATED IN CALVERT HEALTH SYTEM'S (CHS) FINANCIAL ASSISTANCE POLICY, PART V, SECTION H:</p> <p>CHS'S MANAGEMENT SHALL DEVELOP POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FOR FINANCIAL ASSISTANCE FROM CHS, AND A PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS WITH CHS. DURING THE FINANCIAL ASSISTANCE APPLICATION PROCESS, THE HOSPITAL WILL NOT SEND UNPAID BILLS TO OUTSIDE COLLECTION AGENCIES IF THE PATIENT COOPERATES WITH THE APPLICATION PROCESS.</p>
SCHEDULE H, PART V, SECTION B, LINE 22	PURSUANT TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) ALL-PAYOR SYSTEM FOR HOSPITALS IN THE STATE OF MARYLAND, THE GREATEST DISCOUNT OFF OF GROSS CHARGES FOR THE PROVISION OF EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PERMITTED TO ANY COMMERCIAL INSURER OR MEDICARE IS ONLY 6%. AS A RESULT, THE HOSPITAL FACILITY WAS ABLE TO DETERMINE THAT THE MAXIMUM AMOUNT CHARGED TO INDIVIDUALS THAT WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY WAS NOT GREATER THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THROUGHOUT FY 2025, THE HOSPITAL CONTINUED TO UTILIZE THE HEALTH COMMUNITY INSTITUTE'S COMMUNITY PLATFORM (HEALTHYCALVERT.ORG) TO PROVIDE HEALTH INDICATORS AS AN ONGOING ASSESSMENT OF THE NEEDS OF OUR COMMUNITY. HEALTH INDICATORS ARE UPATED AS SOON AS NEW DATA BECOMES AVAILABLE AND ALLOWS THE HOSPITAL AND COMMUNITY MEMBERS TO UTILIZE THE MOST UP-TO-DATE DATA TO ASSESS THE IMPACT OF PROGRAMS AND SERVICES AS WELL AS MODIFY EXISTING PROGRAMS AND SERVICES OR BEGIN INITIATION OF NEW SERVICES BASED UPON TRENDING OF NEW DATA.</p> <p>THE PLATFORM ALSO INCORPORATES THE STATE AND NATIONAL HEALTH IMPROVEMENT GOALS. THIS ALLOWS THE HOSPITAL AND COMMUNITY PARTNERS TO MONITOR IMPACT OF COMMUNITY PROGRAMS BY EVALUATION IF DATA IS TRENDING UP OR DOWN AND TO ENSURE THE HOSPITAL IS TRENDING IN THE CORRECT DIRECTION. AN ADDITIONAL HEALTH INDICATORS, THE FOOD INSECURITY INDEX WAS ADDED IN 2021.</p> <p>THE ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) REPORT CONDUCTED BY THE UNITED WAY WAS ADDED TO THE CHNA INTERACTIVE WEBSITE AS ANOTHER DATA SOURCE. ALICE HOUSEHOLDS REPRESENT MEN AND WOMEN OF ALL AGES AND RACES WHO ARE WORKING BUT UNABLE TO AFFORD THE BASIC NECESSITIES OF HOUSING, FOOD, CHILD CARE, HEALTH CARE AND TRANSPORTATION DUE TO THE LACK OF JOBS THAT CAN SUPPORT BASIC NECESSITIES AND INCREASES IN THE BASIC COST OF LIVING.</p> <p>THE HOSPITAL AND THE LOCAL HEALTH DEPARTMENT CO-HOST QUARTERLY LOCAL HEALTH IMPROVEMENT COALITION MEETINGS TO HEAR INPUT FROM OTHER AGENCIES, HEALTH CARE ORGANIZATIONS, THE SCHOOL SYSTEM, COUNTY GOVERNMENT, LOCAL LAW ENFORCMENT AND OTHER COMMUNITY PARTNERS. DURNG FY 2025, THE STRUCTURE, COLLABORATION, AND IMPLACT OF THIS COALITION WAS STRENGTHENED BY ESTABLISHING BYLAWS, A GOVERNANCE COMMITTEE, AND FORMALIZING THE WORK OF ITS SUBCOMMITTEES.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>NOTIFICATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM CHMC INCLUDES A CONTACT NUMBER AND IS DISSEMINATED BY CHMC BY VARIOUS MEANS, WHICH INCLUDES, BUT IS NOT LIMITED TO, THE PUBLICATION OF NOTICES IN PATIENT BILLS AND BY POSTING NOTICES IN THE EMERGENCY DEPARTMENT, URGENT CARE CENTERS, WAITING ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND PATIENT FINANCIAL SERVICES OFFICES. INFORMATION IS ALSO INCLUDED ON THE HOSPITAL'S WEBSITE AND AT LEAST ANNUALLY, THE HOSPITAL PUBLISHES IN THE LOCAL NEWSPAPERS A NOTICE OF FINANCIAL ASSISTANCE AND ALSO HIGHLIGHTS OTHER PROGRAMS THE HOSPITAL OFFERS FOR PATIENTS WITHOUT INSURANCE OR FOR PATIENTS IN FINANCIAL NEED. NOTIFICATION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY PROGRAM IS PROVIDED TO EACH PATIENT AT THE TIME OF REGISTRATION AND A SECOND TIME WHEN PATIENTS RECEIVE THEIR BILL/STATEMENT. SUCH INFORMATION IS PROVIDED IN THE PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY CHMC. REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY MEMBER OF THE CHMC STAFF OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, AND CHAPLAINS. A REQUEST FOR FINANCIAL ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS.</p>
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>ACCORDING TO THE NIELSEN CLARITAS MAY 2025 POPULATION ESTIMATES, CALVERT COUNTY HAS A POPULATION OF APPROXIMATELY 95,420 PERSONS.</p> <p>THE RACIAL MAKEUP OF CALVERT COUNTY IS SOMEWHAT HOMOGENOUS, WITH 72.2% OF THE POPULATION IDENTIFYING AS WHITE. THE PROPORTION OF BLACK/AFRICAN AMERICAN COMMUNITY MEMBERS IS THE SECOND LARGEST OF ALL RACES IN CALVERT COUNTY AT 14.33% AND IS THE ONLY OTHER RACE THAT MAKES UP MORE THAN 10% OF THE POPULATION. 9.44% OF THE POPULATION OF CALVERT COUNTY IDENTIFIES AS 2+ RACES.</p> <p>THE OVERALL MEDIAN HOUSEHOLD INCOME FOR THE COUNTY IS \$125,503. TWO RACES, BLACK/AFRICAN AMERICAN AND AMERICAN INDIAN/ALASKAN NATIVE, HAVE MEDIAN HOUSEHOLD INCOMES THAT FALL BELOW THE OVERALL MEDIAN VALUE. ALL OTHER RACES ARE ABOVE THE OVERALL VALUE WITH NATIVE HAWAIIAN/PACIFIC ISLANDER HAVING THE HIGHEST VALUE AT \$171,552.</p> <p>THE HIGHEST PERCENTAGE OF FAMILIES LIVING BELOW THE POVERTY LEVEL ARE IN THE FOLLOWING ZIP CODES; 20615 (BROOMES ISLAND), 20678 (PRINCE FREDERICK), 20657 (LUSBY), 20689 (SUNDERLAND), AND 20676 (PORT REPUBLIC).</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>CALVERT HEALTH MEDICAL CENTER IS AN INDEPENDENT COMMUNITY HOSPITAL LOCATED IN SOUTHERN MARYLAND. THE 90,000 COMMUNITY MEMBERS SERVED HAVE ACCESS TO OTHER HOSPITALS WITHIN A 30-MILE RADIUS. CALVERT HEALTH MEDICAL CENTER HAS A 62% MARKET SHARE OF INPATIENT ADMISSIONS. THE MAJORITY OF THE 20 MEMBER BOARD ARE LOCATED WITHIN THE COUNTY. THE 300 MEMBER MEDICAL STAFF IS COMPRISED OF EMPLOYED AND PRIVATE PRACTICING PROVIDERS FROM THE COUNTY AND SURROUNDING COUNTIES. THE HOSPITAL RENOVATED THE INPATIENT MEDICAL SURGICAL AREA TO PROVIDE ALL PRIVATE ROOMS AND MODERNIZE THE PATIENT CARE AREA.</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>CHMC IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, CALVERT HEALTH SYSTEM, INC. (CHS) THAT COOPERATES IN PROVIDING HEALTH CARE SERVICES TO ITS COMMUNITY. THE HOSPITAL, AS A SOLE COMMUNITY PROVIDER, PROVIDES ESSENTIAL HEALTH CARE SERVICES SUCH AS OBSTETRICS, PSYCHIATRY (INPATIENT AND OUTPATIENT) AND EMERGENCY SERVICES THAT OTHERWISE WOULD NOT BE PROVIDED WITHIN CALVERT COUNTY DUE TO THEIR UNPROFITABLE NATURE (HIGH COST SERVICES WITH LOW REIMBURSEMENT), OR WOULD NEED TO BE PROVIDED BY ANOTHER TAX-EXEMPT ORGANIZATION OR THE GOVERNMENT. FOR THE 2024 TAX YEAR, THE HOSPITAL PROVIDED CHARITY CARE, AT COST, TO PATIENTS THAT QUALIFIED FOR FINANCIAL ASSISTANCE. IN ADDITION TO THE HOSPITAL, CHS IS ALSO THE SOLE MEMBER AND EMPLOYER OF A PHYSICIAN GROUP, CALVERTHEALTH MEDICAL GROUP, LLC, WHICH PROVIDES PRIMARY AND SPECIALTY CARE SERVICES TO CALVERTHEALTH MEDICAL CENTER, THE COMMUNITY. THE PROVISION OF THESE PHYSICIAN SERVICES TO THE COMMUNITY MEETS AN IDENTIFIED NEED.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>MD</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CALVERTHEALTH MEDICAL CENTER INC

