



May 12, 2026

Luminis Health Doctors Community Medical
Center, Inc.
2000 Medical Parkway 606
Annapolis, MD 21401
Attention: Ms. Michelle Lee

Dear Michelle:

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2026.

FORM 990-T RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990-T has an overpayment of \$9,637. The entire overpayment has been applied to the estimated tax payments.

No amount is due on Form 990-T.

A copy of Form 990 is enclosed for inclusion in your Maryland filing.

MARYLAND FORM 500 RETURN:

The Maryland Form 500 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the MDDOR, please sign, date and return Form EL101B to our office. We will then submit the electronic return to the MDDOR. Do not mail the paper copy of the return to the MDDOR.

No payment is required.

Your overpayment in the amount of \$5,367 has been applied to your Maryland estimated tax.

If you are required to mail a tax return or payment voucher, we recommend that you use certified mailing envelopes with postmarked receipts for timely filing. However, please note that you must **add the appropriate postage** before mailing **for both Certified Tracking and Electronic Return Receipt**.

We have prepared the returns from information you furnished to us without verification. Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such an examination.



We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very Truly Yours,

Lori S. Burghauser

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2025

Prepared For:

Luminis Health Doctors Community Medical
Center, Inc.
2000 Medical Parkway 606
Annapolis, MD 21401

Prepared By:

SC&H Group, Inc.
226 Schilling Circle, Suite 300
Hunt Valley, MD 21031

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2026.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2025

Prepared For:

Luminis Health Doctors Community Medical
Center, Inc.
2000 Medical Parkway 606
Annapolis, MD 21401

Prepared By:

SC&H Group, Inc.
226 Schilling Circle, Suite 300
Hunt Valley, MD 21031

Amount Due or Refund:

Overpayment of \$9,637. The entire overpayment has been applied to the estimated tax payments.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.**

EIN or SSN
52-1638026

Name and title of officer or person subject to tax **MICHELLE LEE
CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>287,913,877.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SC&H GROUP, INC. to enter my PIN 63214
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52935821031

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SC&H GROUP, INC.

Date 05/12/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2000 MEDICAL PARKWAY 606 City or town, state or province, country, and ZIP or foreign postal code ANNAPOLIS, MD 21401 F Name and address of principal officer: VICTORIA W. BAYLESS SAME AS C ABOVE	D Employer identification number 52-1638026 E Telephone number (443) 481-1308 G Gross receipts \$ 287,913,877. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.LUMINISHEALTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1989 M State of legal domicile: MD

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO ENHANCE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1675
	6	Total number of volunteers (estimate if necessary)	6	157
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	705,416.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	365,648.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	2,046,650.
9		Program service revenue (Part VIII, line 2g)	248,824,253.	281,764,973.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,219,891.	945,140.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,482,259.	2,713,865.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	254,573,053.	287,913,877.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	204,055.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	111,322,795.	121,140,395.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	143,398,215.	170,541,598.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	254,925,065.	291,825,650.
	19	Revenue less expenses. Subtract line 18 from line 12	-352,012.	-3,911,773.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	214,364,823.	202,097,661.
	21	Total liabilities (Part X, line 26)	189,922,339.	180,975,931.
	22	Net assets or fund balances. Subtract line 21 from line 20	24,442,484.	21,121,730.

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 MICHELLE LEE, CFO	Date
	Type or print name and title	
Paid Preparer Use Only	Preparer's name LORI S. BURGHAUSER	Preparer's signature LORI S. BURGHAUSER
	Date 05/12/26	Check if self-employed <input type="checkbox"/> PTIN P00370694
	Firm's name SC&H GROUP, INC.	Firm's EIN 20-5991824
	Firm's address 226 SCHILLING CIRCLE, SUITE 300 HUNT VALLEY, MD 21031	Phone no. (410) 403-1500

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AS A CHARITABLE ORGANIZATION, OUR MISSION IS TO ENHANCE THE HEALTH OF THE PEOPLE WE SERVE. LHDCMC'S VISION IS "LIVING HEALTHIER TOGETHER", PROVIDING A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES, A NUMBER OF SPECIALTY AND SUBSPECIALTY SERVICES, AND A FULL RANGE OF ANCILLARY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 205,261,313. including grants of \$ 143,657.) (Revenue \$ 281,059,557.) LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER (LHDCMC) HAS BEEN PROVIDING HIGH-QUALITY, COMPASSIONATE CARE TO PEOPLE IN PRINCE GEORGE'S COUNTY FOR A HALF CENTURY.

WITH MORE THAN 340 BEDS ACROSS OUR CAMPUS, OUR REACH EXPANDS BEYOND THAT OF A TYPICAL SMALL COMMUNITY HOSPITAL. SINCE BECOMING PART OF LUMINIS HEALTH, WE'VE EXPANDED TO MEET THE GREATEST HEALTHCARE NEEDS OF THE COMMUNITY AND CONTINUE TO INVEST IN THE SERVICES TO SUPPORT THE DIVERSE COMMUNITY WE SERVE.

THE HOSPITAL HAS BEEN RECOGNIZED FOR EXCEPTIONAL CARE IN MANY AREAS, INCLUDING COLON CANCER SURGERY, BREAST CANCER SURGERY AND WOUND CARE.

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 205,261,313.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included 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?		

1a	108
1b	0
1c	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 1675		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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)?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 16		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MICHELLE LEE - 443-481-1308
2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401

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 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) VICTORIA BAYLESS LH CEO/BOARD MEMBER	1.00 40.00	X		X				0.	3,392,300.	17,114.
(2) JEFFREY GELFAND BOARD MEMBER	1.00 40.00	X						0.	1,304,112.	33,272.
(3) DENEEN RICHMOND PRESIDENT OF LHDCMC	0.00 40.00			X				832,213.	0.	83,559.
(4) TIMOTHY ADELMAN, JD GENERAL COUNSEL/SECRETARY	40.00 1.00			X				0.	710,987.	77,863.
(5) SUNIL MADAN CHIEF MEDICAL OFFICER	40.00 0.00				X			659,192.	0.	37,911.
(6) STEPHANIE SCHNITTGER LF CFO	1.00 40.00			X				0.	582,468.	54,647.
(7) REGINA HAMPTON-COLEMAN FORMER BOARD MEMBER	0.00 40.00						X	0.	384,147.	33,419.
(8) CRYSTAL D. BECKFORD CHIEF NURSING OFFICER	40.00 0.00				X			349,934.	0.	31,118.
(9) DOUGLAS WOMER FORMER LF CFO/TREASURER	0.00 0.00					X		0.	360,012.	10,867.
(10) DAVID PRESS ASSOCIATE CHAIR OF MEDICINE	40.00 0.00				X			308,841.	0.	13,392.
(11) SALIM JARAWAN DIRECTOR - PHARMACY	40.00 0.00				X			265,256.	0.	9,224.
(12) MAFEREH SESAY CLINICAL SUPERVISOR	40.00 0.00				X			243,768.	0.	30,119.
(13) DELPHINE SIRRI STAFF NURSE	40.00 0.00				X			231,681.	0.	21,294.
(14) JOYCE HANSCOME FORMER VP/INTERNAL CONSULTANT	0.00 40.00						X	0.	187,789.	30,500.
(15) MELISSA YEAGER VP, COO, FORMER KEY	40.00 0.00					X		124,529.	0.	11,440.
(16) KEVIN SMITH FORMER LF CFO	0.00 0.00					X		0.	104,422.	3,333.
(17) ALAN J. HYATT, ESQ. CHAIR	1.00 1.00	X		X				0.	0.	0.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Form 990 (2024)

52-1638026 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY MICHAEL VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(19) JAMES CHAMBERS TREASURER	1.00 1.00	X		X				0.	0.	0.
(20) PATRICIA ARZUAGA BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(21) DAVID CADE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(22) KEITH GHEZZI, M.D. BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(23) ATHENA GROVES BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(24) NIELS HOLCH BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(25) GLORIA LAWLAH BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(26) MISTI MUKHERJEE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
1b Subtotal								3,015,414.	7,026,237.	499,072.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,015,414.	7,026,237.	499,072.

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 311

	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>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDPRO HEALTHCARE STAFFING, 1580 SAWGRASS CORP. PKWY, SUITE 200, SUNRISE, FL 33323	STAFFING SERVICES	5,946,247.
BROWN CROFT & FRAZIER PA, 2002 MEDICAL PKWY STE 235, ANNAPOLIS, MD 21401	PROFESSIONAL FEES	4,449,690.
ANESTHESIA COMPANY LLC PO BOX 418205, BOSTON, MA 02241	PROFESSIONAL FEES	3,191,629.
BIO-MEDICAL APPLICATIONS OF MD, INC. PO BOX 933510, ATLANTA, GA 31193-3510	DIALYSIS SERVICES	1,154,930.
LEGACY RESTORATION SPECIALIST 13209 TANEY DR, BELTSVILLE, MD 20705	PROVIDES RESTORATION	914,314.

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 32

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Form 990 (2024)

52-1638026 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,212,718.				
	e Government grants (contributions)	1e	1,217,444.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	59,737.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			2,489,899.			
Program Service Revenue	2 a NET PATIENT REVENUE	Business Code					
		621110	281764973.	281059557.	705,416.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			281764973.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		940,905.			940,905.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	781,329.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	781,329.				
	d Net rental income or (loss)			781,329.		781,329.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	4,235.			
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	4,235.				
	d Net gain or (loss)			4,235.		4,235.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CAFETERIA REVENUE	Business Code					
		722514	1,144,508.			1144508.	
	b SHARED SERVICES	900099	280,368.			280,368.	
	c ANSWERING SERVICE REV.	812900	115,557.			115,557.	
	d All other revenue	900099	392,103.			392,103.	
e Total. Add lines 11a-11d			1,932,536.				
12 Total revenue. See instructions			287913877.	281059557.	705,416.	3659005.	

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Form 990 (2024)

52-1638026 Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	143,657.	143,657.		
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	1,612,876.	1,321,369.	291,507.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	135,967.	111,296.	24,671.	
7 Other salaries and wages	101,988,380.	83,844,646.	18,143,734.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,931,122.	2,315,548.	615,574.	
9 Other employee benefits	7,041,491.	5,492,561.	1,548,930.	
10 Payroll taxes	7,430,559.	5,721,530.	1,709,029.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,275,428.		1,275,428.	
c Accounting				
d Lobbying	2,312.		2,312.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	98,922,790.	51,982,109.	46,940,681.	
12 Advertising and promotion				
13 Office expenses	4,974,346.	3,911,157.	1,063,189.	
14 Information technology	201,830.	155,409.	46,421.	
15 Royalties				
16 Occupancy	3,102,070.	2,388,594.	713,476.	
17 Travel	103,714.	79,846.	23,868.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	3,512,289.	2,704,463.	807,826.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,087,708.	15,467,535.	4,620,173.	
23 Insurance	300,678.	231,522.	69,156.	
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 INCOME TAX EXPENSE	23,067.		23,067.	
b SUPPLIES	34,755,800.	26,761,966.	7,993,834.	
c ENERGY COSTS	2,756,314.	2,122,362.	633,952.	
d LEASE AMORTIZATION & IN	441,330.	441,330.		
e All other expenses	81,922.	64,413.	17,509.	
25 Total functional expenses. Add lines 1 through 24e	291,825,650.	205,261,313.	86,564,337.	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)				

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Form 990 (2024)

52-1638026 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,586.	1	9,954.
	2 Savings and temporary cash investments	1,997,310.	2	2,980,756.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	37,287,872.	4	41,435,900.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,461,604.	8	3,716,516.
	9 Prepaid expenses and deferred charges	3,274,579.	9	6,735,118.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 215,413,696.		
	b Less: accumulated depreciation	10b 54,848,386.	10c	160,565,310.
	11 Investments - publicly traded securities	21,791,202.	11	3,558,120.
	12 Investments - other securities. See Part IV, line 11	585,864.	12	455,508.
	13 Investments - program-related. See Part IV, line 11	-37,395,125.	13	-38,381,193.
	14 Intangible assets	4,100,000.	14	4,100,000.
	15 Other assets. See Part IV, line 11	27,503,360.	15	16,921,672.
16 Total assets. Add lines 1 through 15 (must equal line 33)	214,364,823.	16	202,097,661.	
Liabilities	17 Accounts payable and accrued expenses	19,572,317.	17	19,346,779.
	18 Grants payable		18	
	19 Deferred revenue	27,938,741.	19	28,638,360.
	20 Tax-exempt bond liabilities	102,312,335.	20	96,025,536.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	40,098,946.	25	36,965,256.
	26 Total liabilities. Add lines 17 through 25	189,922,339.	26	180,975,931.
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	24,223,050.	27	21,899,444.
	28 Net assets with donor restrictions	219,434.	28	-777,714.
	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	24,442,484.	32	21,121,730.
	33 Total liabilities and net assets/fund balances	214,364,823.	33	202,097,661.

Form 990 (2024)

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	287,913,877.
2	Total expenses (must equal Part IX, column (A), line 25)	2	291,825,650.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,911,773.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,442,484.
5	Net unrealized gains (losses) on investments	5	-139,448.
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	730,467.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,121,730.

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		X
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	X	
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.	X	
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? _____	X	
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 _____	X	

Form 990 (2024)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC. Employer identification number 52-1638026

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

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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**

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Schedule A (Form 990) 2024

52-1638026 Page 6

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

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

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

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

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

Schedule A (Form 990) 2024

**LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.**

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**

(Rev. December 2024)
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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Employer identification number

52-1638026

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number 52-1638026
--	---

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	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION, 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	\$ 1,212,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CANCER PREVENTION EDUCATION SCREENING TREATMENT PROGRAM (CPEST) 201 EAST PRESTON ST, 3RD FL BALTIMORE, MD 21001	\$ 780,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BALTIMORE CERVICAL CANCER PROGRAM (BCCP) 201 EAST PRESTON ST, 3RD FL BALTIMORE, MD 21001	\$ 279,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DEPARTMENT OF EMERGENCY MANAGEMENT P.O. BOX 38034 BALTIMORE, MD 21297	\$ 157,685.	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.)

Name of organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number 52-1638026
--	---

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

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

Name of organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number 52-1638026
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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 C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number (EIN) 52-1638026
--	---

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2024

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		2,312.
j Total. Add lines 1c through 1i			2,312.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION PAYS DUES TO THE MARYLAND HOSPITAL ASSOCIATION. A PORTION OF THESE DUES WERE USED FOR LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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 **LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.** Employer identification number **52-1638026**

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,274,060.		9,274,060.
b Buildings		114,532,211.	24,182,231.	90,349,980.
c Leasehold improvements		8,487,913.	2,623,873.	5,864,040.
d Equipment		48,188,432.	21,609,061.	26,579,371.
e Other		34,931,080.	6,433,221.	28,497,859.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				160,565,310.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

Schedule D (Form 990) (Rev. 12-2024) CENTER, INC.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	3,436,681.
(2) LIFE INSURANCE	2,956,480.
(3) OTHER RECEIVABLES	9,010,136.
(4) OTHER LONG-TERM ASSETS	1,518,375.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	16,921,672.

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) ROU LIABILITY	4,141,798.
(3) DEFERRED COMPENSATION AND IBNRS	2,956,480.
(4) PENSION OBLIGATION	633,517.
(5) MARK TO MARKET LIABILITY	4,080,351.
(6) INTERCOMPANY	24,422,110.
(7) TAXES PAYABLE	731,000.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	36,965,256.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

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

PART X, LINE 2:

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE SYSTEM. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS CONCLUDED THAT AS OF JUNE 30, 2025, AND 2024, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE ORGANIZATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
---------------------------------	--	---------------------------------------	-------------------

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	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: _____ <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: _____ <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			13914007.		13914007.	4.77%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			13914007.		13914007.	4.77%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3053052.	32,200.	3020852.	1.04%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			21366188.		21366188.	7.32%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2626049.	1691513.	934,536.	.32%
j Total. Other benefits			27045289.	1723713.	25321576.	8.68%
k Total. Add lines 7d and 7j			40959296.	1723713.	39235583.	13.45%

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: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

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?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
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	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</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	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" 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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>25</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," list url: <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

	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?	X	
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>300</u> % for eligibility for discounted care of <u>350</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input 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: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

	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?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) 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?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

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

Schedule H (Form 990) 2024

Part V Facility Information (continued)

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 5: LHDCMC TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE PRINCE GEORGE'S COUNTY COMMUNITY, INCLUDING FROM THOSE WITH SPECIALIZED KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, COMMUNITY LEADERS, AND LEADERS OR REPRESENTATIVES OF LOW-INCOME OR UNDERSERVED GROUPS SERVED IN THE COMMUNITY. THE HEALTH DEPARTMENT STAFF AND REPRESENTATIVES FOR THE FOUR MAIN COUNTY HOSPITALS SERVED AS THE CORE TEAM FOR CHNA DEVELOPMENT. THE HOSPITALS WERE: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER, AND UNIVERSITY OF MARYLAND CAPITAL REGION. ALL FOUR HOSPITAL SYSTEMS AND THE HEALTH DEPARTMENT APPOINTED STAFF TO FACILITATE THE FY 2025 CHA PROCESS. THE HEALTH DEPARTMENT STAFF LED THE CHNA PROCESS IN DEVELOPING THE DATA COLLECTION TOOLS AND ANALYZING THE RESULTS WITH REGULAR MEETING AND INPUT FROM HOSPITAL REPRESENTATIVES THE PROCESS INCLUDED:

- A COMMUNITY RESIDENT SURVEY AVAILABLE IN ENGLISH, SPANISH AND FRENCH DISTRIBUTED BY THE HOSPITALS AND HEALTH DEPARTMENT;
- SECONDARY DATA ANALYSIS THAT INCLUDED THE COUNTY DEMOGRAPHICS AND POPULATION DESCRIPTION THROUGH SOCIOECONOMIC INDICATORS, AND A COMPREHENSIVE HEALTH INDICATOR PROFILE;
- HOSPITAL SERVICE PROFILES TO DETAIL THE RESIDENTS SERVED BY THE CORE TEAM;
- A COMMUNITY EXPERT SURVEY AND KEY INFORMANT INTERVIEWS; AND
- A PRIORITIZATION PROCESS THAT INCLUDED THE CORE TEAM AND PRINCE GEORGE'S HEALTHCARE ACTION COALITION LEADERSHIP.