Employer identification number

52-0619000

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	JEREMY S BRADFORD	(i)	630,332	202,256	356	110,256	22,042	965,242	0
	PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2	CAROLYN M HEITHAUS	(i)	462,103	69,986	185,042	68,415	654	786,200	0
	VP FINANCE	(ii)	0	0	0	0	0	0	0
3	ANTHONY M BLADEN	(i)	19,188	232,607	480,075	2,494	0	734,364	0
	FORMER CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
4	THEODORE N TSANGARIS, MD	(i)	475,354	10,000	2,286	25,944	16,424	530,008	0
	VP MEDICAL AFFAIRS/CHIEF MEDICAL OFFICER	(ii)	0	0	0	0	0	0	0
5	THERESA L JOHNSON	(i)	236,825	31,330	101,691	23,937	10,018	403,801	0
	VP BRAND STRATEGY & PHILANTHROPY	(ii)	0	0	0	0	0	0	0
6	KASIA A SWEENEY	(i)	262,910	79,433	3,243	21,038	13,583	380,207	0
	VP STRATEGY & BUSINESS DEVELOPMENT	(ii)	0	0	0	0	0	0	0
7	CHRISTIAN J SOROCHTY	(i)	261,800	29,077	6,162	23,773	654	321,466	0
	VICE PRESIDENT HUMAN RESOURCES	(ii)	0	0	0	0	0	0	0
8	BENJAMIN I COX	(i)	212,982	27,394	1,665	11,464	23,568	277,073	0
	AVP INFORMATION SERVICES/CIO	(ii)	0	0	0	0	0	0	0
9	JOSEPH PATRICK GARCIA-VALLE	(i)	235,138	14,245	180	11,222	1,149	261,934	0
	CHIEF COMPLIANCE COUNSEL	(ii)	0	0	0	0	0	0	0
10	KARA A HARRER	(i)	217,938	26,514	2,540	12,677	1,701	261,370	0
	AVP ANCILLARY OPERATIONS	(ii)	0	0	0	0	0	0	0
11	NICOLE M HEDDERICH	(i)	207,882	25,132	2,545	10,418	1,149	247,126	0
	ASSOC VP QUALITY & RISK MGMT	(ii)	0	0	0	0	0	0	0
12	LAURAL H BRINKLEY	(i)	199,287	4,959	426	14,012	13,850	232,534	0
	VP CLINICAL SERVICES CHIEF NURSING OFFICER	(ii)	0	0	0	0	0	0	0
13	SUSAN MCCALLUM	(i)	172,704	23,520	156	5,991	4,632	207,003	0
	RN - FLEX 2	(ii)	0	0	0	0	0	0	0
14	RICHARD PELLEGRINO	(i)	186,592	0	397	8,451	1,678	197,118	0
	DIRECTOR FINANCIAL PLANNING & REIMBURSEMENT	(ii)	0	0	0	0	0	0	0
15	MEREDITH MOODY	(i)	183,826	500	310	8,298	1,114	194,048	0
	DIR PHARMACY	(ii)	0	0	0	0	0	0	0
16	SEE NEXT PAGE	(i)							
		(ii)							

Part II**Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
⁽¹⁶⁾ SHERRY WALKER DIR SURGICAL SERVICES	(i)	171,822	0	225	7,917	1,483	181,447	0
	(ii)	0	0	0	0	0	0	0
⁽¹⁷⁾ KIMBERLY S GIRARD CHARGE NURSE	(i)	170,947	600	517	6,998	1,014	180,076	0
	(ii)	0	0	0	0	0	0	0
⁽¹⁸⁾ MELISSA HALL FORMER VP CLINICAL SERVICES CHIEF NURSING OFFICER	(i)	52,732	14,475	105,870	3,619	207	176,903	0
	(ii)	0	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	THE PRESIDENT/CEO RECEIVED BENEFITS THAT ARE INCLUDED IN PART I, LINE 1.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	ANTHONY BLADEN, RETIRED 12/29/23, RECEIVED \$479,707.50 IN SEVERANCE IN CY 2024. MELISSA HALL, LEFT THE ORG 2/26/24, RECEIVED \$105,242.65 IN SEVERANCE IN CY 2024.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE FOLLOWING EMPLOYEES CONTRIBUTED TO (EMPLOYEE AND EMPLOYER PORTION) THE ORGANIZATION'S 457(F) DEFERRED COMPENSATION PLAN: JEREMY BRADFORD: \$95,091 LAURAL BRINKLEY: \$4,431 CAROLYN HEITHAUS: \$52,890 CHRISTIAN SOROCHTY: \$10,599 MELISSA HALL: \$2,585