KEY INFORMANTS INCLUDED:

THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT (PGCHD) CONDUCTED KEY INFORMANT INTERVIEWS WITH 33 COUNTY LEADERS DRAWN FROM DIVERSE BACKGROUNDS WITH VARYING PERSPECTIVES ON HEALTH IN THE COUNTY, THIS INCLUDES COUNTY AGENCIES, NONPROFIT ORGANIZATIONS, AND HEALTHCARE ORGANIZATIONS.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE CHNA WAS A JOINT UNDERTAKING WITH THE PRINCE GEORGE'S HEALTH DEPARTMENT, LHDCMC, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER AND UM CAPITOL REGION HEALTH.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 6B:
- PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT
- PRINCE GEORGE'S HEALTHCARE ACTION COALITION

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE CHNA IDENTIFIED NUMEROUS COMMUNITY HEALTH NEEDS. THE FIVE MAIN PRIORITY AREAS IDENTIFIED IN THE CHNA COMPLETED IN 2025 ARE; CHRONIC DISEASE, BEHAVIORAL HEALTH, MATERNAL HEALTH, ACCESS TO CARE, SOCIAL DETERMINANTS OF HEALTH.

BEHAVIORAL HEALTH - INCREASE THE KNOWLEDGE AND ACCESSIBILITY OF BEHAVIORAL

Part V Facility Information (continued)

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

HEALTH SERVICES. EXPAND EDUCATION AND ACCESS TO CARE, AND STRENGTHEN COMMUNITY PARTNERSHIPS. IN FY 2025 THE BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER INTERVENTIONS FOCUSED ON INCREASING ACCESS TO LIFE-SAVING MEDICATIONS AND CONTINUITY OF PSYCHIATRIC CARE FOR VULNERABLE POPULATIONS. FREE NALOXONE NASAL SPRAY WAS DISPENSED TO PATIENTS WITH A HISTORY OF DRUG USE TO PREVENT OVERDOSE AND IMPROVE HARM-REDUCTION OUTCOMES, RESULTING IN 22 PATIENT ENCOUNTERS. IN ADDITION, LONG-ACTING SCHIZOPHRENIA CARE SERVICES PROVIDED FREE LONG-ACTING ANTIPSYCHOTIC MEDICATIONS TO PSYCHIATRIC PATIENTS TO SUPPORT TREATMENT ADHERENCE, SYMPTOM STABILIZATION, AND REDUCED HOSPITALIZATIONS. THIS INITIATIVE OCCURRED 71 TIMES AND REACHED 41 PATIENTS, HELPING TO ADDRESS GAPS IN MEDICATION ACCESS AND STRENGTHEN ONGOING BEHAVIORAL HEALTH MANAGEMENT WITHIN THE COMMUNITY.

CHRONIC DISEASE - REDUCE THE PREVALENCE OF CHRONIC DISEASE AND IMPROVE DISEASE MANAGEMENT BY STRENGTHENING COMMUNITY-BASED AND AMBULATORY EFFORTS FOR THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE. IN FY 2025 LUMINIS HEALTH PRIMARY CARE PARTNERED WITH COLOGUARD TO INCREASE COLORECTAL CANCER SCREENING BY IDENTIFYING PATIENTS IN NEED OF SCREENING SEVERAL TIMES A YEAR, SENDING OUTREACH LETTERS, AND DISTRIBUTING AT-HOME SCREENING KITS. TO REDUCE BREAST CANCER SCREENING DISPARITIES, LUMINIS HEALTH IMAGING COLLABORATES WITH PRIMARY CARE, COMMUNITY HEALTH PRACTICES, AND THE BREAST AND CERVICAL CANCER PROGRAM (BCCP) TO HOST COMMUNITY SCREENING DAYS AND PROVIDE ONGOING ACCESS TO MAMMOGRAPHY, WITH UNINSURED PATIENTS CONNECTED TO BCCP FOR FOLLOW-UP CARE WHEN NEEDED. THE DCMC SURVIVORSHIP PROGRAM OFFERS NURSE NAVIGATION, EDUCATION, AND PSYCHOLOGICAL SUPPORT FOR ONCOLOGY PATIENTS. LUMINIS HEALTH ALSO PROMOTES PREVENTION THROUGH LIFESTYLE EDUCATION TO REDUCE OBESITY AND DIABETES AND CONDUCTS TARGETED MOBILE SCREENING EVENTS IN HIGH-NEED COMMUNITIES. THESE EVENTS INCLUDE A1C AND GLUCOSE SCREENINGS TO IDENTIFY PREDIABETES AND CONNECT PATIENTS TO A FREE DIABETES PREVENTION PROGRAM. IN FY 2025, DCMC HOSTED 21 SCREENING EVENTS, SCREENED 220 RESIDENTS, AND PROVIDED DIABETES AND HEART DISEASE EDUCATION TO 37 COMMUNITY MEMBERS.

SOCIAL DETERMINANTS OF HEALTH - IMPROVE COORDINATION OF SDOH SERVICES - ACCESS PATIENT SDOH NEEDS AND CONNECT TO SERVICES. REPORT ON THE COMPLETION RATE OF SDOH SCREENINGS AND THE NUMBER OF THOSE COMPLETED THAT RESULT IN A REFERRAL TO ACM. PILOT AND DETERMINE STRATEGIES TO ADDRESS FOOD INSECURITY AND HOW HEALTHY FOOD ACCESS CAN LIMIT BURDEN OF DISEASE (CANCER, HEART DISEASE, DIABETES). DCMC'S TRANSPORTATION VOUCHER PROGRAM PAYS FOR TAXIS AND BUSES FOR PATIENTS WHO ARE UNABLE TO OBTAIN OR AFFORD TRANSPORTATION POST DISCHARGE. IN FY 2025, THE PROGRAM HAD 86 OCCURRENCES.

ACCESS TO CARE - IMPROVE ACCESS AND TIMELINESS OF HEALTHCARE SERVICES. INCREASE ACCESS TO SCREENING AND HEALTH EDUCATION BY PROVIDING AFFORDABLE AND COMMUNITY CENTERED CARE.

MATERNAL HEALTH - ADVANCE EQUITABLE MATERNAL HEALTH BY EXPANDING ACCESS TO MATERNAL HEALTH SERVICES. EXPAND CURRENT MATERNAL HEALTH SERVICES TO PROVIDE HOLISTIC CARE ACROSS PRENATAL, PERINATAL, AND POSTNATAL CARE. IN FY 2025, DCMC LAUNCHED CENTERINGPREGNANCY, A GROUP PRENATAL CARE MODEL THAT INCREASES PATIENT-PROVIDER TIME AND EMPOWERS PATIENTS TO ACTIVELY PARTICIPATE IN THEIR CARE. THE PROGRAM INCLUDES EDUCATION ON NUTRITION, STRESS MANAGEMENT, LABOR AND DELIVERY, BREASTFEEDING, AND INFANT CARE,

Part V Facility Information (continued)

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

WHILE TEACHING PATIENTS TO CONDUCT SELF-ASSESSMENTS AND TRACK THEIR OWN HEALTH DATA. LUMINIS HEALTH'S DOULA PROGRAM FURTHER ADVANCES MATERNAL HEALTH EQUITY BY PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS SUCH AS HANDS OF MELODY DOULA AGENCY TO PROVIDE CULTURALLY RESPONSIVE LABOR AND POSTPARTUM SUPPORT. BY INTEGRATING DOULAS INTO THE CARE TEAM, THE PROGRAM STRENGTHENS COMMUNICATION, PATIENT ADVOCACY, AND BIRTH OUTCOMES, COMPLEMENTING INITIATIVES LIKE CENTERINGPREGNANCY AND TEAM BIRTH TO CREATE A COMPREHENSIVE, PATIENT-CENTERED PERINATAL CARE EXPERIENCE. IN FY 2025, DCMC HELD A COMMUNITY BABY SHOWER AND PROVIDED EDUCATION AND RESOURCES TO 76 WOMEN IN THE COMMUNITY.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

PART V, SECTION A, FACILITY INFORMATION:

[HTTPS://WWW.LUMINISHEALTH.ORG/EN/FIND-A-LOCATION/LHDCMC](https://www.luminishealth.org/en/find-a-location/lhdcmc)

PART V, SECTION B, LINE 7A, CHNA WEBSITE:

[HTTPS://WWW.LUMINISHEALTH.ORG/EN/COMMUNITY-HEALTH/NEEDS-ASSESSMENT](https://www.luminishealth.org/en/community-health/needs-assessment)

PART V, SECTION B, LINE 7B, OTHER URL:

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2025-06/AACHNA_2025_03042025.PDF](https://www.luminishealth.org/sites/default/files/2025-06/aachna_2025_03042025.pdf)

[HTTPS://WWW.PRINCEGEORGESCOUNTYMD.GOV/SITES/DEFAULT/FILES/MEDIA-DOCUMENT/2025%20COMMUNITY%20HEALTH%20ASSESSMENT.PDF](https://www.princegeorgescountymd.gov/sites/default/files/media-document/2025%20community%20health%20assessment.pdf)

PART V, SECTION B, LINE 10A, IMPLEMENTATION STRATEGY:

[HTTPS://WWW.LUMINISHEALTH.ORG/EN/COMMUNITY-HEALTH/NEEDS-ASSESSMENT](https://www.luminishealth.org/en/community-health/needs-assessment)

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.LUMINISHEALTH.ORG/EN/FINANCIAL-ASSISTANCE](https://www.luminishealth.org/en/financial-assistance)

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2025-06/MARYLAND-STATE-UNIFORM-FINANCIAL-ASSISTANCE-APPLICATION_0.PDF](https://www.luminishealth.org/sites/default/files/2025-06/maryland-state-uniform-financial-assistance-application_0.pdf)

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2025-11/LH-FINANCIAL-ASSISTANCE-BROCHURE.PDF](https://www.luminishealth.org/sites/default/files/2025-11/lh-financial-assistance-brochure.pdf)

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2025-02/LH_PFS_HOSPITAL-FINANCIAL-ASSISTANCE_07-2024_ENGLISH.PDF](https://www.luminishealth.org/sites/default/files/2025-02/lh_pfs_hospital-financial-assistance_07-2024_english.pdf)

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

CHARITY CARE REPORTED IN LINE 7A WAS CALCULATED USING A COST TO CHARGE RATIO DERIVED USING THE RATIO OF PATIENT CARE COST TO CHARGES AND THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS. OTHER COST AMOUNTS INCLUDED IN LINE 7 RELATING TO COMMUNITY BENEFITS AND COMMUNITY BUILDING ACTIVITIES WERE OBTAINED FROM THE ORGANIZATION'S COMMUNITY BENEFIT REPORT FILING WITH THE HSCRC IN THE STATE OF MARYLAND. THESE COSTS WERE DETERMINED USING A VARIETY OF SOURCES, INCLUDING PAYROLL INFORMATION (FOR DIRECT LABOR COSTS) AND THE ORGANIZATION'S GENERAL LEDGER SYSTEM DETAIL (FOR OTHER DIRECT COSTS E.G. SUPPLIES). INDIRECT COSTS IN THESE AREAS OF BENEFIT WERE DETERMINED BY APPLYING AN INDIRECT COST RATIO TO THE DIRECT COST AMOUNTS OBTAINED. THIS RATIO IS CALCULATED USING SCHEDULE M OF THE HOSPITAL'S ANNUAL COST REPORT FILING WITH THE HSCRC IN THE STATE OF MARYLAND. THE INCREASE IN COST IS RELATED TO BAD DEBTS AND WRITE OFF FOR SERVICES PROVIDED TO THE COMMUNITY.

PART I, LINE 7A, COLUMN (D) AND LINE 7F, COLUMNS (C) AND (D):

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 CONSIDERING UNCOMPENSATED CARE IN EACH PAYORS' RATES, AND THEREFORE MARYLAND HOSPITALS ARE UNABLE 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.

PART I, LINE 7G:

PHYSICIAN CLINIC COSTS ARE INCLUDED AS SUBSIDIZED HEALTH SERVICES BECAUSE THEY WOULD NOT OTHERWISE BE AVAILABLE TO MEET PATIENT DEMAND. THE HOSPITAL MAINTAINS 24/7 INPATIENT COVERAGE WITH THE HOSPITALIST PROGRAM AND PHYSICIAN COVERAGE FOR ANESTHESIOLOGY, UROLOGY, RADIOLOGY, NEUROLOGY, OTOLARYNGOLOGY, OBSTETRICS & GYNECOLOGY, EMERGENCY MEDICINE, INTERNAL

Part VI Supplemental Information (Continuation)

MEDICINE, CARDIOLOGY, SURGERY, PSYCHIATRY, GASTROENTEROLOGIST, INFECTIOUS DISEASE, PULMONARY, ELECTROPHYSIOLOGY, VASCULAR, WOMEN'S CARE SPECIALTY, PEDIATRIC, INTENSIVIST, AND THORACIC, AT A COST INCLUDED IN PART I, LINE 7G OF \$21,366,188. THIS COVERAGE PROVIDES AND GUARANTEES ROUND THE CLOCK ACCESS FOR PATIENTS TO NEEDED SERVICES. PHYSICIAN RECRUITMENT, PARTICULARLY PRIMARY CARE RECRUITMENT, CONTINUES TO BE A MAJOR INITIATIVE FOR THE ORGANIZATION. WHILE THE UNINSURED AND UNDERSERVED POPULATION CAN ACCESS CARE THROUGH THE COMMUNITY CLINICS OPERATED BY PHYSICIAN ENTERPRISE, LLC, SPECIALTY CARE REMAINS A CHALLENGE. THEREFORE, LHDCMC FINANCIALLY SUBSIDIZES SPECIALISTS WHO TAKE ON THE CARE OF THE UNDERSERVED/UNINSURED FROM THE CLINICS. THIS INCENTIVE ALLOWS FOR ADDITIONAL CARE FOR THE UNDERSERVED. SINCE HEALTHCARE SYSTEM NAVIGATION IS A CHALLENGE, A CARE MANAGER IN THE CLINICS ASSISTS WITH PLACING THESE PATIENTS IN APPROPRIATE SPECIALTY CARE. LHDCMC CONTINUES TO MONITOR AND ADDRESS THE PROBLEMS ASSOCIATED WITH CARE FOR THE UNINSURED AND UNDERSERVED.

PART I, LN 7 COL(F):

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER (LHDCMC) PROMOTES ACCESS TO ALL MEDICALLY NECESSARY SERVICES REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY. LHDCMC WILL PROVIDE FINANCIAL ASSISTANCE BASED ON INDIGENCE OR HIGH MEDICAL EXPENSES FOR PATIENTS WHO MEET SPECIFIED FINANCIAL CRITERIA AND REQUEST SUCH ASSISTANCE. A PATIENT WHO IS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL NOT BE CHARGED MORE THAN THE AMOUNT GENERALLY BILLED TO OTHER PAYERS.

PART II, COMMUNITY BUILDING ACTIVITIES:

THE ENVIRONMENTAL IMPROVEMENTS AND LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS ARE DESIGNED TO PROMOTE THE HEALTH OF THE COMMUNITY RESIDENTS AND THE COMMUNITY AS A WHOLE. THE HOSPITAL ATTENDS MANY HEALTH FAIRS THROUGHOUT THE COMMUNITY AND FOCUSES ON DIABETIC AND HYPERTENSION SCREENING TO EMPOWER THE COMMUNITY ON STATUS. A COUNTY DEPARTMENT HEALTH INITIATIVE.

PART III, LINE 2:

SEE PART III, LINE 3 FOR EXPLANATION OF METHODOLOGY USED.

PART III, LINE 3:

THE HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT #15. THE HOSPITAL'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. INSURANCE COVERAGE AND CREDIT INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE. NO COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE. BAD DEBT EXPENSE AT COST WAS DETERMINED BY USING A COST-TO-CHARGE RATIO. THE BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED BY SPECIFIC IDENTIFICATION REVIEWING BAD DEBT RECORDS AND DETERMINING WHO WOULD HAVE BECOME ELIGIBLE FOR CHARITY CARE IF ALL INFORMATION HAD BEEN OBTAINED FROM THE PATIENTS.

PART III, LINE 4:

SEE FOOTNOTE #2(J) OF AUDITED FINANCIAL STATEMENTS - PAGES 14-17.

PART III, LINE 8:

THE COMMUNITY BENEFIT QUESTION IS NOT APPLICABLE IN MARYLAND BECAUSE

Part VI Supplemental Information (Continuation)

HOSPITALS WITHIN THE STATE ARE REIMBURSED UNDER THE HSCRC WAIVER PROGRAM WHEREIN NET REVENUE (REIMBURSEMENT) IS BASED ON A PERCENTAGE OF REGULATED CHARGES. COSTING METHODOLOGY BASED ON TRIAL BALANCE EXPENSES ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH MEDICARE COST REPORTING RULES AND REGULATIONS. COST NUMBERS REPORTED ARE CONSISTENT WITH LHDCMC'S MEDICARE COST REPORT FILING.

PART III, LINE 9B:

EACH LHDCMC PATIENT BILL INCLUDES CONTACT INFORMATION FOR FINANCIAL ASSISTANCE AND STATES WHERE TO CALL TO REQUEST A PAYMENT PLAN. SHORT AND LONG-TERM INTEREST FREE PAYMENT PLANS ARE AVAILABLE. THE HOSPITAL TAKES INTO ACCOUNT THE BALANCE OF THE BILL AND THE PATIENTS' FINANCIAL CIRCUMSTANCES IN DETERMINING THE APPROPRIATE AGREEMENT. IF THE PATIENT CONTACTS THE PATIENT FINANCIAL SERVICES CUSTOMER SERVICE UNIT REGARDING INABILITY TO PAY, FINANCIAL ASSISTANCE IS OFFERED. THE AMOUNT OF FINANCIAL ASSISTANCE OFFERED IS BASED ON THE FINANCIAL ASSISTANCE SCREENING PROCESS. IF THERE IS NO INDICATION FROM THE PATIENT OR A REPRESENTATIVE THAT THEY CANNOT PAY AND NO ATTEMPT AT PAYMENT OR REASONABLE PAYMENT ARRANGEMENTS ARE MADE, THE ACCOUNT IS REFERRED TO A COLLECTION AGENCY. THE COLLECTION AGENCY IS EDUCATED ON HOW TO MAKE REFERRALS TO THE FINANCIAL COUNSELING DEPARTMENT FOR INDIVIDUALS INDICATING THEY HAVE AN INABILITY TO PAY. THE HOSPITAL COLLECTION POLICY ALLOWS THE HOSPITAL TO TAKE INTO ACCOUNT PATIENT CIRCUMSTANCES SUCH AS THE AMOUNT OF THE BILL AND AMOUNTS OWED TO OTHER PROVIDERS WHEN DETERMINING THE ULTIMATE AMOUNT THE PATIENT MUST PAY.

PART VI, LINE 2:

THE 2025 PRINCE GEORGE'S COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) USED A COMPREHENSIVE MIXED-METHODS APPROACH GROUNDED IN THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) FRAMEWORK TO UNDERSTAND COMMUNITY HEALTH PRIORITIES AND DISPARITIES. THE METHODOLOGY INCLUDED MULTIPLE ASSESSMENT COMPONENTS: A COMMUNITY PARTNER ASSESSMENT, COMMUNITY STATUS ASSESSMENT, AND COMMUNITY CONTEXT ASSESSMENT, ALONG WITH ANALYSIS OF SECONDARY DATA FROM LOCAL, STATE, AND NATIONAL SOURCES SUCH AS THE U.S. CENSUS, MARYLAND DEPARTMENT OF HEALTH, AND HEALTH SYSTEM UTILIZATION DATA. PRIMARY DATA COLLECTION INCORPORATED KEY INFORMANT INTERVIEWS, COMMUNITY SURVEYS, AND FOCUS GROUPS TO CAPTURE COMMUNITY PERSPECTIVES AND LIVED EXPERIENCES. KEY INFORMANTS REPRESENTED DIVERSE SECTORS INCLUDING HEALTHCARE PROVIDERS, PUBLIC HEALTH PROFESSIONALS, BEHAVIORAL HEALTH LEADERS, COMMUNITY-BASED ORGANIZATIONS, SOCIAL SERVICE AGENCIES, AND LOCAL GOVERNMENT PARTNERS. FOCUS GROUP PARTICIPANTS INCLUDED COMMUNITY RESIDENTS AND PRIORITY POPULATIONS SUCH AS WOMEN, OLDER ADULTS, AND INDIVIDUALS IMPACTED BY BEHAVIORAL HEALTH, CHRONIC DISEASE, AND ACCESS-TO-CARE CHALLENGES. THESE ENGAGEMENT STRATEGIES WERE DESIGNED TO ENSURE REPRESENTATION ACROSS DEMOGRAPHIC GROUPS AND GEOGRAPHIC AREAS WITHIN THE COUNTY. DATA FROM INTERVIEWS AND FOCUS GROUPS WERE ANALYZED THEMATICALLY AND INTEGRATED WITH QUANTITATIVE FINDINGS TO IDENTIFY PRIORITY HEALTH NEEDS AND DISPARITIES AFFECTING PRINCE GEORGE'S COUNTY RESIDENTS. THE FY 2025 CHNA DRAWS ON QUALITATIVE DATA GATHERED FROM 33 KEY INFORMANTS AS FOLLOWS:

ALICE BLAYNE-ALLARD: MARYLAND DENTAL FOUNDATION
DR. ANDERS PGAR: CCI HEALTH SERVICES
JESSICA WILSON: CCI HEALTH SERVICES
ASHILE RICHARDSON: PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
CASEY DYSON: FOODS AND FRIENDS
CHERLY MAXWELL: BLACK MENTAL HEALTH ALLIANCE

Part VI Supplemental Information (Continuation)

DR. CHRISTOPHER DEMARCO: GREATER BADEN MEDICAL SERVICE
DEDRA SPEARS-JOHNSON: HEART TO HAND
FAITH ADEBULE: DYER CARE CENTER
FLORENCE NELSON: NATIONAL ALLIANCE ON MENTAL ILLNESS
GREGORY TAYLOR: VIBRANT HEALTH AND WELLNESS
DR. INGRID WILLIAMS-HORTON: PRINCE GEORGES COUNTY PUBLIC SCHOOLS
SHANIKA COOPER: PRINCE GEORGES COUNTY HEALTH DEPARTMENT
JAYE SUMMERLOT: PRINCE GEORGES COUNTY DEPARTMENT OF SOCIAL SERVICES
JULIA DEMARAIS: PRINCE GEORGES COUNTY PARKS AND RECREATION DEPARTMENT
DR. KATHLEEN MCPHAUL: UNIVERSITY OF MARYLAND GLOBAL ENVIRONMENTAL AND
OCCUPATIONAL HEALTH DEPARTMENT
KRISTINE WILLIAMS: GEORGETOWN'S RODHAM INSTITUTE (CLINTON BAPTIST PARTNER)
LINDSAY ESPOSITOE: GREATER DC DIAPER BANK
STEPHANIE PARAISO: GREATER DC DIAPER BANK
LISA WALKER: HYATTSVILLE AGING IN PLACE
NANA DONKOR: PRINCE GEORGES COUNTY PUBLIC SCHOOLS
NORBERTO MARTINEZ: PRINCE GEORGES COUNTY CIRCUIT COURT & LANGLEY PARK
CIVIC ASSOCIATION
DR. SHRYL WHIGHAM: PRINCE GEORGES COUNTY HEALTH DEPARTMENT BRIDGE CENTER
RODRIGO STEIN: LA CLINICAL DEL PUEBLO
TESSA MORK: YMCA
DR. TRACI JONES: PRINCE GEORGES COUNTY PUBLIC SCHOOLS
DR. AJMES DUAL: PRINCE GEORGES COUNTY VETERANS AFFAIRS
MAYUR MODY: AMERICAN DIVERSITY GROUP
SYDNEY STEED: PRINCE GEORGES COUNTY BRIDGE CENTER COMMUNITY RE-ENTRY
PROGRAMS
MARGARET FOWLER: TOTAL LINKING CARE MARYLAND (TLC)
NANCY GRIER: LANGLEY PARK COMMUNITY CENTER
DR. GREGORY BEARSTOP: PRINCE GEORGES COUNTY DEPARTMENT OF CORRECTIONS
JOANNE OPORT: AFRICANS FOR MENTAL HEALTH

LHDCMC USES A VARIETY OF STATE AND COUNTY REPORTS FOR HEALTH STATISTICS.
THEY ARE AS FOLLOWS:
STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)
[HTTPS://WWW.PRINCEGEORGESCOUNTYMD.GOV/DEPARTMENTS-OFFICES/STATE-HEALTH-INSURANCE-ASSISTANCE-PROGRAM-SHIP](https://www.princegeorgescountymd.gov/departments-offices/state-health-insurance-assistance-program-ship)

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) MEASURES
[HTTPS://HEALTH.MARYLAND.GOV/PHA/PAGES/SHIP-LITE-HOME.ASPX](https://health.maryland.gov/pha/pages/ship-lite-home.aspx)

MD VITAL STATISTICS ADMINISTRATION
[HTTP://DHMH.MARYLAND.GOV/VSA/PAGES/HOME.ASPX](http://dhmh.maryland.gov/vsa/pages/home.aspx)

ROBERT WOOD JOHNSON FOUNDATION
[HTTPS://WWW.HEALTH.STATE.MN.US/COMMUNITIES/PRACTICE/RESOURCES/EQUITYLIBRARY/RWJF-NEWWAYTOTALK.HTML](https://www.health.state.mn.us/communities/practice/resources/equitylibrary/rwjf-newwaytotalk.html)

COUNTY HEALTH RANKINGS
[HTTPS://WWW.COUNTYHEALTHRANKINGS.ORG/HEALTH-DATA/MARYLAND/PRINCE-GEORGES?YEAR=2024](https://www.countyhealthrankings.org/health-data/maryland/prince-georges?year=2024)

LDCMC USES A VARIETY OF OTHER SOURCES: CRISP AND DISCHARGE INFORMATION ARE ALSO USED TO IDENTIFY TARGET POPULATION AT RISK FOR READMISSION. U.S. CENSUS DATA.

THE CHNA CAN BE ACCESSED ONLINE VIA

Part VI Supplemental Information (Continuation)

[HTTPS://WWW.LUMINISHEALTH.ORG/EN/COMMUNITY-HEALTH/NEEDS-ASSESSMENT](https://www.luminishealth.org/en/community-health/needs-assessment)

PART VI, LINE 3:

PUBLIC NOTICE AND INFORMATION REGARDING LHDCMC'S CHARITY CARE POLICY INCLUDES THE FOLLOWING AS WELL AS PATIENT EDUCATION OF ELIGIBILITY OF ASSISTANCE:

A) ANNUAL NOTICE THAT CHARITY CARE IS PROVIDED, AND THE CRITERIA IS PROVIDED AND PUBLISHED IN THE LOCAL NEWSPAPER, THE CAPITAL.

B) THE NOTICE PROVIDED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING MEDICAL CARE FOR THOSE WHO CANNOT AFFORD TO PAY IS POSTED AT THE POINT OF ADMISSION, THE BUSINESS OFFICE, CASHIER AND EMERGENCY ROOM.

C) INDIVIDUAL NOTICE IS PROVIDED TO EACH PERSON SEEKING SERVICE AT THE TIME OF ADMISSION OR PRE-ADMISSION TESTING.

D) INFORMATION ON HOW TO OBTAIN FINANCIAL ASSISTANCE IS INCLUDED ON EVERY PATIENT LETTER AND STATEMENT.

E) THE MEDICAL CENTER'S CALL CENTER REPRESENTATIVES AND COLLECTORS INFORM PATIENTS OF FINANCIAL ASSISTANCE AVAILABILITY IF THE PATIENT INDICATES THEY ARE UNABLE TO PAY THEIR BILL.

F) FINANCIAL ASSISTANCE APPLICATION FORMS, IN ENGLISH AND SPANISH, ARE AVAILABLE ON THE MEDICAL CENTER'S WEBSITE.

G) THE MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY, IN ENGLISH AND SPANISH, IS AVAILABLE ON THE MEDICAL CENTER'S WEBSITE.

H) PAMPHLETS EXPLAINING FINANCIAL ASSISTANCE ARE AVAILABLE AT THE INFORMATION DESK AS WELL AS REGISTRATION STATIONS, INCLUDING THE EMERGENCY ROOM THROUGHOUT THE MEDICAL CENTER.

PART VI, LINE 4:

THE HOSPITAL SERVES RESIDENTS OF PRINCE GEORGE'S COUNTY, MARYLAND. BASED ON THE 2025 CHNA PRINCE GEORGE'S COUNTY IS THE SECOND LARGEST JURISDICTION IN MARYLAND WITH 947,430 RESIDENTS AS REPORTED IN 2023. THE COUNTY IS CHARACTERIZED BY A RACIALLY AND ETHNICALLY DIVERSE POPULATION, WITH A MAJORITY OF RESIDENTS IDENTIFYING AS BLACK OR AFRICAN AMERICAN AND A GROWING HISPANIC/LATINO POPULATION, ALONG WITH OTHER RACIAL AND ETHNIC GROUPS CONTRIBUTING TO THE COUNTY'S DIVERSITY. THE RACE AND ETHNICITY COMPOSITION OF THE COMMUNITY IS 64% BLACK, NON-HISPANIC, 22.8% HISPANIC, 10.6% WHITE, NON-HISPANIC, 3.9% ASIAN. THERE WAS A 9% INCREASE OF HISPANIC POPULATION, WHICH IS THE LARGEST DEMOGRAPHIC SHIFT SEEN IN THE COUNTY. THE MEDIAN AGE FOR PRINCE GEORGIANS IS 39.1 PERSONS UNDER 5 REPRESENT 6% THOSE UNDER 18 REPRESENT 22% AND THOSE 65 YEARS AND OVER REPRESENT 16%. FEMALES REPRESENT 52% AND MALES 48%. THE HIGH SCHOOL GRADUATE PERCENTAGE FOR INDIVIDUALS 25 AND OLDER IS 25.30% WITH 20.40% HOLDING A BACHELOR'S DEGREE AND 17.30% WITH A GRADUATE OR PROFESSIONAL DEGREE. WHILE MANY RESIDENTS HAVE ATTAINED HIGH SCHOOL DIPLOMAS OR HIGHER LEVELS OF EDUCATION AND THE COUNTY INCLUDES MIDDLE- AND UPPER-INCOME HOUSEHOLDS, POCKETS OF POVERTY AND ECONOMIC INSTABILITY PERSIST, WITH SOME HOUSEHOLDS LIVING BELOW THE FEDERAL POVERTY LEVEL AND EXPERIENCING FINANCIAL STRAIN RELATED TO HOUSING AND BASIC NEEDS. THE POVERTY RATE IS 8.6%, WHILE THE COUNTY HAS

Part VI Supplemental Information (Continuation)

MANY MIDDLE- AND HIGH-INCOME HOUSEHOLDS, INCOME INEQUALITY AND COST-OF-LIVING PRESSURES REMAIN CHALLENGES. THE MEDIAN HOUSEHOLD INCOME IS INCREASED BY 4% TO 98,027. THE COUNTY'S UNEMPLOYMENT RATE IS APPROXIMATELY 5.5%, INDICATING THAT WHILE MANY RESIDENTS ARE EMPLOYED, SOME CONTINUE TO FACE JOB INSTABILITY OR UNDEREMPLOYMENT. OUR COMMUNITY REPRESENTS A DIVERSE POPULATION. GOOD HEALTH IS NOT ATTAINABLE FOR MOST RESIDENTS.

PART VI, LINE 5:

LHDCMC IS GOVERNED BY A BOARD OF DIRECTORS THAT IS COMPRISED ALMOST ENTIRELY OF INDEPENDENT PERSONS WHO RESIDE WITHIN THE LHDCMC COMMUNITY. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR ALL OF ITS DEPARTMENTS. ALL FINANCIAL SURPLUSES THAT ARE GENERATED ARE USED EXCLUSIVELY TO FURTHER THE EXEMPT PURPOSES OF THE HOSPITAL AND PROMOTE THE HEALTH OF THE COMMUNITY.