**SCHEDULE K
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CALVERTHEALTH MEDICAL CENTER INC

Employer identification number

52-0619000

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091		04/15/2021	16,539,000	REFUND THE SERIES 2015 REVENUE BONDS		✓		✓		✓
B	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091		07/03/2023	31,169,000	REFUND THE SERIES 2023 REVENUE BONDS		✓		✓		✓
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,359,000		668,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	16,539,000		31,169,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	125,431							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	16,413,569		31,169,000					
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓		✓					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓				
16	Has the final allocation of proceeds been made?	✓		✓					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

Part III Private Business Use

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

Part IV Arbitrage

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

**SCHEDULE L
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CALVERTHEALTH MEDICAL CENTER INC

Employer identification number

52-0619000

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CALVERT INTERNAL MEDICINE GROUP	DR. FOSTER IS A PARTNER IN CALVERT INTERNAL MEDICINE GROUP	\$274,302	PHYSICIAN SERVICES		✓
(2) DR. ARATI C PATEL	FAMILY MEMBER OF DR. UDAY PATEL	\$422,673	COMPENSATION		✓

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CalvertHealth Medical Center Inc

Employer identification number

52-0619000

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	CALVERTHEALTH MEDICAL CENTER PROVIDES QUALITY INPATIENT AND AMBULATORY HEALTH CARE TO THE PEOPLE OF SOUTHERN MARYLAND THAT IS ACCESSIBLE, COST-EFFECTIVE AND COMPASSIONATE. CHMC WORKS IN PARTNERSHIP WITH THE COMMUNITY TO IMPROVE THE HEALTH STATUS OF ITS MEMBERS.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	CALVERTHEALTH MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE. THE HOSPITAL WORKS IN PARTNERSHIP WITH THE COMMUNITY TO IMPROVE THE HEALTH STATUS OF ITS MEMBERS. THE HOSPITAL PROVIDES MEDICAL SERVICES TO PATIENTS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. IN FY 2025, THE HOSPITAL SERVED 5,627 INPATIENTS, 29,831 OUTPATIENTS AND PROVIDED 35,384 EMERGENCY ROOM VISITS. IN ADDITION TO THE INPATIENTS SERVED, THE HOSPITAL ALSO TREATED 3,637 MEDICAL OBSERVATION PATIENTS. FOR FY 2025, THE HOSPITAL FILED WITH THE STATE OF MARYLAND A COMMUNITY BENEFIT REPORT THAT DOCUMENTED \$4,105,996 IN COMMUNITY BENEFIT PROVIDED BY CALVERTHEALTH MEDICAL CENTER. THE COMMUNITY BENEFIT REPORT IS AVAILABLE UPON REQUEST. ALL FINANCIAL SURPLUSES THE HOSPITAL GENERATES ARE USED EXCLUSIVELY TO FURTHER THE CHARITABLE PURPOSES OF THE ORGANIZATION. THE HOSPITAL IS GOVERNED BY A COMMUNITY BOARD COMPRISED OF CIVIC LEADERS THROUGHOUT CALVERT COUNTY WHO ARE COMMITTED TO AND REPRESENT THE HEALTHCARE NEEDS OF THE COMMUNITY. THE HOSPITAL IN FY 2025 PROVIDED \$4,105,996 IN CHARITY CARE TO RESIDENTS WHO WERE UNABLE TO PAY FOR THOSE SERVICES AND MET ELIGIBILITY CRITERIA. THE HOSPITAL, AS A SOLE COMMUNITY PROVIDER, PROVIDES ESSENTIAL HEALTHCARE SERVICES SUCH AS OBSTETRICS, PSYCHIATRY (BOTH INPATIENT AND OUTPATIENT), EMERGENCY SERVICES, URGENT CARE AND LONG-TERM CARE THAT OTHERWISE WOULD NOT BE PROVIDED WITHIN CALVERT COUNTY OR WOULD HAVE TO BE PROVIDED BY THE GOVERNMENT. MANY OF THESE SERVICES BY THEIR NATURE ARE UNPROFITABLE SERVICES DUE TO THEIR HIGH COST AND LOW REIMBURSEMENT. THESE SERVICES WOULD NOT BE PROVIDED IF THE HOSPITAL DID NOT STEP IN TO PROVIDE THEM.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	CALVERT HEALTH SYSTEM, INC. (CHS) IS THE SOLE MEMBER OF CALVERTHEALTH MEDICAL CENTER (CHMC).
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	BOARD MEMBERS OF CALVERTHEALTH MEDICAL CENTER (CHMC) ARE ALSO BOARD MEMBERS OF CALVERT HEALTH SYSTEM, INC. (CHS). THERE IS COMMON SUPERVISION OR CONTROL BY THE PERSONS SUPERVISING OR CONTROLLING BOTH CHS AND CHMC. AND MANAGEMENT POSITIONS AT CHS ARE HELD BY THE SAME INDIVIDUALS THAT HOLD SUCH MANAGEMENT POSITIONS AT CHMC.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	BECAUSE CALVERT HEALTH SYSTEM, INC. (CHS) AND CALVERTHEALTH MEDICAL CENTER (CHMC) HAVE THE SAME BOARD MEMBERS AND MANagements, ANY GOVERNANCE DECISIONS OF CHMC ARE UNDER THE SUPERVISION OF AND SUBJECT TO APPROVAL BY CHS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE CALVERT HEALTH SYSTEM, INC. BOARD OF DIRECTORS AFTER COMPLETION AND PRIOR TO SUBMISSION TO THE IRS. THE DOCUMENT IS DELIVERED TO THE COMMITTEE MEMBERS PRIOR TO THE COMMITTEE MEETING SO THAT THEY CAN REVIEW THE INFORMATION AND RESPOND TO OR QUESTION ANY OR ALL OF THE DATA. THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER ARE PRESENT AT THE AUDIT COMMITTEE MEETING. PRIOR TO SUBMISSION TO THE IRS, A COPY OF THE FINAL FORM 990 IS POSTED ON THE BOARD OF DIRECTORS PORTAL WHICH IS PASSWORD-PROTECTED. ALL BOARD MEMBERS ARE NOTIFIED BY EMAIL THAT THE FORM 990 HAS BEEN POSTED ON THE PORTAL AND IS AVAILABLE FOR REVIEW. ANY ADDITIONAL COMMENTS OR QUESTIONS FROM BOARD MEMBERS ARE RESPONDED TO PRIOR TO FILING THE FORM 990.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	CALVERT HEALTH SYSTEM, INC. AND SUBSIDIARIES (THE HEALTH SYSTEM) HAVE A CONFLICT OF INTEREST PROCESS. AT ITS CORE ARE THREE DISTINCT POLICIES; ONE EACH FOR THE BOARD OF DIRECTORS, MEDICAL STAFF, AND ALL EMPLOYEES AND ASSOCIATES OF THE HEALTH SYSTEM. THESE POLICIES REQUIRE ALL ORGANIZATIONAL LEADERSHIP, AS WELL AS RANK AND FILE ASSOCIATES IN KEY POSITIONS OR WITH RELATIONSHIPS WITH OUTSIDE PARTIES THAT DO BUSINESS WITH THE HEALTH SYSTEM, TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. ANNUAL DISCLOSURES ARE REQUIRED AND DOCUMENTED WITH A FURTHER REQUIREMENT TO PROMPTLY SUPPLEMENT WHEN AN ACTUAL OR POTENTIAL CONFLICT IS DISCOVERED OR CREATED. THE HEALTH SYSTEM REQUIRES THAT THESE POLICIES BE CONSTRUED BROADLY TO AVOID THE APPEARANCE OF IMPROPER ACTIVITY AND REQUIRES DISCLOSURE AND RESOLUTION OF POTENTIAL CONFLICTS AS WELL. THE PROCESS IS OVERSEEN BY THE CHIEF COMPLIANCE OFFICER OF THE HEALTH SYSTEM WHO HAS ACCESS TO EXTERNAL RESOURCES, INCLUDING OUTSIDE COUNSEL. REMEDIES RANGE FROM DISCLOSURE AND MONITORING FOR THE MOST ATTENUATED POTENTIAL CONFLICTS TO RESIGNATION/TERMINATION FOR UNRESOLVABLE CONFLICTS.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CalvertHealth Medical Center Inc