PART VI, LINE 6:

LHDCMC OFFERS A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES, A NUMBER OF SPECIALTY AND SUB-SPECIALTY SERVICES TO MOST OF PRINCE GEORGE'S COUNTY, MARYLAND AND SURROUNDING AREAS. THE HOSPITAL PROVIDES HEALTH CARE SERVICES TO PATIENTS REGARDLESS OF THE PATIENTS' ABILITY TO PAY. DURING FISCAL YEAR 2025, LHDCMC PARTICIPATED IN SEVERAL INITIATIVES THAT FOCUSED ON HELPING THE COMMUNITY.

MATERNAL HEALTH:

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER OPERATES TWO OB/GYN OFFICES IN PRINCE GEORGE'S COUNTY THAT LAUNCHED THE CENTERINGPREGNANCY PROGRAM. LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER IN LANHAM IS UNDERGOING A MAJOR CAMPUS EXPANSION ANCHORED BY A NEW WOMEN'S HEALTH PAVILION AND FAMILY BIRTH CENTER. THE NEW PAVILION WILL INCLUDE INPATIENT OBSTETRICS SERVICES FOR THE FIRST TIME AT THE HOSPITAL WITH AN EXPECTED OPENING IN 2028 AT APPROXIMATELY 2,000 BIRTHS ANNUALLY. THIS EXPANSION WILL ADDRESS THE SIGNIFICANT GAP IN LOCAL MATERNITY CARE HISTORICALLY, AS 8 OUT OF 10 WOMEN IN PRINCE GEORGE'S COUNTY HAVE HAD TO LEAVE THE COUNTY TO GIVE BIRTH DUE TO LIMITED OBSTETRIC SERVICES. ONCE COMPLETED, THE MATERNAL HEALTH PROGRAM AND NEW PAVILION WILL INCREASE ACCESS TO PRENATAL, DELIVERY, AND POSTPARTUM CARE LOCALLY, REDUCE MATERNAL AND INFANT HEALTH DISPARITIES, IMPROVE CONTINUITY OF CARE FOR FAMILIES, AND CREATE NEW HEALTHCARE JOBS AND STRENGTHEN COMMUNITY HEALTH INFRASTRUCTURE

MENTAL HEALTH:

ABOUT OUR PARTNERSHIP WITH PRINCE GEORGE'S COUNTY THIS PROGRAM AND SERVICES ARE MADE POSSIBLE IN PART BY FUNDING FROM THE PRINCE GEORGE'S COUNTY EXECUTIVE OFFICE. IN RESPONSE TO LONG-STANDING BEHAVIORAL HEALTH DISPARITIES, PRINCE GEORGE'S COUNTY EXECUTIVE AND THE COUNTY COUNCIL ALLOCATED \$20 MILLION DOLLARS OF CAPITAL FUNDING TO THE BEHAVIORAL HEALTH FACILITY RENOVATION. THESE FUNDS HAVE FINANCED THE MAJORITY OF THE RENOVATION, TRANSFORMING A FORMER REHABILITATION FACILITY ON THE GROUNDS OF LHDCMC INTO A STATE-OF-THE-ART BEHAVIORAL HEALTH PAVILION.

AS PART OF OUR COMMITMENT TO PRINCE GEORGE'S COUNTY, LUMINIS HEALTH WILL OPERATIONALIZE THE NEW FACILITY AND PROVIDE CONTINUED INVESTMENT AND SUPPORT NEEDED FOR BEHAVIORAL HEALTH SERVICES.

BEHAVIORAL HEALTH CARE, CLOSER TO HOME
LOCATED ON THE CAMPUS OF LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER

Part VI Supplemental Information (Continuation)

(LHDCMC) IN LANHAM, MARYLAND, A COMPREHENSIVE BEHAVIORAL HEALTH PROGRAM IS HOUSED WITHIN A NEWLY RENOVATED TWO-STORY, 31,200 SQUARE-FOOT-BUILDING. WITH PROGRAMS DESIGNED FOR ALL AGES, PRINCE GEORGIANS WILL RECEIVE SEAMLESS ACCESS TO A WIDE SPECTRUM OF SERVICES. OFFERING THIS CONTINUUM OF SERVICES AT ONE LOCATION ALLOWS FOR COORDINATED CARE AND BETTER OUTCOMES.

OUTPATIENT SERVICES

- A BEHAVIORAL HEALTH WALK-IN URGENT CARE FOR ALL AGES
- OUTPATIENT THERAPY AND MEDICATION MANAGEMENT FOR ALL AGES
- AN EIGHT-BED RESIDENTIAL ADDICTION PROGRAM FOR ADULTS
- PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS AND ADOLESCENTS
- PREVENTION PROGRAMS
- FAMILY SUPPORT SERVICES

AT LHDCMC, WE CONTINUED TO INTEGRATE PEER RECOVERY COACHES DIRECTLY INTO ED TEAMS TO PROVIDE SCREENING, INTERVENTION, AND TREATMENT REFERRALS FOR PATIENTS AT RISK FOR POTENTIAL OVERDOSE. LHDCMC CONTINUED TO OPERATE THE BEHAVIORAL HEALTH PAVILION, OFFERING URGENT CARE, OUTPATIENT TREATMENT, AND A 16-BED INPATIENT ADULT PSYCHIATRIC UNIT.

HEALTH CARE DISPARITIES:

LUMINIS HEALTH REMAINS COMMITTED TO IMPROVING HEALTH OUTCOMES AND REDUCING DISPARITIES IN CARE AND ACCESS. IN 2020, THE HEALTH EQUITY AND ANTI-RACISM TASK FORCE (H.E.A.R.T. FORCE) WAS ESTABLISHED AS A MULTIDISCIPLINARY GROUP OF TRUSTEES, PROVIDERS, STAFF, AND COMMUNITY STAKEHOLDERS.

IN FY 2024, THE H.E.A.R.T. FORCE REFINED ITS PRIORITIES:

LUMINIS HEALTH HAS HAD A LONGSTANDING COMMITMENT TO IMPROVING HEALTH OUTCOMES FOR DIVERSE COMMUNITIES BY REDUCING DISPARITIES IN HEALTH AND ACCESS. DESPITE MULTIPLE ACHIEVEMENTS, WE DETERMINED THAT ADDITIONAL FOCUS WAS NEEDED AND FORMED A MULTI-STAKEHOLDER TASK FORCE, INCLUDING LUMINIS HEALTH TRUSTEES, PROVIDERS, STAFF AND COMMUNITY MEMBERS (E.G., LOCAL GOVERNMENTS, FAITH-BASED, ETC.) IN FY 2025, THE TASK FORCE RECONVENED TO REFLECT ON PROGRESS AND COLLAPSE FURTHER WORK INTO FIVE PRIORITIES; SYSTEMIC PROCESS FOR ASSESSING THE IMPACT OF INEQUITIES, DEVELOP FORMAL COMMUNITY PARTNER NETWORKS, EMBEDDING PRINCIPLES OF JUST CULTURE, ADVANCE PARTNERSHIP AND INVESTMENT IN LOCAL AND MINORITY BUSINESSES, AND ENHANCE OUR COLLECTIVE WORK IN DISPARITY REDUCTION BY REFINING AND REDESIGNING OUR METRICS AND INDICATORS OF SUCCESS. SOME OF THE DISPARITIES WE ARE ADDRESSING INCLUDE BUT ARE NOT LIMITED TO BREAST CANCER SCREENING FOR HISPANIC WOMEN, NTSV C-SECTION RATES FOR BLACK WOMEN, AND COLORECTAL CANCER SCREENING WITH BLACK COMMUNITIES. WE ALSO ESTABLISHED TASK FORCE IN 2020, FOCUSED ON ADDRESSING MATERNAL HEALTH DISPARITIES. IN PRINCE GEORGE'S COUNTY, THE BLACK MATERNAL MORTALITY RATE IS 50% ABOVE THE NATIONAL AVERAGE AND 40% ABOVE MARYLAND'S AVERAGE. IN ADDITION, 8 OUT OF 10 MOMS LEAVE THE COUNTY TO DELIVER THEIR BABIES. TO ADDRESS THESE DISPARITIES AND IMPROVE ACCESS TO CARE, LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER HAS AN APPROVED CERTIFICATE OF NEED TO ADD MATERNAL HEALTH SERVICES, WITH THE CAPACITY TO DELIVER 2,000 BIRTHS ANNUALLY AND THE FIRST DELIVERY EXPECTED TO OCCUR IN LATE 2028. IN FY 2025, THOSE PRIORITIES ARE FURTHER ANCHORED INTO OUR ORGANIZATIONAL STRATEGY AND INDICATORS OF SUCCESS, WE WILL CONTINUE TO IDENTIFY NEEDED INTERVENTIONS AND TRACK OUR PROGRESS ON REDUCING DISPARITIES.

OUTCOMES, COMMUNICATION, AND PATIENT SATISFACTION

Part VI Supplemental Information (Continuation)

NOTABLY, BLACK MATERNAL MORTALITY RATES IN PRINCE GEORGE'S COUNTY ARE 50% ABOVE THE NATIONAL AVERAGE AND 40% HIGHER THAN MARYLAND'S AVERAGE. TO ADDRESS THIS, LHDCMC PLANS TO LAUNCH OBSTETRIC SERVICES THROUGH ITS APPROVED CERTIFICATE OF NEED (CON), WITH A PROJECTED CAPACITY FOR 2,000 ANNUAL BIRTHS BEGINNING IN 2028.

DOCTOR'S REGIONAL CANCER CENTER:

DOCTORS REGIONAL CANCER CENTER WAS FORMED IN 2006. WITH TWO MODERN FACILITIES LOCATED IN BOWIE AND LANHAM, MARYLAND, WE PROVIDE RADIATION THERAPY SERVICES TO THE COMMUNITIES OF PRINCE GEORGE'S, ARUNDEL AND MONTGOMERY COUNTIES.

OUR MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR CANCER PATIENTS THROUGH THE SAFE AND PROFESSIONAL DELIVERY OF RADIATION THERAPY USING THE MOST ADVANCED TREATMENT PLANNING AND TECHNOLOGY. WE ARE DEDICATED TO UTILIZING STATE-OF-THE-ART EQUIPMENT, CLINICAL RESOURCES AND PROFESSIONAL PERSONNEL TO TREAT CANCER PATIENTS WITH DIGNITY AND RESPECT.

WE ARE COMMITTED TO PROVIDING STATE-OF-THE-ART RADIATION THERAPY FOR PATIENTS WITH DIFFERENT TYPES OF CANCER. WE OFFER 4-D IGRT AND 3-D VOLUMETRIC IMAGING AT OUR LANHAM AND BOWIE LOCATIONS.

OUR RADIATION ONCOLOGY SERVICES INCLUDE:

ADVANCED CT SIMULATION IS A PROCESS USED TO PRECISELY IDENTIFY AND DEFINE THE TARGET TREATMENT AREA AND DELIVER AN EFFECTIVE RADIATION DOSE WHILE PROTECTING THE SURROUNDING NORMAL TISSUE. THIS IS A VERY IMPORTANT FIRST STEP FOR EVERY PATIENT RECEIVING RADIATION.

THREE-DIMENSIONAL (3-D) TREATMENT PLANNING SUPPORTS SAFE AND ACCURATE TREATMENT DELIVERY. SPECIAL COMPUTER PROGRAMS USE CT IMAGES TO DESIGN RADIATION BEAMS THAT CONFORM TO THE SHAPE OF THE TUMOR. DAILY IGRT IMAGES (DESCRIBED BELOW) MONITOR THE ACCURACY OF THE TREATMENT.

HIGH DOSE RATE (HDR) BRACHYTHERAPY DELIVERS RADIATION WITHIN THE CONFINES OF THE TUMOR AND IS AVAILABLE AT OUR LANHAM LOCATION. IT IS USED FOR BREAST AND PROSTATE CANCER TREATMENT AND ALLOWS PATIENTS WHO MEET THE CAREFULLY DEFINED CRITERIA TO COMPLETE TREATMENT WITHIN FIVE DAYS. IT IS ALSO USED TO TREAT GYNECOLOGICAL, ESOPHAGEAL AND THORACIC MALIGNANCIES.

IMAGE GUIDED RADIATION THERAPY (IGRT) INVOLVES IMAGING THE TUMOR AREA ON A DAILY BASIS WHILE THE PATIENT IS IN THE TREATMENT POSITION. SHOULD THE IMAGE SHOW A CHANGE IS NEEDED TO ACCURATELY MATCH THE TREATMENT FIELD TO THE TUMOR, THE RADIATION ONCOLOGIST IS ABLE TO MAKE THAT MODIFICATION BEFORE THE TREATMENT IS DELIVERED.

INTENSITY-MODULATED RADIATION THERAPY (IMRT) USES RADIATION BEAMS OF VARYING INTENSITIES TO DELIVER DIFFERENT DOSES OF RADIATION TO SMALL AREAS OF TISSUE AT THE SAME TIME. THIS TREATMENT ALLOWS ESCALATION OF THE DOSE OF RADIATION TO THE TUMOR WITHOUT EXCESSIVE DAMAGE TO NORMAL TISSUES. IN SELECT SITUATIONS, IMRT ALLOWS RE-TREATMENT FOR RECURRENT DISEASE.

TRANS PERINEAL INTERSTITIAL BRACHYTHERAPY (PROSTATE SEED IMPLANTATION) IS PERFORMED BY A RADIATION ONCOLOGIST AND A UROLOGIST FOR TREATMENT OF PROSTATE CANCER. IT CAN BE USED ALONE OR IN CONJUNCTION WITH EXTERNAL BEAM RADIATION, WITH OR WITHOUT HORMONE TREATMENT.

Part VI Supplemental Information (Continuation)

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

MD

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.**

Employer identification number
52-1638026

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PHYSICIAN ENTERPRISE, LLC 2000 MEDICAL PARKWAY STE606 ANNAPOLIS, MD 21401	27-0263214	501(C)(3)	143,657.	0.			TO SUPPORT OPERATIONS OF PHYSICIAN ENTERPRISE, LLC

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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 **LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.** Employer identification number **52-1638026**

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input 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 type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

Schedule J (Form 990) (Rev. 12-2024) CENTER, INC.

52-1638026

Page 2

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) VICTORIA BAYLESS LH CEO/BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,323,693.	497,500.	1,571,107.	15,225.	1,889.	3,409,414.	889,745.
(2) JEFFREY GELFAND BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,281,087.	1,575.	21,450.	15,225.	18,047.	1,337,384.	0.
(3) DENEEN RICHMOND PRESIDENT OF LHDCMC	(i)	568,191.	132,566.	131,456.	56,685.	26,874.	915,772.	25,568.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIMOTHY ADELMAN, JD GENERAL COUNSEL/SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	491,561.	113,162.	106,264.	55,032.	22,831.	788,850.	36,459.
(5) SUNIL MADAN CHIEF MEDICAL OFFICER	(i)	466,283.	94,283.	98,626.	10,350.	27,561.	697,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHANIE SCHNITTGER LF CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	424,874.	134,594.	23,000.	37,244.	17,403.	637,115.	0.
(7) REGINA HAMPTON-COLEMAN FORMER BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	384,147.	0.	0.	10,350.	23,069.	417,566.	0.
(8) CRYSTAL D. BECKFORD CHIEF NURSING OFFICER	(i)	258,610.	52,502.	38,822.	8,862.	22,256.	381,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DOUGLAS WOMER FORMER LF CFO/TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	349,887.	0.	10,125.	9,900.	967.	370,879.	0.
(10) DAVID PRESS ASSOCIATE CHAIR OF MEDICINE	(i)	308,841.	0.	0.	5,241.	8,151.	322,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SALIM JARAWAN DIRECTOR - PHARMACY	(i)	216,354.	16,763.	32,139.	8,202.	1,022.	274,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MAFEREH SESAY CLINICAL SUPERVISOR	(i)	203,844.	38,225.	1,699.	11,357.	18,762.	273,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DELPHINE SIRRI STAFF NURSE	(i)	171,714.	52,585.	7,382.	7,036.	14,258.	252,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOYCE HANSCOME FORMER VP/INTERNAL CONSULTANT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	156,962.	0.	30,827.	30,500.	0.	218,289.	30,539.
(15) MELISSA YEAGER VP, COO, FORMER KEY	(i)	82,627.	0.	41,902.	2,568.	8,872.	135,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KEVIN SMITH FORMER LF CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	104,422.	3,333.	0.	107,755.	84,877.

Schedule J (Form 990) (Rev. 12-2024)

Part III Supplemental Information

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

PART I, LINES 4A-B:

THE FOLLOWING PARTICIPATED IN THE ORGANIZATION'S 457(F) PLAN:

DENEEN RICHMOND - \$50,537
TIMOTHY ADELMAN - \$39,641
STEPHANIE SCHNITTGER - \$26,894

THE FOLLOWING RECEIVED DISTRIBUTIONS FROM THE ORGANIZATION'S 457(F) PLAN:

VICTORIA BAYLESS - \$1,009,876
DENEEN RICHMOND - \$45,672
KEVIN SMITH - \$37,312
TIMOTHY ADELMAN - \$36,459

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.

**Open to Public
Inspection**

Name of the organization **LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.** Employer identification number **52-1638026**

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 EDUCATION 2016A	52-0936091	574218Y98	06/28/16	31945000.	REFINANCE 2007A AND PARTIAL 2010		X		X		X
B MARYLAND HEALTH AND HIGHER EDUCATION 2017A	52-0936091	574218Y98	02/23/17	68309000.	REFINANCE BOND 2010		X		X		X
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	2,185,000.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	31,945,000.		68,309,000.							
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	398,892.		1,163,332.							
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds	31,546,108.		67,145,668.							
12 Other unspent proceeds										
13 Year of substantial completion	2016		2017							
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X							
16 Has the final allocation of proceeds been made?	X		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Schedule K (Form 990) (Rev. 12-2024)

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

Schedule K (Form 990) (Rev. 12-2024) CENTER, INC.

52-1638026

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

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

Schedule K (Form 990) (Rev. 12-2024) CENTER, INC.

52-1638026

Part IV Arbitrage (continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K PART IV ARBITRAGE

ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION 2016A

DATE THE REBATE COMPUTATION WAS PERFORMED : 7/1/2021

ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION 2017A

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/13/2021

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
--------------------------	---	--------------------------------	------------

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER (LHDCMC) IS TO ENHANCE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE. OUR TEAM IS DEDICATED TO IMPROVING THE HEALTH OF PRINCE GEORGE'S COUNTY RESIDENTS BY EXPANDING SERVICES, ADDRESSING HEALTH DISPARITIES, AND ADVANCING HEALTH EQUITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND SUPPORT SERVICES. FOR MORE THAN 50 YEARS, WE HAVE SERVED THE CITIZENS OF PRINCE GEORGE'S COUNTY AND THE SURROUNDING COMMUNITIES REGARDLESS OF THE PATIENT'S ABILITY TO PAY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LHDCMC PROVIDES A RANGE OF MEDICAL AND SURGICAL SERVICES, INCLUDING EMERGENCY CARE, REHABILITATION, BEHAVIORAL HEALTH AND OUTPATIENT CARE. RESEARCH FROM PRINCE GEORGE'S COUNTY SHOWS MORE THAN 40 PERCENT OF RESIDENTS RECEIVE THEIR HEALTHCARE OUTSIDE THE COUNTY. TO TACKLE THIS DISPARITY, LHDCMC HAS HIRED ADDITIONAL BREAST, VASCULAR, BARIATRIC, OB-GYN, AND ORTHOPEDIC SURGEONS. WE ALSO OPENED A NEW PRIMARY CARE PRACTICE IN DISTRICT HEIGHTS AND IN GREENBELT.

LLUMINIS HEALTH IS COMMITTED TO PROVIDING HIGH-QUALITY COMPREHENSIVE CARE CLOSE TO HOME. SINCE 80 PERCENT OF BABIES ARE BORN OUTSIDE PRINCE GEORGE'S COUNTY, LHDCMC HAS RECEIVED STATE APPROVAL TO ADD INPATIENT OBSTETRICS, LABOR, DELIVERY, AND POSTPARTUM CARE ON ITS CAMPUS. SLATED TO OPEN IN 2028, THE WOMEN'S HEALTH HUB IS EXPECTED TO DELIVER UP TO 2,000 BABIES ONCE FULLY OPERATIONAL. THESE INITIATIVES WILL TRANSFORM HEALTHCARE IN PRINCE GEORGE'S COUNTY AND PLAY A CRUCIAL ROLE IN ELIMINATING MATERNAL AND INFANT MORTALITY, AN AMBITIOUS GOAL OF VISION 2030, THE HEALTH SYSTEM'S STRATEGIC PLAN.

AS PART OF OUR OVERALL MATERNAL HEALTH INITIATIVES, LUMINIS HEALTH RECENTLY LAUNCHED CENTERINGPREGNANCY IN GREENBELT, A NATIONALLY RECOGNIZED PROGRAM THAT OFFERS GROUP SESSIONS FOR EXPECTANT MOTHERS AND PERSONALIZED CONSULTATIONS WITH TRUSTED OB-GYNS OR MIDWIVES.

IN 2025, LHDCMC CELEBRATED ITS 50TH ANNIVESARY OF SERVING THE COMMUNITY. THROUGHOUT THE YEAR, THE HOSPITAL HOSTED SEVERAL SPECIAL EVENTS AIMED AT ADDRESSING MATERNAL HEALTH DISPARITIES AND SUPPORTING EXPECTANT AND NEW MOTHERS IN THE COMMUNITY. HIGHLIGHTS INCLUDED A COMMUNITY BABY SHOWER AND A DOCUMENTARY SCREENING AND PANEL DISCUSSION ABOUT MATERNAL MORTALITY. LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION, A SUPPORTING ORGANIZATION OF LHDCMC, HELD A 50TH ANNIVERSARY GALA TO RAISE MONEY AND AWARENESS ABOUT OUR MATERNAL HEALTH INITIATIVES. LHDCMC CONTINUES TO EARN AN 'A' FROM THE LOWN INSTITUTE HOSPITAL INDEX FOR SOCIAL RESPONSIBILITY, WHICH EVALUATES HOSPITALS ON HEALTH EQUITY, VALUE, AND PATIENT OUTCOMES.

GUIDED BY OUR RISE VALUES-- RESPECT, INCLUSION, SERVICE, AND EXCELLENCE-- WE PRIORITIZE THE HEALTH AND WELL-BEING OF OUR TEAMMATES. WE'RE PROUD THAT APPROXIMATELY 70 PERCENT OF ALL LHDCMC EMPLOYEES LIVE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
--------------------------	---	--------------------------------	------------

IN PRINCE GEORGE'S COUNTY, STRENGTHENING OUR DEEP CONNECTION TO THE COMMUNITY WE SERVE.

REFLECTING OUR COMMITMENT TO CREATING A HEALTHY AND EMPOWERING WORK ENVIRONMENT, LHDCMC HAS EARNED THE PRESTIGIOUS PATHWAY TO EXCELLENCE DESIGNATION FOR NURSING EXCELLENCE FROM THE AMERICAN NURSES CREDENTIALING CENTER.

BETWEEN JULY OF 2024 AND JUNE OF 2025, OUR SERVICES INCLUDED:

- A) MORE THAN 550 PSYCHIATRIC ADMISSIONS.
- B) 47,000 EMERGENCY ROOM VISITS (44,000 ADULTS AND 3,000 PEDIATRIC CASES)
- C) 9,500 INPATIENT ADMISSIONS
- D) 4,700 TOTAL SURGERIES

OUR COMMITMENT TO IMPROVE HEALTH AND WELLBEING ACROSS PRINCE GEORGE'S COUNTY EXTENDS BEYOND THE HOSPITAL WALLS. OUR COMMUNITY HEALTH TEAM REGULARLY VISITS UNDERSERVED COMMUNITIES TO PROVIDE FREE HEALTH SCREENINGS, EDUCATION, AND VACCINES. EACH YEAR, WE SCREEN MORE THAN 600 RESIDENTS IN PRINCE GEORGE'S COUNTY, MANY OF WHOM LACK A PRIMARY CARE PHYSICIAN OR THE FINANCIAL RESOURCES FOR CARE.

LHDCMC ALSO HOSTS HEALTH EDUCATION PROGRAMS, CLASSES AND SUPPORT GROUPS ADDRESSING A VARIETY OF PHYSICAL AND MENTAL HEALTH CONDITIONS, INCLUDING DIABETES MANAGEMENT, SMOKING CESSATION, AND BREASTFEEDING.

WE WORK HAND AND HAND WITH OUR STATE PARTNERS TO ADDRESS HEALTH ISSUES AND REDUCE DISPARITIES. THANKS TO SEVERAL STATE GRANTS, LUMINIS HEALTH PROVIDES NO-COST BREAST CANCER AND COLON CANCER SCREENINGS TO COUNTY RESIDENTS. ONE OF OUR MAJOR FOCUSES IS CANCER SCREENING AND PREVENTION IN COMMUNITIES THAT LACK PRIMARY CARE AND OTHER CRITICAL HEALTH SERVICES. PRINCE GEORGE'S COUNTY IS HOME TO NEARLY ONE MILLION RESIDENTS AND IS ONE OF THE MOST DIVERSE COMMUNITIES IN MARYLAND, WITH APPROXIMATELY 64% AFRICAN AMERICANS AND 23% HISPANIC POPULATIONS. MANY RESIDENTS FACE BARRIERS TO CARE, INCLUDING LIMITED ACCESS TO HEALTH SERVICES, UNEMPLOYMENT, POVERTY, AND LANGUAGE CHALLENGES. THE COUNTY ACCOUNTS FOR 15% OF MARYLAND'S RESIDENTS AND REPRESENTS 93% OF THE HOSPITAL'S SERVICE AREA.

TO REDUCE THE INCIDENCE AND MORTALITY RATE OF CANCER. WE PRIORITIZE COMMUNITY OUTREACH AND EDUCATION, INCLUDING VISITS TO FEDERALLY QUALIFIED HEALTH CENTERS, CHURCHES, SCHOOLS, COLLEGES, AND USING SOCIAL MEDIA. WE ALSO HOST COMMUNITY EVENTS, INCLUDING THE PINK RIBBON RALLY IN OCTOBER FOR CANCER AWARENESS AND SCREENING.

WE ACTIVELY ENROLL RESIDENTS IN PROGRAMS TO PROVIDE CANCER SCREENING AND TOBACCO CESSATION SERVICES. OUR TEAM MEMBERS ALSO CONNECT PATIENTS WITH ADDITIONAL COMMUNITY RESOURCES TO HELP WITH HEALTH INSURANCE, AND CONNECTING WITH PRIMARY CARE PROVIDERS. CASE MANAGERS WORK CLOSELY WITH PATIENTS TO ADDRESS BARRIERS TO CARE.

EMERGENCY CARE

HIGH-QUALITY EMERGENCY CARE IS AVAILABLE 24/7, WITH DEDICATED EMERGENCY MEDICINE PHYSICIANS, NURSES, AND CLINICIANS.

LHDCMC PROVIDES CARE TO EVERYONE, INCLUDING CHILDREN THROUGH A

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
--------------------------	---	--------------------------------	------------

PARTNERSHIP WITH CHILDREN'S NATIONAL HOSPITAL FOR DEDICATED PEDIATRIC EMERGENCY ROOM CARE.

WE ALSO OFFER SPECIALIZED EMERGENCY CARE FOR OLDER PATIENTS, IN PART THROUGH GERIATRIC SOCIAL WORKER SERVICES TO HELP PATIENTS NAVIGATE THEIR CARE AND A UNIT DEDICATED TO THE CARE OF ELDERLY PATIENTS. OUR COMMITMENT HAS EARNED US THE AGE-FRIENDLY HEALTH SYSTEM LEVEL 2: COMMITMENT TO CARE EXCELLENCE DESIGNATION FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT.

WE ALSO SUPPORT CARE FOR OUR DIVERSE PATIENT POPULATION WITH CULTURALLY-COMPETENT SOCIAL WORKERS, PATIENT RELATIONS SPECIALISTS, SPIRITUAL CARE RESOURCES AND COMMUNICATION & INTERPRETER SERVICES.

BEHAVIORAL HEALTH

PRINCE GEORGE'S COMMUNITY HEALTH ASSESSMENT CONTINUES TO IDENTIFY BEHAVIORAL HEALTH AS A MAJOR HEALTH PRIORITY. TO ADDRESS THIS NEED, LHDCMC OPENED A BEHAVIORAL HEALTH PAVILION IN THE FALL OF 2021. LOCATED ON THE HOSPITAL'S CAMPUS, THE PAVILION OFFERS URGENT BEHAVIORAL HEALTH CARE, OUTPATIENT TRANSITIONAL CARE, SUBSTANCE USE DISORDER TREATMENT, A PARTIAL HOSPITALIZATION PROGRAM, A RESIDENTIAL CRISIS UNIT, AND AN INPATIENT UNIT.

THROUGH FUNDING FROM THE MARLAND COMMUNITY HEALTH RESOURCES COMMISSION, BEHAVIORAL HEALTH EDUCATION AND SUPPORT SERVICES HAVE BEEN SUCCESSFULLY DELIVERED IN SIX HIGH SCHOOLS IN PRINCE GEORGE'S COUNTY. THE PROGRAM WAS DEVELOPED IN CLOSE PARTNERSHIP WITH COUNTY SCHOOLS AND HAS DEMONSTRATED MEANINGFUL IMPACT IN SUPPORTING STUDENT WELL-BEING. DUE TO ITS SUCCESS, THE STATE RENEWED FUNDING FOR THE 2025-2026 SCHOOL YEAR. THIS CONTINUED INVESTMENT UNDERSCORES THE IMPORTANCE OF SCHOOL-BASED BEHAVIORAL HEALTH INITIATIVES AND THE STRENGTH OF COLLABORATIVE COMMUNITY PARTNERSHIPS.

FORM 990, PART VI, SECTION A, LINE 6:
THE SOLE STOCKHOLDER OF THE ORGANIZATION IS LUMINIS HEALTH, INC., A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM.

FORM 990, PART VI, SECTION A, LINE 7A:
THE SOLE STOCKHOLDER OF THE ORGANIZATION IS LUMINIS HEALTH, INC., A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM. LUMINIS HEALTH, INC. HAS THE EXPRESS POWER AND RESPONSIBILITY TO ELECT AND REMOVE THE BOARD OF DIRECTORS AND OFFICERS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:
THE SOLE STOCKHOLDER OF THE ORGANIZATION IS LUMINIS HEALTH, INC., A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM. LUMINIS HEALTH, INC. HAS THE EXPRESS POWER AND RESPONSIBILITY TO APPROVE DECISIONS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 10B:
THE POLICIES DESCRIBED IN PART VI, SECTION B, LINES 10A-16B APPLY TO LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER INC AND ITS AFFILIATE:

DOCTORS REGIONAL CANCER CENTER LLC

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
--------------------------	---	--------------------------------	------------

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

RESPONSIBILITY FOR THE DETAILED REVIEW OF THE FORM 990 HAS BEEN ASSIGNED TO THE AUDIT AND COMPLIANCE COMMITTEE OF LUMINIS HEALTH, INC. THE AUDIT AND COMPLIANCE COMMITTEE REVIEWS THE FORM 990 AND PROVIDES SUMMARY INFORMATION TO THE FULL BOARD. THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD FOR REVIEW PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES THAT ANY MEMBER OF THE BOARD OF TRUSTEES, MEMBERS OF ANY LUMINIS HEALTH (LH) BOARD OF DIRECTORS, A MEMBER OF A COMMITTEE TO THE BOARD OF TRUSTEES/DIRECTORS, A LH LEADERSHIP MEMBER, AND DESIGNATED EMPLOYEES OF THE ORGANIZATION (COVERED PERSON(S)) REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND RETURN AN ATTESTATION WITH A DISCLOSURE OF ANY ACTUAL AND OR POTENTIAL CONFLICTS OF INTEREST. SUBSEQUENT TO THE COMPLETION OF THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, IF A COVERED PERSON BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE COVERED PERSON SHALL PROMPTLY DISCLOSE IT TO THE CHIEF EXECUTIVE OFFICER OF LUMINIS HEALTH. IF REASONABLE CAUSE EXISTS TO BELIEVE THAT A COVERED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE COVERED PERSON SHALL BE INFORMED OF THE BASIS FOR SUCH BELIEF AND PROVIDED AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

ALL CONFLICT OF INTEREST ATTESTATION FORMS SHALL BE REVIEWED BY THE CHIEF COMPLIANCE OFFICER OR HIS/HER DESIGNEE TO DETERMINE IF A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS. IF THE CHIEF COMPLIANCE OFFICER OR HIS/HER DESIGNEE DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXIST, THE MATTER SHALL BE REFERRED TO THE CEO OF LUMINIS HEALTH FOR REVIEW. THE CEO OF LUMINIS HEALTH SHALL PRESENT THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE CHAIR OF THE BOARD OF TRUSTEES FOR REVIEW AND CONSIDERATION. THE CHAIR OF THE BOARD OF TRUSTEES AND THE CEO MAY DETERMINE THAT A CONFLICT OF INTEREST EXISTS OR THEY MAY PRESENT THE MATTER TO THE BOARD.