Employer identification number

52-0619000

Return Reference - Identifier	Explanation																									
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN EMPLOYMENT CONTRACT, A COMPENSATION SURVEY OR STUDY, APPROVAL BY BOARD/COMPENSATION COMMITTEE AND CONTEMPORANEOUS WRITTEN SUBSTANTIATION OF THE DECISION-MAKING PROCESS TO DETERMINE COMPENSATION OF THE CEO.																									
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN EMPLOYMENT CONTRACT, A COMPENSATION SURVEY OR STUDY, APPROVAL BY BOARD/COMPENSATION COMMITTEE AND CONTEMPORANEOUS WRITTEN SUBSTANTIATION OF THE DECISION-MAKING PROCESS TO DETERMINE COMPENSATION OF THE CEO.																									
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.																									
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Total Expenses</th> <th>(c) Program Service Expenses</th> <th>(d) Management and General Expenses</th> <th>(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>PROFESSIONAL FEES</td> <td>15,906,712</td> <td>13,823,356</td> <td>2,083,356</td> <td></td> </tr> <tr> <td>CONSULTING FEES</td> <td>4,343,403</td> <td>3,660,461</td> <td>682,942</td> <td></td> </tr> <tr> <td>CONTRACT STAFF</td> <td>1,278,212</td> <td>1,077,230</td> <td>200,982</td> <td></td> </tr> <tr> <td>Total</td> <td>21,528,327</td> <td>18,561,047</td> <td>2,967,280</td> <td>0</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	PROFESSIONAL FEES	15,906,712	13,823,356	2,083,356		CONSULTING FEES	4,343,403	3,660,461	682,942		CONTRACT STAFF	1,278,212	1,077,230	200,982		Total	21,528,327	18,561,047	2,967,280	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																						
PROFESSIONAL FEES	15,906,712	13,823,356	2,083,356																							
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CONTRACT STAFF	1,278,212	1,077,230	200,982																							
Total	21,528,327	18,561,047	2,967,280	0																						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHF - TRANSFER OF NET ASSETS</td> <td>699,372</td> </tr> <tr> <td>TOTAL</td> <td>699,372</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHF - TRANSFER OF NET ASSETS	699,372	TOTAL	699,372																			
(a) Description	(b) Amount																									
CHF - TRANSFER OF NET ASSETS	699,372																									
TOTAL	699,372																									
FORM 990, PART XII, LINE 2B -	THE ORGANIZATIONS FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AS PART OF THE CONSOLIDATED AUDIT OF THE HEALTH SYSTEM.																									
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.																									

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CALVERTHEALTH MEDICAL CENTER INC

Employer identification number

52-0619000

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CALVERT HEALTH SYSTEM INC (52-2347324) 100 HOSPITAL RD, PRINCE FREDERICK, MD 20678	HEALTHCARE	MD	501(C)(3)	3	N/A		✓
(2) CMH HOLDING CO (52-2176827) 100 HOSPITAL RD, PRINCE FREDERICK, MD 20678	REAL ESTATE	MD	501(C)(2)		CALVERT HEALTH SYSTEM		✓
(3) CMH II HOLDING CO (52-2178784) 100 HOSPITAL RD, PRINCE FREDERICK, MD 20678	REAL ESTATE	MD	501(C)(2)		CALVERT HEALTH SYSTEM		✓
(4) CALVERTHEALTH FOUNDATION INC (52-1680647) 100 HOSPITAL RD, PRINCE FREDERICK, MD 20678	FUNDRAISING	MD	501(C)(3)	12 TYPE I	CALVERTHEALTH MEDICAL CENTER	✓	
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)	✓	
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)	✓	

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALVERTHEALTH FOUNDATION INC.	C	426,470	CASH
(2) CMH HOLDING CO I	K	99,387	CASH
(3) CMH HOLDING CO I	L	239,289	CASH
(4) CALVERT HEALTH SYSTEMS	R	3,525,000	CASH
(5) CALVERT HEALTH SYSTEMS	S	3,100,000	CASH
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III**Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CORELIFE CALVERT PARTNERSHIP LLC (84-3544145) 1099 WINTERSON RD STE 300, LINTHICUM HEIGHTS, MD 21090	HEALTHCARE	MD	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
⁽¹⁾ CALVERT HEALTH VENTURES INC (52-1625432) 100 HOSPITAL RD, PRINCE FREDERICK, MD 20678	HEALTHCARE	MD	CHS	C CORPORATION	N/A	N/A	N/A		✓

PUBLIC DISCLOSURE COPY

Form 990-T

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

OMB No. 1545-0047

2024

For calendar year 2024 or other tax year beginning 07/01, 2024, and ending 06/30, 2025

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service

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

Form header section containing: A Check box if address changed; B Exempt under section 501(C)(3); C Book value of all assets at end of year 140,659,522; D Employer identification number 52-0619000; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 3

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes (checked), No.

L The books are in care of (SEE STATEMENT) Telephone number (410) 535-8241

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 16,898.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Columns include line number, description, and amount. Total amount is 0.