IF A CONFLICT OR POTENTIAL CONFLICT IS DEEMED TO EXIST, THE COVERED PERSON MUST REMOVE THEMSELF FROM THE ROOM DURING ANY DISCUSSION OF THE MATTER, REFRAIN FROM PARTICIPATING IN DISCUSSION AND VOTING UPON OR OTHER DECISION MAKING IN REGARD TO THE MATTER, AVOID USING THEIR PERSONAL INFLUENCE, AVOID MAKING AN ADMINISTRATIVE DECISION ON THE MATTER, AND, IN THE CASE OF A COVERED PERSON WITH VOTING RIGHTS, MUST NOT BE COUNTED IN DETERMINING THE QUORUM FOR ACTION ON THE MATTER, EVEN WHERE PERMITTED BY THE BY-LAWS.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD SHALL DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE ORGANIZATION AND SHALL MAKE ITS DECISIONS AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. IF THE BOARD DETERMINES THAT THE TRANSACTION IS IN THE BEST INTEREST OF LUMINIS HEALTH, THE BOARD MAY IMPOSE SUCH CONDITIONS OR REQUIREMENTS ON THE COVERED PERSON INCLUDING, BUT NOT LIMITED TO, REQUIRING THAT THE COVERED PERSON RECUSE THEMSELF FROM DELIBERATIONS AND DECISIONS RELATING TO THOSE MATTERS WHERE THE COVERED PERSON HAS AN INTEREST WHICH COULD CONFLICT, OR APPEAR TO CONFLICT, WITH THEIR DUTY OF LOYALTY TO THE BEST INTERESTS OF LUMINIS HEALTH.

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
--------------------------	---	--------------------------------	------------

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BOARD HAS ADOPTED A COMPENSATION POLICY FOR COVERED INDIVIDUALS. PURSUANT TO THE POLICY, A COMPENSATION COMMITTEE OF INDEPENDENT DIRECTORS WAS ESTABLISHED TO REVIEW THE COMPENSATION OF ALL EMPLOYEES SPECIFIED AS HAVING A SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION AND WHO RECEIVE REMUNERATION FROM THE ORGANIZATION. THE COMPENSATION COMMITTEE IS ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHO OPINES TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION PAID MEET THE IRC SECTION 4958 REBUTTABLE PRESUMPTION TEST.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS AVAILABLE BY REQUEST TO THE FINANCIAL SERVICES OFFICE OR CAN BE OBTAINED ONLINE VIA WWW.GUIDESTAR.ORG.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE RETAINED IN THE FINANCE OFFICE AND ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

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

SHARED SERVICES ALLOCATION:

PROGRAM SERVICE EXPENSES	19,290,328.
MANAGEMENT AND GENERAL EXPENSES	17,499,386.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,789,714.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	15,082,544.
MANAGEMENT AND GENERAL EXPENSES	13,582,913.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,665,457.

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	8,815,879.
MANAGEMENT AND GENERAL EXPENSES	7,939,332.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,755,211.

MEDICAL PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	8,793,358.
MANAGEMENT AND GENERAL EXPENSES	7,919,050.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,712,408.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	98,922,790.

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

PENSION ADJUSTMENT	-525,837.
NET INCREASE IN BENEFICIAL INTEREST IN FOUNDATION	-985,668.
PENSION ADJUSTMENT FOR ACTUARIAL VALUE	688,707.
CHANGE IN VALUE OF INVESTMENT IN SUBSIDIARIES	-399.
NET ASSETS TR CAPITAL	1,000,000.
TRANSFER TO AFFILIATE	-2,862,825.
INTEREST IN DOCTORS REGIONAL CANCER CENTER, LLC	3,416,489.
TOTAL TO FORM 990, PART XI, LINE 9	730,467.

Name of the organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Employer identification number 52-1638026

FORM 990, PAGE 12, PART XII, LINE 2C
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Multiple horizontal lines for data entry.

**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.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization **LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.** Employer identification number **52-1638026**

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
DOCTORS REGIONAL CANCER CENTER, LLC - 20-8889327, 8118 GOOD LUCK ROAD, LANHAM, MD 20706	CANCER TREATMENT SERVICES FOR RESIDENTS OF PRINCE GEORGE'S COUNTY	MARYLAND	7,005,531.	2,037,985.	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LUMINIS HEALTH RESEARCH INSTITUTE, INC. - 26-3038406, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL RESEARCH	MARYLAND	501(C)(3)	LINE 4	LUMINIS HEALTH CLINICAL ENTERPRISE, INC.		X
PHYSICIAN ENTERPRISE, LLC - 27-0263214 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	MEDICAL / PHYSICIAN SERVICES	MARYLAND	501(C)(3)	LINE 3	LUMINIS HEALTH CLINICAL ENTERPRISE, INC.		X
LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC. - 52-1169362, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL/HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	LUMINIS HEALTH, INC.		X
LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC. - 52-1331298, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	SUPPORTING ORGANIZATION OF LUMINIS HEALTH, INC. AND SUBSIDIARIES	MARYLAND	501(C)(3)	LINE 12B, II	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER,		X

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Schedule R (Form 990)

52-1638026

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LUMINIS HEALTH IMAGING, INC. - 52-1467734 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	OUTPATIENT DIAGNOSTICS AND IMAGING SERVICES	MARYLAND	501(C)(3)	LINE 3	LUMINIS HEALTH CLINICAL ENTERPRISE, INC.		X
LUMINIS HEALTH REAL ESTATE HOLDING COMPANY, INC. - 52-1622251, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	REAL ESTATE HOLDING COMPANY	MARYLAND	501(C)(2)		LUMINIS HEALTH, INC.		X
LUMINIS HEALTH, INC. - 52-1622253 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	SUPPORT HEALTH CARE RELATED ENTITIES	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION, INC. - 52-171233, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD	SUPPORTING ORGANIZATION OF LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER	MARYLAND	501(C)(3)	LINE 12A, I	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER,	X	
LUMINIS HEALTH PATHWAYS, INC. - 52-1722088 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	ALCOHOL & DRUG ABUSE TREATMENT SERVICES	MARYLAND	501(C)(3)	LINE 3	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER,		X
LUMINIS HEALTH J. KENT MCNEW FAMILY MEDICAL CENTER, INC. - 83-3856917, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	MARYLAND	501(C)(3)	LINE 3	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER,		X
LUMINIS HEALTH CLINICAL ENTERPRISE, INC. - 87-1458728, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	TO PROVIDE COMMON MANAGEMENT SUPERVISION AND DIRECTION TO OTHER LUMINIS	MARYLAND	501(C)(3)	LINE 12C, III-FI	LUMINIS HEALTH, INC.		X

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

Schedule R (Form 990) (Rev. 1-2025) CENTER, INC.

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	
ANNAPOLIS EXCHANGE LOT IV, LLC - 52-2020156, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	COMMERCIAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ANNAPOLIS EXCHANGE LOT V, LLC - 52-2020157, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MEDICAL OFFICE, LLC - 20-2290229, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
KENT ISLAND MEDICAL ARTS, LLC - 26-0623450, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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
PAVILION PARK, INC. - 52-1890034 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	REAL ESTATE LEASING	MD	N/A	C CORP	N/A	N/A	N/A		X
LUMINIS HEALTH CARE SERVICES, INC. - 52-1646304, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
COTTAGE INSURANCE COMPANY, LTD. - 98-0461499 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ KY1-110	CAPTIVE INSURER - PROFESSIONAL LIABILITY INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
DOCTORS COMMUNITY HEALTH VENTURES INC - 52-1884380, 8118 GOOD LUCK ROAD, LANHAM, MD 20706	MEDICAL SERVICES	MD	LUMINIS HEALTH DOCTORS COMMUNITY	C CORP	873,949.	8,530,675.	100%	X	

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

Schedule R (Form 990) (Rev. 1-2025) CENTER, INC.

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL (1) CENTER FOUNDATION	C	1,212,718.	COST
(2) PHYSICIAN ENTERPRISE	B	143,657.	COST
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER,
INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION,
INC.

EIN: 52-1712338

2000 MEDICAL PARKWAY, SUITE 606

ANNAPOLIS, MD 21401

DIRECT CONTROLLING ENTITY: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH PATHWAYS, INC.

DIRECT CONTROLLING ENTITY: LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER,
INC.

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH J. KENT MCNEW FAMILY MEDICAL CENTER, INC.

DIRECT CONTROLLING ENTITY: LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER,
INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

Part VII Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ANNE ARUNDEL - SCA SURGICENTER, LLC

EIN: 82-4763728

2000 MEDICAL PARKWAY, SUITE 606

ANNAPOLIS, MD 21401

NAME OF RELATED ORGANIZATION:

DOCTORS REGIONAL CANCER CENTER, LLC

PRIMARY ACTIVITY: CANCER TREATMENT SERVICES FOR RESIDENTS OF PRINCE
GEORGE'S COUNTY

DIRECT CONTROLLING ENTITY: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

NAME OF RELATED ORGANIZATION:

MAGNOLIA GARDENS NURSING HOME

DIRECT CONTROLLING ENTITY: DOCTORS COMMUNITY HEALTH VENTURES INC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

DOCTORS COMMUNITY HEALTH VENTURES INC

DIRECT CONTROLLING ENTITY: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.**

EIN or SSN
52-1638026

Name and title of officer or person subject to tax **MICHELLE LEE
CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>76,786.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SC&H GROUP, INC. to enter my PIN 63214
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52935821031

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SC&H GROUP, INC.

Date 05/12/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

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

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

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 an 501(c)(3).

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 202,097,661, D Employer identification number 52-1638026, E Group exemption number, F Check box if an amended return.

G Check organization type: X 501(c) corporation, 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) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X Yes, No. If "Yes," enter the name and identifying number of the parent corporation LUMINIS HEALTH, INC. 52-1622253

L The books are in care of MICHELLE LEE Telephone number 443-481-1308

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Line 1: 366,648. Line 11: 365,648.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Line 1: 76,786. Line 7: 76,786.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Line 4: 76,786.

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	56,423.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	30,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	86,423.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	9,637.
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax 9,637. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
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		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ 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.		
	Business Activity Code		Available post-2017 NOL carryover
			\$
			\$
			\$
			\$
6 a	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.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/12/26		P00370694
	Firm's name	SC&H GROUP, INC.			Firm's EIN
	226 SCHILLING CIRCLE, SUITE 300				
	Firm's address HUNT VALLEY, MD 21031			Phone no.	(410) 403-1500

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

CORPORATION'S NAME

IDENTIFYING NO

LUMINIS HEALTH, INC.

52-1622253

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T 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).

1
OMB No. 1545-0047

2024

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

A Name of the organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	B Employer identification number 52-1638026
C Unrelated business activity code (see instructions) 621500	D Sequence: 1 of 1

E Describe the unrelated trade or business **MEDICAL AND DIAGNOSTICS LABORATORIES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>888,433.</u>				
b Less returns and allowances <u>183,017.</u> c Balance	1c	705,416.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	705,416.		705,416.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	705,416.		705,416.

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
2 Salaries and wages				2 102,785.
3 Repairs and maintenance				3 3,827.
4 Bad debts				4
5 Interest (attach statement). See instructions				5
6 Taxes and licenses				6 6,000.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement) SEE STATEMENT 2				14 226,156.
15 Total deductions. Add lines 1 through 14				15 338,768.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 366,648.
17 Deduction for net operating loss. See instructions				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18 366,648.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
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 _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
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 _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
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)		0.	0.	0.	0.
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

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)				

			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.

Totals

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 cols 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).
		0.		0.

Totals

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

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

SPACE COSTS

3,943.

SUPPLIES

162,921.

EQUIPMENT LEASE

10,326.

CONTRACTED SERVICES

47,480.

OTHER EXPENSES

1,486.

TOTAL TO SCHEDULE A, PART II, LINE 14

226,156.

**SCHEDULE O
(Form 1120)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number 52-1638026
--	---

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending JUNE 30, 2020, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	52-1638026	25-06		
2	PAVILION PARK, INC.	52-1890034	25-06		
3	LUMINIS HEALTH REAL ESTATE HOLDING CO., INC.	52-1622251	25-06		
4	LUMINIS HEALTH CARE SERVICES, INC.	52-1646304	25-06		
5	PHYSICIAN ENTERPRISE, LLC	27-0263214	25-06		
6	LUMINIS HEALTH DOCTORS COMMUNITY HEALTH VENTURES	52-1884380	25-06		
7	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	52-1169362	25-06		
8	LUMINIS HEALTH RESEARCH INSTITUTE, INC.	26-3038406	25-06		
9					
10					
Total					

Schedule O (Form 1120) (Rev. 12-2018)



LUMINIS HEALTH, INC. AND SUBSIDIARIES

Consolidated Financial Statements
and Supplementary Information

June 30, 2025 and 2024

(With Independent Auditors' Report Thereon)

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Table of Contents

	Page
Report of Independent Auditors	1
Audited Consolidated Financial Statements:	
Consolidated Balance Sheets	3-4
Consolidated Statements of Operations	5
Consolidated Statements of Changes in Net Assets	6
Consolidated Statements of Cash Flows	7-8
Notes to Consolidated Financial Statements	9
Supplementary Information	
Supplementary Description of Consolidating and Eliminating Entries	46
Luminis Health, Inc. and Subsidiaries:	
Supplementary Consolidating Balance Sheet	47
Supplementary Consolidating Statement of Operations	49
Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries:	
Supplementary Consolidating Balance Sheet	50
Supplementary Consolidating Statement of Operations	52
Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries:	
Supplementary Consolidating Balance Sheet	53
Supplementary Consolidating Statement of Operations	55
Luminis Health Obligated Group:	
Supplementary Combining Balance Sheet	56
Supplementary Combining Statement of Operations	58



KPMG LLP
750 East Pratt Street, 18th Floor
Baltimore, MD 21202

Independent Auditors' Report

The Board of Trustees
Luminis Health, Inc.:

Opinion

We have audited the consolidated financial statements of Luminis Health, Inc. and its subsidiaries (the Company), which comprise the consolidated balance sheets as of June 30, 2025 and 2024, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Company as of June 30, 2025 and 2024, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Consolidated Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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



In performing an audit in accordance with GAAS, we:

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

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

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Baltimore, Maryland
October 1, 2025

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

June 30, 2025 and 2024

(Dollars in thousands)

Assets	<u>2025</u>	<u>2024</u>
Current assets:		
Cash and cash equivalents	\$ 24,466	14,471
Short-term investments	539	610
Current portion of assets whose use is limited	24,109	14,240
Patient receivables	157,697	156,766
Inventories and supplies	14,193	13,479
Prepaid expenses and other current assets	33,279	19,156
Right-of-use assets – short term	129	1,001
Total current assets	<u>254,412</u>	<u>219,723</u>
Property and equipment	1,229,597	1,202,138
Less accumulated depreciation and amortization	<u>(668,642)</u>	<u>(629,632)</u>
Net property and equipment	560,955	572,506
Other assets:		
Investments	540,401	500,973
Investments in joint ventures	19,387	15,319
Assets whose use is limited	63,602	61,632
Restricted collateral for interest rate swap contract	—	1,853
Right-of-use assets – long term	54,077	35,505
Other assets	69,304	68,536
Total assets	<u>\$ 1,562,138</u>	<u>1,476,047</u>

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

June 30, 2025 and 2024

(Dollars in thousands)

Liabilities And Net Assets	2025	2024
Current liabilities:		
Accounts payable	\$ 62,735	83,084
Accrued salaries, wages, and benefits	62,170	62,575
Other accrued expenses	36,405	27,483
Current portion of long-term debt	49,977	46,531
Advances from third-party payors	39,716	43,664
Lease liability – short term	8,528	5,498
Total current liabilities	259,531	268,835
Long-term debt, less current portion and unamortized original issue premium	375,797	396,917
Interest rate swap contracts	29,560	30,002
Accrued pension liability	633	1,863
Lease liability – long term	48,862	32,335
Other long-term liabilities	78,039	76,655
Total liabilities	792,422	806,607
Net assets:		
Without donor restrictions – Luminis Health	747,383	646,582
Non-controlling interest	1,142	1,968
Total net assets without donor restrictions	748,525	648,550
With donor restrictions	21,191	20,890
Total net assets	769,716	669,440
Total liabilities and net assets	\$ 1,562,138	1,476,047

See accompanying notes to consolidated financial statements.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Operations

Years ended June 30, 2025 and 2024

(Dollars in thousands)

	2025	2024
Operating revenue:		
Net patient service revenue	\$ 1,248,060	1,135,229
Other operating revenue	76,133	37,433
Total operating revenue	1,324,193	1,172,662
Operating expenses:		
Salaries and wages	605,599	577,643
Employee benefits	94,647	87,409
Supplies	222,328	194,296
Purchased services	313,019	270,663
Depreciation and amortization	46,862	37,479
Interest	16,556	16,638
Total operating expenses	1,299,011	1,184,128
Operating income (loss)	25,182	(11,466)
Other income (loss):		
Investment income, net	19,390	23,241
Income (loss) from joint ventures and other, net	1,291	(113)
Pension expense, net	(254)	(4,264)
Change in unrealized gains on trading securities, net	47,404	27,563
Realized and unrealized (losses) gains on interest rate swap contracts, net	(1,527)	6,311
Total other income, net	66,304	52,738
Excess of revenues over expenses	\$ 91,486	41,272

See accompanying notes to consolidated financial statements.