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	0	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	0	
c	Tax deposited with Form 8868	6c	0	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0	
e	Backup withholding (see instructions)	6e	0	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0	
g	Elective payment election amount from Form 3800	6g	0	
h	Payment from Form 2439	6h	0	
i	Credit from Form 4136	6i	0	
j	Other (see instructions)	6j	0	
7	Total payments. Add lines 6a through 6j	7		0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		0
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax 0 Refunded	11		0

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

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No								
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓								
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0										
4	Enter available pre-2018 NOL carryovers here \$ 2,297,621. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.										
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.										
	<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>811000</td> <td>\$ 54,782</td> </tr> <tr> <td>561000</td> <td>\$ 311,495</td> </tr> <tr> <td>532000</td> <td>\$ 35,461</td> </tr> </tbody> </table>	Business Activity Code	Available post-2017 NOL carryover	811000	\$ 54,782	561000	\$ 311,495	532000	\$ 35,461		
Business Activity Code	Available post-2017 NOL carryover										
811000	\$ 54,782										
561000	\$ 311,495										
532000	\$ 35,461										
6a	Reserved for future use										
b	Reserved for future use										

Part V Supplemental Information

Provide any additional information. See instructions.

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

Signature of officer _____ Date _____ Title **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature <i>AMY BIBBY</i>	Date 05/08/2026	Check <input type="checkbox"/> if self-employed	PTIN P00445891
	Firm's name FORVIS MAZARS, LLP			Firm's EIN	44-0160260
	Firm's address ONE OAK PLAZA SUITE 300, ASHEVILLE, NC 28801			Phone no.	(828) 254-2254

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization <u>CALVERTHEALTH MEDICAL CENTER INC</u>	B Employer identification number <u>52-0619000</u>
C Unrelated business activity code (see instructions) <u>561000</u>	D Sequence: <u>1</u> of <u>3</u>

E Describe the unrelated trade or business ANSWERING & SUPPORT SERVICES

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>23,693</u>			
b	Less returns and allowances <u>0</u> c Balance	1c <u>23,693</u>		
2	Cost of goods sold (Part III, line 8)	2 <u>0</u>		
3	Gross profit. Subtract line 2 from line 1c	3 <u>23,693</u>		<u>23,693</u>
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a <u>0</u>		<u>0</u>
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b <u>0</u>		<u>0</u>
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5 <u>0</u>		<u>0</u>
6	Rent income (Part IV)	6 <u>0</u>	<u>0</u>	<u>0</u>
7	Unrelated debt-financed income (Part V)	7 <u>0</u>	<u>0</u>	<u>0</u>
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8 <u>0</u>	<u>0</u>	<u>0</u>
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9 <u>0</u>	<u>0</u>	<u>0</u>
10	Exploited exempt activity income (Part VIII)	10 <u>0</u>	<u>0</u>	<u>0</u>
11	Advertising income (Part IX)	11 <u>0</u>	<u>0</u>	<u>0</u>
12	Other income (see instructions; attach statement)	12 <u>0</u>		<u>0</u>
13	Total. Combine lines 3 through 12	13 <u>23,693</u>	<u>0</u>	<u>23,693</u>

Part II	Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1	Compensation of officers, directors, and trustees (Part X)	1		<u>0</u>
2	Salaries and wages	2		<u>75,597</u>
3	Repairs and maintenance	3		<u>0</u>
4	Bad debts	4		<u>0</u>
5	Interest (attach statement). See instructions	5		<u>0</u>
6	Taxes and licenses	6		<u>0</u>
7	Depreciation (attach Form 4562). See instructions	7	<u>0</u>	
8	Less depreciation claimed in Part III and elsewhere on return	8a	<u>0</u>	8b <u>0</u>
9	Depletion	9		<u>0</u>
10	Contributions to deferred compensation plans	10		<u>0</u>
11	Employee benefit programs	11		<u>15,875</u>
12	Excess exempt expenses (Part VIII)	12		<u>0</u>
13	Excess readership costs (Part IX)	13		<u>0</u>
14	Other deductions (attach statement)	14		<u>2,663</u>
15	Total deductions. Add lines 1 through 14	15		<u>94,135</u>
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		<u>(70,442)</u>
17	Deduction for net operating loss. See instructions	17		<u>0</u>
18	Unrelated business taxable income. Subtract line 17 from line 16	18		<u>(70,442)</u>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2024

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

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)				
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	A <input type="checkbox"/>			
	B <input type="checkbox"/>			
	C <input type="checkbox"/>			
	D <input type="checkbox"/>			
2	Rent received or accrued	A	B	C
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)			0
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)			
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)			0

Part V Unrelated Debt-Financed Income (see instructions)				
1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	A <input type="checkbox"/>			
	B <input type="checkbox"/>			
	C <input type="checkbox"/>			
	D <input type="checkbox"/>			
2	Gross income from or allocable to debt-financed property	A	B	C
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)			
6	Divide line 4 by line 5	%	%	%
7	Gross income reportable. Multiply line 2 by line 6			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)			0
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)			0
11	Total dividends – received deductions included in line 10			0

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
			0	0	

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

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

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

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7 0

Part IX Advertising Income

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

- A**
- B**
- C**
- D**

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

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

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

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

Part XI Supplemental Information (see instructions)

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization <u>CALVERTHEALTH MEDICAL CENTER INC</u>	B Employer identification number <u>52-0619000</u>
C Unrelated business activity code (see instructions) <u>811000</u>	D Sequence: <u>2</u> of <u>3</u>

E Describe the unrelated trade or business BUILDING SERVICES FEES

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>251,528</u>			
b	Less returns and allowances <u>0</u> c Balance			
1c		251,528		
2	Cost of goods sold (Part III, line 8)	0		
3	Gross profit. Subtract line 2 from line 1c	251,528		251,528
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	0		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	0		0
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)	0		0
6	Rent income (Part IV)	0	0	0
7	Unrelated debt-financed income (Part V)	0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	0	0	0
10	Exploited exempt activity income (Part VIII)	0	0	0
11	Advertising income (Part IX)	0	0	0
12	Other income (see instructions; attach statement)	0		0
13	Total. Combine lines 3 through 12	251,528	0	251,528

Part II	Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1	Compensation of officers, directors, and trustees (Part X)			0
2	Salaries and wages			83,738
3	Repairs and maintenance			94,731
4	Bad debts			0
5	Interest (attach statement). See instructions			0
6	Taxes and licenses			0
7	Depreciation (attach Form 4562). See instructions	0		
8	Less depreciation claimed in Part III and elsewhere on return	0		
9	Depletion			0
10	Contributions to deferred compensation plans			0
11	Employee benefit programs			17,585
12	Excess exempt expenses (Part VIII)			0
13	Excess readership costs (Part IX)			0
14	Other deductions (attach statement)			38,576
15	Total deductions. Add lines 1 through 14			234,630
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16,898
17	Deduction for net operating loss. See instructions			0
18	Unrelated business taxable income. Subtract line 17 from line 16			16,898

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

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)				
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	A <input type="checkbox"/>			
	B <input type="checkbox"/>			
	C <input type="checkbox"/>			
	D <input type="checkbox"/>			
2	Rent received or accrued	A	B	C
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)			0
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)			
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)			0