LUMINIS HEALTH, INC. AND SUBSIDIARIES
Consolidated Statements of Changes in Net Assets
Years ended June 30, 2025 and 2024
(Dollars in thousands)

	Without donor restrictions		Total net assets without donor restrictions	With donor restrictions	Total net assets
	Luminis Health	Non-controlling interest			
Net assets, June 30, 2023	\$ 590,362	2,298	592,660	23,682	616,342
Excess of revenues over expenses	41,272	—	41,272	—	41,272
Pension liability adjustment	7,847	—	7,847	—	7,847
Transfers and other, net	5,385	(330)	5,055	(4,884)	171
Capital grants	1,517	—	1,517	—	1,517
Restricted gifts, bequests, and contributions	—	—	—	7,767	7,767
Restricted investment income	—	—	—	1,173	1,173
Net assets released from restrictions	199	—	199	(6,848)	(6,649)
Changes in net assets	<u>56,220</u>	<u>(330)</u>	<u>55,890</u>	<u>(2,792)</u>	<u>53,098</u>
Net assets, June 30, 2024	<u>646,582</u>	<u>1,968</u>	<u>648,550</u>	<u>20,890</u>	<u>669,440</u>
Excess of revenues over expenses	91,486	—	91,486	—	91,486
Pension liability adjustment	2,923	—	2,923	—	2,923
Transfers and other, net	2,151	(826)	1,325	(1,303)	22
Capital grants	2,094	—	2,094	—	2,094
Restricted gifts, bequests, and contributions	—	—	—	9,147	9,147
Restricted investment income	—	—	—	1,306	1,306
Net assets released from restrictions	2,147	—	2,147	(8,849)	(6,702)
Changes in net assets	<u>100,801</u>	<u>(826)</u>	<u>99,975</u>	<u>301</u>	<u>100,276</u>
Net assets, June 30, 2025	<u>\$ 747,383</u>	<u>1,142</u>	<u>748,525</u>	<u>21,191</u>	<u>769,716</u>

See accompanying notes to consolidated financial statements.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended June 30, 2025 and 2024

(Dollars in thousands)

	2025	2024
Operating activities:		
Increase in net assets	\$ 100,276	53,098
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Net realized and unrealized gains on investments	(48,960)	(34,105)
Realized and unrealized (losses) gains on interest rate swap contracts, net	1,527	(6,311)
Pension liability adjustment	(2,923)	(7,847)
Equity in earnings of joint ventures	(5,272)	(1,720)
Restricted contributions	(9,147)	(7,767)
Depreciation and amortization	46,862	37,479
Forgiveness of refundable advance	(1,000)	(1,000)
Restricted investment income	(1,306)	(1,173)
Distributions received from joint ventures	2,826	2,026
Distributions to capital grants	(2,093)	(1,517)
Net change in operating assets and liabilities	(20,715)	2,162
Net cash provided by operating activities	60,075	33,325
Investing activities:		
Purchases of property and equipment	(40,824)	(55,428)
Purchases of alternative investments	(3,654)	(3,935)
Sales of alternative investments	3,528	1,424
Purchases of securities	(78,155)	(31,635)
Sales of securities	83,859	16,190
Increase in assets whose use is limited, net	(9,671)	(1,369)
Payments on interest rate swaps	(1,970)	(573)
Proceeds from collateral on swap	1,853	3,965
Net cash used in investing activities	(45,034)	(71,361)
Financing and fundraising activities:		
Repayments of long-term debt	(20,289)	(18,301)
Borrowings on line of credit	2,463	23,905
Payments for finance leases	(1,625)	(1,625)
Proceeds from refundable advance	—	11,966
Restricted contributions received and other	9,147	7,767
Proceeds from capital grants	2,093	1,517
Restricted income received	1,306	1,173
Net cash (provided by) used in financing and fundraising activities	(6,905)	26,402
Net increase (decrease) in cash and cash equivalents	8,136	(11,634)
Cash, cash equivalents, and restricted cash at beginning of year	24,811	36,445
Cash, cash equivalents, and restricted cash at end of year	\$ 32,947	24,811
Cash and cash equivalents	\$ 24,466	14,471
Restricted cash, included in restricted collateral and assets whose use is limited	8,481	10,340
Cash, cash equivalents, and restricted cash at end of year	\$ 32,947	24,811

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended June 30, 2025 and 2024

(Dollars in thousands)

	<u>2025</u>	<u>2024</u>
Changes in operating assets and liabilities:		
(Increase) decrease in operating assets:		
Patient receivables	\$ (931)	(10,935)
Inventories and supplies	(714)	493
Prepaid expenses and other	(14,125)	2,231
Other assets and right-of-use leases	3,530	6,658
	<u>(12,240)</u>	<u>(1,553)</u>
(Decrease) increase in operating liabilities:		
Accounts payable	(15,428)	10,666
Accrued salaries, wages, and benefits	(405)	(13,318)
Other accrued expenses	8,923	831
Advances from third-party payors	(3,948)	3,048
Other long-term liabilities	2,383	2,488
	<u>(8,475)</u>	<u>3,715</u>
Net change in operating assets and liabilities	\$ <u>(20,715)</u>	<u>2,162</u>
Supplemental disclosure of noncash activities:		
Amount included in accounts payable for construction in process	4,921	1,686

See accompanying notes to consolidated financial statements.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(1) Organization and Basis of Presentation

Luminis Health, Inc. (Luminis Health or the System) is a Maryland not-for-profit corporation. Luminis Health has the following wholly owned subsidiaries:

- Luminis Health Anne Arundel Medical Center, Inc. (LHAAMC), and its subsidiaries; Luminis Health Pathways, Inc. (Pathways), J. Kent McNew Family Medical Center, Inc. (McNew), and Luminis Health Anne Arundel Medical Center Foundation, Inc. (the Foundation);
- Luminis Health Clinical Enterprise, Inc. and its subsidiaries; Luminis Health Imaging, Inc. (LHI), Luminis Health Research Institute, Inc. (RI), Physician Enterprise, LLC (PE) and its subsidiaries; Luminis Health Medical Group, LLC, LHMG Physical Therapy, LLC, Luminis Health Care Services, Inc. (LHCS), and Luminis Health Community Clinics, LLC;
- Anne Arundel Medical Center Collaborative Care Network, LLC, and AAMC Collaborative Care Network, LLC;
- Luminis Health Ventures, LLC and its subsidiaries; Cottage Insurance Company, Ltd. (Cottage), Luminis Health Real Estate Holding Company, Inc. (the Real Estate Company), and its subsidiaries; Pavilion Park, Inc. (PPI); Annapolis Exchange, LLC; and Blue Building, LLC; and
- Luminis Health Doctors Community Medical Center, Inc. (LHDCMC) and its subsidiaries: Luminis Health Doctor's Community Medical Center Foundation, Inc., Doctor's Community Health Ventures, Inc., and Doctors Regional Cancer Center LLC

LHAAMC is a private, not-for-profit corporation that operates a 419-licensed bed acute care hospital.

LHDCMC is a private, not-for-profit corporation that operates an acute care general hospital facility licensed for 213 beds. As part of the July 2019 affiliation agreement between Luminis Health and LHDCMC, Luminis Health committed approximately \$138,000 over a five-year period in strategic investments to LHDCMC to expand healthcare services. As of June 30, 2025, Luminis Health has fully met the commitment to LHDCMC.

The accompanying consolidated financial statements include non-controlling interests held by third parties in less than wholly owned subsidiaries.

(2) Summary of Significant Accounting Policies

(a) Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Luminis Health, its wholly owned subsidiaries and controlled affiliates. All significant intercompany accounts and transactions have been eliminated in consolidation.

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

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(b) Cash and Cash Equivalents

Cash and cash equivalents include cash held in checking and savings accounts with large well-known financial institutions, money market accounts, and short-term certificates of deposit with original maturities of 90 days or less, excluding those held in short-term investments and those classified as long-term investments. Cash balances are principally uninsured and are subject to normal credit risks. At June 30, 2025 and 2024, and at various times during the year, the System maintained cash in bank balances in excess of the \$250 federally insured limits. The System believes it is not exposed to any significant credit risk on its cash deposits.

(c) Derivative Instruments

On May 10, 2006, LHAAMC entered into a forward variable-to-fixed interest rate swap agreement with an effective date of November 1, 2008. This contract was entered into in an effort to reduce the risk of variable interest rate debt and has a term through July 1, 2048. Under Accounting Standards Codification (ASC) 815, *Derivatives and Hedging*, LHAAMC has recognized its derivative instruments as either assets or liabilities on the accompanying consolidated balance sheets at fair value. As these derivative instruments are not designated as hedges, the realized and unrealized gain or loss on these contracts has been recognized on the accompanying consolidated statements of operations as realized and unrealized gains on interest rate swap contracts, net. The fair market values of the derivative instruments include a credit valuation adjustment (CVA) as required by ASC 820, *Fair Value Measurement*. When applying the CVA, the valuation of the variable-to-fixed interest rate swap contract was decreased by \$1,831 and \$2,208 as of June 30, 2025 and 2024, respectively.

In an effort to reduce the amount of restricted cash pledged as collateral with the original counterparty, LHAAMC entered into a new novation agreement with another counterparty on February 10, 2021. Immediately prior to the novation agreement, the System modified the existing swap to bifurcate the remaining swap into a 10-year swap with the remainder into a 2031 through 2048 swap. The terms of the bifurcated swap remain identical to the original swap other than a modification of the London Interbank Offered Rate (LIBOR).

A summary of LHAAMC's derivative instruments and related activity at June 30 and for the years then ended, is as follows:

Description of derivative instrument	Fair value liability	
	2025	2024
Variable-to-fixed interest rate swap contract (maturity date March 2031)	\$ 17,062	15,663
Variable-to-fixed interest rate swap contract (maturity date July 2048)	12,498	14,339
	\$ 29,560	30,002

The change in unrealized gains recognized in the excess of revenues over expenses for the years ended June 30, 2025 and 2024, were \$442 and \$6,884, respectively.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

At June 30, 2025 and 2024, the net terminal value (i.e., mark-to-market value) of the derivative instruments totaled \$31,391 and \$32,210, respectively. LHAAMC may be exposed to credit loss in the event of nonperformance by the other party to the interest rate swap agreements, the risk of which is reflected in the fair value of the instruments under ASC 820. However, LHAAMC does not anticipate nonperformance by the counterparty.

During fiscal year 2025 and 2024, LHAAMC paid net payments under its interest rate swap program of \$1,969 and \$573, respectively. These amounts are included within realized and unrealized gains on interest rate swap contracts, net on the accompanying consolidated statements of operations and within investing activities on the accompanying consolidated statements of cash flows.

Under the derivative contracts, LHAAMC must transfer collateral for the benefit of the counterparty, to the extent that the termination values exceed certain limits. LHAAMC's collateral requirement for the benefit of the counterparty was approximately \$0 and \$1,853 at June 30, 2025 and 2024, respectively. The ongoing mark-to-market values and resulting collateral requirements of LHAAMC's interest rate swap contracts are subject to variability based on market factors (primarily changes in interest rates). Collateral requirements under this interest rate swap contract are excluded from unrestricted cash and investments for purposes of determining the System's compliance with its liquidity covenants under its Maryland Health and Higher Educational Facilities Authority (MHHEFA or the Authority) revenue bond agreements and its derivative agreements. Collateral amounts are included in noncurrent assets on the accompanying consolidated balance sheets.

(d) Assets Whose Use is Limited and Investments

Assets whose use is limited are principally composed of funds which related to the issuance of the Luminis Health's revenue bonds, investments held at Cottage, and certain permanently restricted endowment assets. Substantially all investments are classified as trading securities, with unrealized gains and losses included in excess of revenues over expense.

The fair values of publicly traded securities and mutual funds are based on quoted market prices of individual securities or investments or estimated amounts using quoted market prices of similar investments. The fair value of alternative investments, some of which are structured so that the System holds limited partnership interests, are valued using net asset value (NAV) as the practical expedient. Valuations of these investments, and therefore the System's holdings, may be determined by the investment manager or general partner and for fund-of-funds investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Investment income or loss from all unrestricted investments is included on the accompanying consolidated statements of operations as part of other income (loss).

Investment income or loss on investments of assets with donor restrictions is added to or deducted from the restricted fund balance if the income is restricted. The cost of securities sold is based on the specific-identification method.

All investment balances are principally uninsured and subject to normal credit risk. Investments are classified as either current or noncurrent based on the maturity dates and the availability for current

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

operations. Investments included in noncurrent assets consist of board-designated investment funds of \$540,401 and \$500,973 as of June 30, 2025 and 2024, respectively. Based on the System's investment policy, such amounts could be liquidated, at the discretion of the board, to satisfy short-term requirements.

(e) Patient Receivables

Patient receivables are recorded at net realizable value and include charges for amounts due from all patients less price concessions relating to allowances for the excess of established charges over the payments to be received on behalf of patients covered by Medicare, Medicaid, and other insurers. The provision for price concessions is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the price concessions estimates based upon historical experience of self-pay accounts receivable, including those balances after insurance payments and not covered by insurance. The results of this review are then used to make any modifications to the provision for price concessions. Patient accounts receivable is written off after collection efforts have been followed in accordance with System policies. See note 2(j) for revenue recognition policies.

(f) Inventories and Supplies

Inventories, which primarily consist of medical supplies and drugs, are carried at the lower of cost or net realizable value. Cost is determined using the first-in, first-out (FIFO) method or a similar method that approximates FIFO.

(g) Property and Equipment

Property and equipment are stated at cost; or fair value of acquired property and equipment, if applicable. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method. Equipment under finance leases obligations is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization on the accompanying consolidated statements of operations. Depreciation expense is \$39,570 and \$35,852 for the years ended June 30, 2025 and 2024, respectively. Included in depreciation expense for the year ended June 30, 2025 is approximately \$7,000 in costs associated with a construction project that were written off due to a change in design and strategic vision.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following is a summary of property and equipment:

	Estimated useful lives	June 30	
		2025	2024
Land		\$ 22,823	22,823
Land improvements	5–50 years	23,392	23,392
Buildings and improvements	5–80 years	663,912	663,042
Fixed equipment	3–30 years	29,605	25,905
Leasehold improvements	Life of lease or asset category	59,300	53,100
Movable equipment	5–30 years	253,735	270,397
Computers and software	3–12 years	126,068	123,423
Construction-in-progress		50,762	20,056
		<u>\$ 1,229,597</u>	<u>1,202,138</u>

Construction-in-progress consists of direct costs associated with hospital department renovations, certain leasehold improvements, and smaller capital projects. As these projects are completed, the related assets are transferred out of construction-in-progress and into the appropriate asset category and are depreciated over the applicable useful lives. Repairs and maintenance are expensed as incurred.

(h) Investments in Joint Ventures

Luminis Health accounts for its investments in joint ventures using either the cost method or equity method, as appropriate. Earnings on the joint ventures are included in other income (loss) in the consolidated statements of operations.

During 2011, the Real Estate Company and another party formed West County, LLC, a joint venture that owns and operates a medical office building that opened in December 2012. The Real Estate Company has a 50% interest in this joint venture, with each owner's investment being \$5,819 and \$5,866 as of June 30, 2025 and 2024, respectively. The investment in West County is not consolidated into the financial statements of Luminis Health, because Luminis Health does not control the investee.

DCHV has an equity method joint venture investment in Magnolia Gardens LLC of \$7,916 and \$6,062 as of June 30, 2025 and 2024, respectively. This investment is consistent with the mission and strategic plan of LHDCMC. The investment in Magnolia Gardens LLC represents a 51% interest and is not consolidated with the financial statements of Luminis Health because DCHV does not control the investee.

Luminis Health has several other unconsolidated joint ventures for dialysis services, ambulatory surgery centers, and hospice services accounted for using the equity method, totaling approximately \$5,652 and \$3,391 as of June 30, 2025 and 2024, respectively.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(i) Net Assets

Net resources that are not restricted by donors are included in net assets without donor restrictions. Gifts of long-lived operating assets, such as property, plant, or equipment, are reported as net assets without donor restrictions and excluded from income. Resources restricted by donors for a specified time or purpose are reported as net assets with donor restrictions.

When the specific purposes are met, either through passage of a stipulated time period or when the purpose for restriction is accomplished, they are released to other operating revenues on the consolidated statement of changes in net assets. Resources restricted by donors for additions to property, plant, and equipment are initially reported as net assets with donor restrictions and are transferred to net assets without donor restrictions when expended. Donor-imposed restrictions, which stipulate that the resources be maintained permanently, are reported as net assets with donor restrictions.

Investment income related to net assets with donor restrictions is classified as net assets with donor restrictions based on the intent of the donor.