Part V Unrelated Debt-Financed Income (see instructions)				
1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	A <input type="checkbox"/>			
	B <input type="checkbox"/>			
	C <input type="checkbox"/>			
	D <input type="checkbox"/>			
2	Gross income from or allocable to debt-financed property	A	B	C
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)			
6	Divide line 4 by line 5	%	%	%
7	Gross income reportable. Multiply line 2 by line 6			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)			0
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)			0
11	Total dividends – received deductions included in line 10			0

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
			0	0	

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

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

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

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7 0

Part IX Advertising Income

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

- A**
- B**
- C**
- D**

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

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

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

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

Part XI Supplemental Information (see instructions)

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization <u>CALVERTHEALTH MEDICAL CENTER INC</u>	B Employer identification number <u>52-0619000</u>
C Unrelated business activity code (see instructions) <u>532000</u>	D Sequence: <u>3</u> of <u>3</u>

E Describe the unrelated trade or business RENTAL INCOME

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>0</u>			
b	Less returns and allowances <u>0</u> c Balance	1c 0		
2	Cost of goods sold (Part III, line 8)	2 0		
3	Gross profit. Subtract line 2 from line 1c	3 0		0
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 0		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b 0		0
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5 0		0
6	Rent income (Part IV)	6 7,800	34,717	(26,917)
7	Unrelated debt-financed income (Part V)	7 0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8 0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9 0	0	0
10	Exploited exempt activity income (Part VIII)	10 0	0	0
11	Advertising income (Part IX)	11 0	0	0
12	Other income (see instructions; attach statement)	12 0		0
13	Total. Combine lines 3 through 12	13 7,800	34,717	(26,917)

Part II	Deductions Not Taken Elsewhere.	See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.	
1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	0
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement). See instructions	5	0
6	Taxes and licenses	6	0
7	Depreciation (attach Form 4562). See instructions	7 0	
8	Less depreciation claimed in Part III and elsewhere on return	8a 0	8b 0
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	0
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	0
15	Total deductions. Add lines 1 through 14	15	0
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	(26,917)
17	Deduction for net operating loss. See instructions	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	(26,917)

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

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)				
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>	100 HOSPITAL ROAD, PRINCE FREDERICK, MD 20678		
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
2	Rent received or accrued	A	B	C
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	7,800		
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	7,800		
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)			7,800
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)	34,717		
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)			34,717

Part V Unrelated Debt-Financed Income (see instructions)				
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>			
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
2	Gross income from or allocable to debt-financed property	A	B	C
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)			
6	Divide line 4 by line 5	%	%	%
7	Gross income reportable. Multiply line 2 by line 6			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)			0
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)			0
11	Total dividends – received deductions included in line 10			0

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
			0	0	

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

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

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

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7 0

Part IX Advertising Income

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

- A**
- B**
- C**
- D**

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

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

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

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

Part XI Supplemental Information (see instructions)

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	CAROLYN HEITHAUS, 100 HOSPITAL ROAD, PRINCE FREDERICK, MD 20678

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2004	3,987		3,987		0	
2006	20,342		20,342		0	
2007	50,530		50,530		0	
2008	16,450		16,450		0	
2009	107,403		107,403		0	
2012	19,725		19,725		0	
2013	468,641		9,975	16,898	441,768	
2014	473,026				473,026	
2015	642,551				642,551	
2016	605,571				605,571	
2017	117,807				117,807	
Totals	2,526,033	0	228,412	16,898	2,280,723	

Description	Amount
ANSWERING & SUPPORT SERVICES	
(1) TELEPHONE	1,380
(2) SUPPLIES	395
(3) MINOR EQUIPMENT	888
Total	2,663
BUILDING SERVICES FEES	
(1) PURCHASED SERVICES	11,728
(2) INCLEMENT WEATHER	26,848
Total	38,576

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
ANSWERING & SUPPORT SERVICES					
2018	47,209				47,209
2019	45,608				45,608
2020	50,354				50,354
2021	50,239				50,239
2022	58,600				58,600
2023	59,485				59,485
Totals	311,495	0	0	0	311,495
BUILDING SERVICES FEES					
2018	6,399				6,399
2022	19,279				19,279
2023	29,104				29,104
Totals	54,782	0	0	0	54,782
RENTAL INCOME					
2023	35,461				35,461
Totals	35,461	0	0	0	35,461

RENTAL INCOME		
(1) 100 HOSPITAL ROAD, PRINCE FREDERICK, MD 20678	Description	Amount
	PURCHASED SERVICES	1,605
	MAINTENANCE CONTRACTS	7,200
	UTILITIES	6,692
	TAXES	6,036
	DEPRECIATION	13,184
	Total	34,717
Total for Schedule A - Part IV, Line 4, Deductions directly connected with the income in lines 2(a) and 2(b)		34,717

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

(Rev. December 2024)

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

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2024, and ending 12/31/2024

Attachment
Sequence No. **121**

Name of person filing this return CALVERTHEALTH MEDICAL CENTER, INC.	A Identifying number 52-0619000
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 100 HOSPITAL ROAD	B Category of filer (See instructions. Check applicable box(es).): 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/>
City or town, state, and ZIP code PRINCE FREDERICK MD 20678	C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 33.33%

Filer's tax year beginning 7/1/2024, and ending 6/30/2025

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)

H Person(s) on whose behalf this information return is filed:

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

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

1a Name and address of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD. P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS	b(1) Employer identification number, if any 98-0464065			
	b(2) Reference ID number (see instructions)			
	b(3) Previous reference ID number(s), if any (see instructions)			
	c Country under whose laws incorporated CAYMAN ISLANDS			
d Date of incorporation 12/14/2004	e Principal place of business CAYMAN ISLANDS	f Principal business activity code number 524290	g Principal business activity OTHER INSURANCE	h Functional currency code USD

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

a Name, address, and identifying number of branch office or agent (if any) in the United States N/A	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss) N/A	(ii) U.S. income tax paid (after all credits) N/A

c Name and address of foreign corporation's statutory or resident agent in country of incorporation ARTEX RISK SOLUTIONS (CAYMAN) LTD. P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different SAME AS 2C
--	---

Schedule A Stock of the Foreign Corporation

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

Schedule C Income Statement (see instructions)

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

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

Schedule F Balance Sheet

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

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

Schedule G Other Information

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

Schedule G Other Information (continued)

Table with columns for question text and Yes/No checkboxes. Questions include: 6a Is the filer claiming a foreign-derived intangible income (FDII) deduction...; 6b Enter the amount of gross receipts derived from all sales of general property...; 6c Enter the amount of gross receipts derived from all sales of intangible property...; 6d Enter the amount of gross receipts derived from all services provided...; 7 During the tax year, was the foreign corporation a participant in any cost-sharing arrangement...; 8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities...; 9a Did the foreign corporation receive any intangible property in a prior year...; 9b Enter in functional currency the amount of the earnings and profits reduction...; 10 During the tax year, was the foreign corporation an expatriated foreign subsidiary...; 11 During the tax year, did the foreign corporation participate in any reportable transaction...; 12 During the tax year, did the foreign corporation pay or accrue any foreign tax...; 13 During the tax year, did the foreign corporation pay or accrue foreign taxes...; 14 Did you answer "Yes" to any of the questions in the instructions for line 14?...; 15 Does the foreign corporation have interest expense disallowed under section 163(j)...; 16 Does the foreign corporation have previously disallowed interest expense...; 17a Did any extraordinary reduction with respect to a controlling section 245A shareholder...; 17b If the answer to question 17a is "Yes," was an election made to close the tax year...; 18a Did the filer have any loan to or from the foreign corporation...; 18b Did the filer have any loan to or from the foreign corporation...; 19a Did the filer issue a covered debt instrument...; 19b If the answer to question 19a is "Yes," provide the following: (1) The amount of such transactions... (2) The amount of such related party indebtedness.

Schedule G Other Information (continued)

		Yes	No
20a	During the tax year, did the foreign corporation pay or accrue any Top-up Tax? See instructions		X
b	If the answer to question 20a is "Yes," enter the amount of each type of tax paid or accrued. See instructions.		
	(1) Income Inclusion Rule (IIR) (or similar taxes) \$ _____		
	(2) Qualified Domestic Minimum Top-up Tax (QDMTT) (or similar taxes) \$ _____		
	(3) UTPR (or similar taxes) \$ _____		

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

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

Name of U.S. shareholder SAME AS 5471 Identifying number 52-0619000

Table with 2 columns: Description and Amount. Rows include Section 964(e)(4) subpart F dividend income, Section 245A(e)(2) subpart F income, Subpart F income from tiered extraordinary disposition amounts, Earnings invested in U.S. property, Reserved for future use, Factoring income, Section 245A eligible dividends, and Exchange gain or (loss) on a distribution of previously taxed earnings and profits.

- 7 a Was any income of the foreign corporation blocked?
b Did any such income become unblocked during the tax year (see section 964(b))?
If the answer to either question is "Yes," attach an explanation.
8 a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instruction) \$ NONE

Yes/No grid for questions 7a, 7b, and 8a. 7a: No (X), 7b: No (X), 8a: Yes (X).

**SCHEDULE I-1
(Form 5471)**

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

Information for Global Intangible Low-Taxed Income

▶ Attach to Form 5471.

OMB No. 1545-0123

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

Name of person filing Form 5471 SAME AS 5471		Identifying number 52-0619000
Name of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	EIN (if any) 98-0464065	Reference ID number (see instructions)
Separate Category (Enter code - see instructions)		PAS

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1	745,402		
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b	745,402		
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3	745,402		
4 Gross income less total exclusions (line 1 minus line 3) (see instructions)	4	0		
5 Deductions properly allocable to amount on line 4	5	0		
6 Tested income (loss) (line 4 minus line 5) (see instructions)	6		1.00	
7 Tested foreign income taxes	7		1.00	
8 Qualified business asset investment (QBAI)	8		1.00	
a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d	0	1.00	
10 a Interest income included in line 4	10a			
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c	0	1.00	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71400M

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

SCHEDULE G-1

(Form 5471)

(December 2023)

Department of the Treasury
Internal Revenue Service

Cost Sharing Arrangement

▶ Attach to Form 5471.

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

OMB No. 1545-0123

Name of person filing Form 5471
SAME AS 5471

Identifying number
52-0619000

Name of foreign corporation
FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

EIN (if any)
98-0464065

Reference ID number (see instructions)

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

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

SEE STATEMENT

		Yes	No
2	During the course of the tax year, did the foreign corporation become a participant in the CSA?		
3	Was the CSA in effect before January 5, 2009?		
4	What was the foreign corporation's share of reasonably anticipated benefits for the CSA during the tax year? ▶ _____ %		
5 a	Did a U.S. taxpayer make any platform contributions (as defined in Regulations section 1.482-7(c)) to the CSA during the tax year?		
b	If the answer to question 5a is "Yes," enter the present value of the platform contributions in U.S. dollars \$ _____		
c	If the answer to question 5a is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s). <input type="checkbox"/> Comparable uncontrolled transaction method <input type="checkbox"/> Income method <input type="checkbox"/> Acquisition price method <input type="checkbox"/> Market capitalization method <input type="checkbox"/> Residual profit split method <input type="checkbox"/> Unspecified method		
6 a	Enter the total amount of stock-based compensation deductions claimed by the filer for the tax year ▶ \$ _____		
b	Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and is directly identified with, or reasonably allocable to, the intangible development activity under the CSA ▶ \$ _____		
c	Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity?		
7 a	For the tax year, enter the total amount of intangible development costs for the CSA. ▶ \$ _____		
b	For the tax year, enter the amount of intangible development costs allocable to the foreign corporation based on the foreign corporation's reasonably anticipated benefits share. ▶ \$ _____		

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 33569U

Schedule G-1 (Form 5471) (Rev. 12-2023)

**SCHEDULE E
(Form 5471)**

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

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

OMB No. 1545-0123

▶ Attach to Form 5471.

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

Name of person filing Form 5471 SAME AS 5471		Identifying number 52-0619000
Name of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	EIN (if any) 98-0464065	Reference ID number (see instructions)
a Separate Category (Enter code - see instructions) ▶		PAS
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶		
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶		

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

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

Section 2 - Taxes Deemed Paid by Foreign Corporation

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

Name of foreign corporation: **FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.** EIN (if any): **98-0464065** Reference ID number (see instructions):

- a** Separate Category (Enter code - see instructions.) ▶ PAS
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c** If one of RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part II Election

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

Yes No If "Yes," state date of election ▶

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

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

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

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

Name of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	EIN (if any) 98-0464065	Reference ID number (see instructions)
--	-----------------------------------	--

- a** Separate Category (Enter code - see instructions.) ▶ PAS
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶ _____
- c** If one of RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶ _____

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1 a										
b										
c										
2										
3 a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

SCHEDULE H

(Form 5471)

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

Current Earnings and Profits

▶ Attach to Form 5471.

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

OMB No. 1545-0123

Name of person filing Form 5471 SAME AS 5471		Identifying number 52-0619000
Name of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	EIN (if any) 98-0464065	Reference ID number (see instructions)

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

1	Current year net income or (loss) per foreign books of account		1	0
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions	
a	Capital gains or losses	2a	3,222,395	
b	Depreciation and amortization	2b		
c	Depletion	2c		
d	Investment or incentive allowance	2d		
e	Charges to statutory reserves	2e		
f	Inventory adjustments	2f		
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i))	2g		
h	Foreign currency gains or losses	2h		
i	Other (attach statement)	2i	3,722,948	1,947,933
3	Total net additions	3	3,722,948	
4	Total net subtractions	4		5,170,328
5 a	Current earnings and profits (line 1 plus line 3 minus line 4)		5a	-1,447,380
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)		5b	
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines		5c	-1,447,380
(i)	General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(i)		
(ii)	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(ii)	-1,447,380	
(iii)	Section 901(j) category:			
(A)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(A)		
(B)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(B)		
(C)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(C)		
(D)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(D)		
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))		5d	-1,447,380
e	Enter exchange rate used for line 5d ▶ _____			1.00

**SCHEDULE J
(Form 5471)**

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

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

▶ Attach to Form 5471.

OMB No. 1545-0123

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

Name of person filing Form 5471 SAME AS 5471		Identifying number 52-0619000
Name of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	EIN (if any) 98-0464065	Reference ID number (see instructions)
a Separate Category (Enter code - see instructions) ▶ b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶		PAS

Part I Accumulated E&P of Controlled Foreign Corporation

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

Important: Enter amounts in functional currency.		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1 a	Balance at beginning of year (as reported on prior year Schedule J)	-309,649	-12,877,111				
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	-309,649	-12,877,111				
2 a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	-1,447,380					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5 a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	-1,757,029	-12,877,111				
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	-1,757,029	-12,877,111				

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

		(e) Previously Taxed E&P (see instructions)				
		(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1	a					
	b					
	c					
2	a					
	b					
3						
4						
5	a					
	b					
6						
7						
8						
9						
10						
11						
12						
13						
14						
		(e) Previously Taxed E&P (see instructions)			(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))	
		(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP		
1	a			17,490	-13,169,270	
	b					
	c			17,490	-13,169,270	
2	a					
	b					
3					-1,447,380	
4						
5	a					
	b					
6						
7				17,490	-14,616,650	
8						
9				0		
10						
11						
12						
13						
14				17,490	-14,616,650	

Part II **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

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

**SCHEDULE P
(Form 5471)**

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

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

OMB No. 1545-0123

▶ Attach to Form 5471.

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

Name of person filling Form 5471 SAME AS 5471		Identifying number 52-0619000
Name of U.S. shareholder SAME AS 5471		Identifying number 52-0619000
Name of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	EIN (if any) 98-0464065	Reference ID number (see instructions)
a Separate Category (Enter code - see instructions) ▶		PAS
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶		

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

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

For Paperwork Reduction Act Notice, see instructions.

Cat.No. 49203F

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

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

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

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

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1 a							0	0
b							0	0
c							0	0
2								
3								
4								
5								
6							0	0
7							0	0
8							0	0
9								
10								
11								
12							0	0

**SCHEDULE Q
(Form 5471)**

(December 2024)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

OMB No. 1545-0123

Attach to Form 5471.

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

Name of person filing Form 5471 SAME AS 5471		Identifying number 52-0619000
Name of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	EIN (if any) 98-0464065	Reference ID number (see instructions)

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

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes)	PAS
B If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)	III
C If code "901" is entered on line A, enter the country code for the sanctioned country (see instructions)	

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

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

Complete a separate Schedule Q for FOGEI or FORI income.

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

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach statement)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)		745,402	587,876				
(1) Unit name: FREESTATE HEALTHCARE	CJ	745,402	587,876				
(2) Unit name:							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
d Net Foreign Currency Gain (Total)							
(1) Unit name:							
(2) Unit name:							
e Income Equivalent to Interest (Total)							
(1) Unit name:							
(2) Unit name:							
f Other Foreign Personal Holding Company Income (Total) (attach statement—see instructions)							
(1) Unit name:							
(2) Unit name:							

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

For Paperwork Reduction Act Notice, see instructions.

Cat.No. 73414U

Schedule Q (Form 5471) (12-2024)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus colimn (xv))
1									
a				157,526		47,315,407			157,526
(1)				157,526		47,315,407	<input type="checkbox"/>		157,526
(2)							<input type="checkbox"/>		
b									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
c									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
d									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
e									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
f									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		

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

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

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach statement)
1 Subpart F Income Groups							
g Foreign Base Company Sales							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		745,402	587,876				

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

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
g									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
h									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
i									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
j									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
k									
l									
m									
2									
3									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
4									
(1)									
(2)									
5				157,526					157,526

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

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

OMB No. 1545-0123

▶ Attach to Form 5471.
▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filling Form 5471 SAME AS 5471	Identifying number 52-0619000
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Name of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.	EIN (if any) 98-0464065	Reference ID number (see instructions)
---	----------------------------	--

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NON TAXABLE CASH DIVIDEND UNDER IRC §301	12/31/2024	1,355,908	0
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

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

		ADDITIONS	SUBTRACTIONS
1	RELATED PARTY PREMIUMS		1,947,933
2	RELATED PARTY LOSS RESERVES AND CLAIMS PAID	3,722,948	
TOTAL OTHER		3,722,948	1,947,933

LINE 19, SCH G (FORM 5471) - QUESTIONS

1 QUESTION # 3

CODE: DED

DEDUCTIONS TAKEN INTO ACCOUNT: 587,876

2 QUESTION # 21

CODE: EP

EXCESS SUBPART F INCOME OVER EARNINGS AND PROFITS: 1,604,906

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

DECEMBER 31, 2024

EIN: 98-0464065

FORM 5471, SCHEDULE G-1:

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

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

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

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

Name of transferor <u>CALVERTHEALTH MEDICAL CENTER, INC.</u>	Identifying number (see instructions) <u>52-0619000</u>
---	--

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

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

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) <u>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</u>	5a Identifying number, if any <u>98-0464065</u>
---	--

Address (including country) <u>P.O. BOX 10233 GRAND CAYMAN CJ KY1-1002</u>	5b Reference ID number (see instructions)
---	--

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

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		629,175.		

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

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

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

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

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

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

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

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

SEE STATEMENT

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

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

CALVERTHEALTH MEDICAL CENTER, INC.

EIN: 52-0619000

ATTACHMENT TO FORM 926, PART III

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

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

CALVERTHEALTH MEDICAL CENTER, INC.

EIN: 52-0619000

100 HOSPITAL ROAD

PRINCE FREDERICK, MD 20678

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

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

EIN: 98-0464065

P.O. BOX 10233

GRAND CAYMAN KY1-1002, CAYMAN ISLANDS

INCORPORATED IN THE CAYMAN ISLANDS

(II.): INSURANCE PREMIUMS RECEIVED FROM RELATED PARTIES CONSIDERED TO
BE DEEMED CONTRIBUTIONS TO CAPITAL OF THE ABOVE CORPORATION OCCURRED
ON VARIOUS DATES THROUGHOUT THE YEAR. THE TOTAL AMOUNT OF THE DEEMED
CONTRIBUTIONS WAS \$629,175.

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

NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR DEEMED CASH
CONTRIBUTIONS TO CAPITAL OF \$629,175. THE TAXPAYER OWNED 33.33% OF THE
STOCK OF THE TRANSFEREE CORPORATION BOTH BEFORE AND AFTER THESE
TRANSFERS.

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

CASH IN THE AMOUNT OF \$629,175 (US DOLLARS)

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

NOT APPLICABLE

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

NOT APPLICABLE