(j) Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. This includes regulatory discounts allowed to Blue Cross, Medicare, Medicaid, and other third-party payors and charity care. Revenues are recorded during the period the obligations to provide healthcare services are satisfied. The majority of the System's healthcare services that are not capable of being distinct and as such, are treated as a single performance obligation and are satisfied over time as services are rendered. The System also provides certain ancillary services that are not included in the bundle of services, and as such, are treated as separate performance obligations and are satisfied at a point in time, if and when, those services are rendered. The contractual relationship with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for services provided are dependent upon the terms provided by (Medicare and Medicaid) or negotiated with (managed care health plans and commercial insurance companies) the third-party payors. The payment arrangements with third-party payors for services provided to patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based on predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the contractual estimation process to incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

Luminis Health's net patient service revenues are based upon the estimated amounts that management expects to be entitled to receive from patients and third-party payors. Estimates of contractual allowances under managed care and commercial insurance plans are based upon the

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

payment terms specified in the related contractual agreements and are recognized as explicit price concessions. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have healthcare coverage may have discounts applied (uninsured discounts and contractual discounts). Management also records estimated implicit price concessions (based primarily on historical collection experience) related to uninsured accounts to record self-pay revenues at the estimated amounts that it expects to collect. Subsequent changes in the estimate of collectability due to a change in the financial status of a payor, for example a bankruptcy, will be recognized as bad debt expense in operating expenses, which is included in purchased services on the consolidated statements of operations.

The System has elected the practical expedient utilizing the portfolio approach, as allowed under the Financial Accounting Standards Board (FASB) ASC 606-10-32-18, *Revenue from Contracts with Customers*, and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the System's expectation that the period between the time the service is provided to a patient and the time that the patient or third-party payor pays for that service will be one year or less.

Except as noted above, LHAAMC and LHDCMC's policy is to recognize revenue based on actual charges for services to patients in the year in which the services are performed.

The following table sets forth the detail of net patient service revenue:

	Year ended June 30	
	2025	2024
Gross patient service revenue	\$ 1,678,055	1,541,850
Revenue deductions:		
Charity care	(24,086)	(21,902)
Price concessions	(405,909)	(384,719)
Net patient service revenue	<u>\$ 1,248,060</u>	<u>1,135,229</u>

The following table sets forth the allocation by payor of net patient service revenue:

	June 30	
	2025	2024
Medicare	45 %	44 %
Medicaid	15	15
Blue Cross	22	24
Commercial, HMO, PPO, and other	15	15
Self-Pay	3	2
	<u>100 %</u>	<u>100 %</u>

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The System's revenues also may be subject to adjustment as a result of examination by government agencies or contractors and as a result of differing interpretation of government regulations, medical diagnosis, charge coding, medical necessity, or other contract terms. Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreements with the payor, correspondence from the payor and the System's historical settlement activity, including an assessment to ensure it is probable a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews, and investigations. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections; business and economic conditions; trends in federal, state, and private employer healthcare coverage; and other collection indicators. Management uses the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of the System's revenues and patient receivable as a primary source of information in estimating the collectability of patient receivable.

Luminis Health employs physicians in several hospital-based specialties (including, but not limited to, obstetrics, intensive care, and hospitalists). Net physician revenue is recognized when the services are provided and recorded at the estimated net realizable amount based on the contractual arrangements with third-party payors and the expected payments from the third-party payors and the patients. The difference between the billed charges and the estimated net realizable amounts are recorded as a reduction in physician revenue when the services are provided. The System recognized net physician revenue of \$220,362 and \$196,150 for the years ended June 30, 2025 and 2024, respectively, which is included in net patient service revenue. At June 30, 2025 and 2024, \$19,216 and \$15,815, respectively, of net physician accounts receivable are included in patient receivables on the accompanying consolidated balance sheets.

(k) Maryland Health Services Cost Review Commission

LHAAMC and LHDCMC's rate structure for all hospital-based services is subject to review and approval by the HSCRC. Under the HSCRC rate-setting system, the Hospital's inpatient and outpatient charges are the same for all patients, regardless of payor, including Medicare and Medicaid. Beginning in fiscal year 2014, LHAAMC and LHDCMC entered into an agreement with the HSCRC to participate in the Global Budget Revenue (GBR) program. The GBR model is a revenue constraint and quality improvement system to provide hospitals with strong financial incentives to manage their resources efficiently and effectively in order to slow the rate of increase in healthcare costs and improve healthcare delivery processes and outcomes. Under the GBR, total revenue is capped at a predetermined fixed amount. The annual approved revenue is calculated using a permanent base revenue with positive or negative adjustments for inflation, assessments, performance in quality-based programs, infrastructure requirements, and population. Revenue may also be adjusted annually for market share levels and shifts of regulated services to unregulated settings.

Starting in January 2019, Maryland's hospitals began operating under a new 10-year contract with the federal government titled Medicare Performance Adjustment (MPA). The MPA is designed to test

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

whether the improvements hospitals have made under the previous modernized waiver can be expanded to all healthcare providers. The GBR methodology will remain in place for hospital rate setting under the MPA. In addition, programs aimed to measure and reduce total healthcare spending for attributed Medicare patients, including pre- and post-acute care by all providers, are being introduced during this contract period.

The Commission's rate-setting methodology compares Global Budget Revenue to actual revenue. Overcharges and undercharges due to either patient volume or price variances, adjusted for penalties where applicable, are applied to decrease (in the case of overcharges) or increase (in the case of undercharges) future approved rates on an annual basis, assuming the variance was within the allowable corridor.

The state of Maryland signed into the AHEAD Model on November 1, 2024, becoming the first state to join the program designed by the Centers for Medicare and Medicaid Services (CMS). This voluntary model, which builds on the GBR model, aims to lower healthcare costs, improve population health outcomes, and promote health equity by holding states accountable for controlling healthcare expenditure growth. While the AHEAD Model is not yet finalized or enacted, the transition from Maryland's Total Cost of Care model to the federal AHEAD model introduces further complexity in the regulatory environment. This shift may affect reimbursement mechanisms and financial planning.

The System will continue to monitor these developments closely and adjust operational and financial strategies as necessary to maintain fiscal sustainability and ensure uninterrupted delivery of high-quality care.

(l) Charity Care

Luminis Health provides charity care to patients who meet certain criteria established under its charity care guidelines. The amounts reported as charity care represent the costs of rendering such services and are calculated by applying a ratio of operating expenses over gross patient charges to the charity care provided at established rates. Because members of Luminis Health do not pursue the collection of amounts determined to qualify as charity care, these amounts are deducted from gross revenues on the accompanying consolidated statements of operations. The total benefits associated with providing this care, at cost, are \$24,086 and \$21,902 for the years ended June 30, 2025 and 2024, respectively.

(m) Other Operating Revenue

Other operating revenue is composed of grant revenue, cafeteria revenue, net assets released from restrictions for operating purposes, and other miscellaneous items. In addition, a variety of federal, state, and local efforts have been initiated in response to the COVID-19 crisis, including funds from the Federal Emergency Management Agency (FEMA). The System has recognized approximately \$34,955 and \$0 of funds from FEMA for the years ended June 30, 2025 and 2024, respectively, that has been recorded in other revenue in the accompanying consolidated statements of operations.

(n) Advances From Third-Party Payors

The HSCRC requires advance funding by third-party payors to hospitals for the Working Capital Differential. The amount of advances from third-party payors are in the ordinary course of business and

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

due to various payors on demand. Advances from third-party payors are comprised of advance funding from CareFirst BlueCross BlueShield, Medicaid, Cigna, Aetna, Wellpoint, United/MAMSI, and other insurance providers.

In February 2024, one of our vendors, Change Healthcare, was the victim of a cybersecurity event. Change Healthcare is a vendor that LHI used to assist with its billing processes for the imaging service line. Upon learning of the cybersecurity event with Change healthcare, the Company discontinued its digital communications and connections with Change Healthcare and suspended any billing processes with the vendor. Due to the downtime in billing, the Company experienced a temporary increase in accounts receivables and a decline in cash flows. As a result, the Company received \$20,891 of advances from Change Healthcare that provided additional cash flows for the Company, of which approximately \$12,000 has been repaid on the loan balance as of June 30, 2025 and there is a plan in place with the vendor to settle the remaining liability. Billing processes were reinstated with Change Healthcare for a period of time to bill and collect outstanding claims before switching to a new vendor for bill processing which has since re-stabilized accounts receivable and cash flows for the imaging service line. The Company believes that adequate provision has been made in the consolidated financial statements for the matters discussed above, and that the ultimate resolution will not have a significant effect on the consolidated financial statements.

(o) Donations and Bequests

Unconditional promises to give cash and other assets are reported at fair value on the date the promise is received. Pledges are reported at fair value on the date the gift is received. The gifts are reported as donor-restricted net assets if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends, or a purpose restriction is accomplished, the asset is reclassified to net assets without donor restrictions on the accompanying consolidated statements of changes in net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements. Contributions that are unrestricted are reflected as other operating revenue on the accompanying consolidated statements of operations.

Pledges receivable are discounted using rates between approximately 3.7% to 4.8% and are included in prepaids and other current assets and other assets.

(p) Excess of Revenues Over Expenses

The accompanying consolidated statements of operations include excess of revenues over expenses, the performance indicator. Changes in net assets without donor restrictions that are excluded from excess of revenues over expenses, consistent with industry practice, include contributions received and used for additions of long-lived assets, capital grants, transfers and other activity, and certain changes in pension liabilities.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(q) Other Assets

Other assets consist of the following:

	June 30	
	2025	2024
Investment in Premier	\$ 7,245	6,366
LHAAMC pension assets	29,027	26,520
Deferred compensation plans	13,336	14,151
Insurance recoverable	14,108	15,044
Other	5,588	6,455
	\$ 69,304	68,536

LHAAMC and LHDCMC have participated and owned equity in the Premier Limited Partnership (Premier), which has served as a group purchasing organization for many years. This participation provides purchasing contract rates and rebates the System would not be able to obtain on its own.

The investment in Premier is based upon the fair value of the publicly traded stock as the Class B units can be converted to Class A publicly traded shares at the System's option.

Investments held in the deferred compensation plans are considered Level 1 securities and primarily consist of money market, equity and fixed income securities (including bond and mutual funds), and cash.

(r) Goodwill and Intangibles

Other assets includes goodwill and other intangibles related to practice acquisitions, notes receivable, and the cash surrender value of split-dollar life insurance.

Goodwill represents the excess of the aggregate purchase price over the fair value of the net assets acquired in a business combination. ASC Topic 350, *Intangibles – Goodwill and Other*, requires that tangible and indefinite-lived assets as well as goodwill must be analyzed in order to determine whether their value has been impaired.

Goodwill is assessed annually for impairment at the reporting unit. As of June 30, 2025 and 2024, the System had one reporting unit, which included all subsidiaries. The System first assesses qualitative factors to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount as a basis for determining whether it is necessary to perform the two-step goodwill impairment tests as described in ASC Topic 350. The more-likely than-not threshold is defined as having a likelihood of more than 50%. The System determined that it was not more likely than not that the fair value of its reporting unit was less than its carrying amount. Accordingly, the System concluded that goodwill was not impaired as of June 30, 2025 and 2024 without having to perform the two-step impairment test.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(s) Self-Insurance Programs

The System maintains self-insurance programs for professional and general liability, workers' compensation, and employee health benefits. The provision for estimated self-insurance program claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The estimates are based on historical trends, claims asserted, and reported incidents.

(t) Other Long-Term Liabilities

Other long-term liabilities consist of self-insurance liabilities, asset retirement obligations, and deferred compensation plan liabilities.

(u) Income Tax Status

The System and its not-for-profit subsidiaries have been recognized by the Internal Revenue Service as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

The System's incorporated for-profit subsidiaries account for income taxes in accordance with FASB ASC Topic 740, *Income Taxes*. Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in the period that includes the enactment date. Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change. The System accounts for uncertain tax positions in accordance with ASC Topic 740.

Deferred income taxes are provided for all significant timing differences between revenues and expenses reported for financial statement and for tax purposes. Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements. Accounting principles generally accepted in the United States require management to evaluate uncertain tax positions taken by the System. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the Internal Revenue Service. Management has concluded that as of June 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken. Luminis Health has recognized no interest or penalties related to uncertain tax positions. Luminis Health is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(v) Use of Estimates

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

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(w) Impairment of Long-Lived Assets

Management regularly evaluates whether events or changes in circumstances have occurred that could indicate impairment in the value of long-lived assets. In accordance with the provisions of ASC Topic 360, *Property, Plant, and Equipment*, if there is an indication that the carrying value of an asset is not recoverable, the System estimates the projected undiscounted cash flows, excluding interest and taxes, of the related individual entities to determine if an impairment loss should be recognized. The amount of impairment loss is determined by comparing the historical carrying value of the asset to its estimated fair value. Estimated fair value is determined through an evaluation of recent and projected financial performance of facilities using standard industry valuation techniques.

In addition to consideration of impairment upon the events or changes in circumstances described above, management regularly evaluates the remaining lives of its long-lived assets. If estimates are changed, the carrying value of affected assets is allocated over the remaining lives. In estimating the future cash flows for determining whether an asset is impaired and if expected future cash flows used in measuring assets are impaired, the System groups its assets at the lowest level for which there are identifiable cash flows independent of other groups of assets. The System did not record a loss on impairment during the year ended June 30, 2025 or 2024.

(x) Management's Assessment and Plans

The System adopted Accounting Standards Update (ASU) No. 2014-15, *Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern* (ASU 2014-15), which requires management to evaluate an entity's ability to continue as a going concern within one year after the date that the financial statements are issued (or available to be issued, when applicable). Management determined that there were no conditions or events that raise substantial doubt about the System's ability to continue as a going concern, and the System will continue to meet its obligations through October 2, 2026.

(y) Upcoming Accounting Standards

From time to time, new accounting guidance is issued by the FASB or other standard setting bodies that is adopted by the Company as of the effective date or, in some cases where early adoption is permitted, in advance of the effective date. The Company has assessed the recently issued guidance that is not yet effective and, unless otherwise indicated, believes the new guidance will not have a material impact on its consolidated financial position, results of operations, or cash flows.

(z) Reclassifications

Certain prior year amounts have been reclassified to conform with current period presentation, the effects of which are not material.

(3) Regulatory Environment

Medicare and Medicaid

The Medicare and Medicaid reimbursement programs represent a substantial portion of Luminis Health's revenues. Luminis Health's operations are subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Over the past several years, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs, together with the imposition of fines and penalties, as well as repayments for patient services previously billed. Compliance with fraud and abuse standards and other government regulations can be subject to future government review and interpretation. Also, future changes in federal and state reimbursement funding mechanisms and related government budgeting constraints could have an adverse effect on Luminis Health.

In 1983, Congress approved a Medicare prospective payment plan for most inpatient services as part of the Social Security Amendment Act of 1983. Hospitals in Maryland were granted a waiver from the Medicare prospective payment system under Section 1814(b) of the Social Security Act. The waiver would remain in effect as long as the Maryland rate of increase in payments per admission remained below the national average rate of increase.

In January 2014, the Centers for Medicare and Medicaid Services approved a modernized waiver that includes both inpatient and outpatient revenue. The new waiver will be in place as long as Maryland hospitals achieve significant quality improvements and limit the per capita growth for all payors for Maryland residents.

Tariff's

Recent changes in U.S. federal trade policy have introduced new tariffs on a wide range of imported medical supplies, pharmaceuticals, and equipment. These tariffs have not had a material impact on the System's financial results or operations as of and for the year ended June 30, 2025. Continued escalation or expansion of tariff measures may adversely affect our future financial results.

One Big Beautiful Bill Act

The One, Big, Beautiful Bill Act (OB BB) was signed into law by President Trump on July 4, 2025. This comprehensive tax reform legislation, introduced as H.R. 1, was enacted to permanently extend many tax cuts from the 2017 Tax Cuts and Jobs Act and introduce new tax provisions.

The OB BB contains various cuts or sequestration to Medicare and Medicaid payors and the related funding. The System does not currently anticipate that these changes will have a material impact on its consolidated financial position, results of operations, or cash flows.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(4) Investments and assets whose use is limited

Investments, including assets whose use is limited, are stated at fair value. Borrowed funds that are required to be expended on specified capital projects under MHHEFA revenue bond agreements are classified as available for sale. All other investments and assets whose use is limited are classified as trading securities.

	June 30	
	2025	2024
Assets whose use is limited:		
Endowment assets:		
Cash and cash equivalents	\$ 3,577	2,531
Equity mutual funds	12,914	11,332
Fixed income mutual funds	6,058	5,619
	22,549	19,482
Amounts held by trustee:		
Cash and cash equivalents	4,901	7,809
	4,901	7,809
Amounts held by Cottage:		
Cash and cash equivalents	19,208	6,488
Exchange traded funds	9,884	8,138
Equity mutual funds	13,240	14,868
Fixed income mutual funds	17,929	19,087
	60,261	48,581
Total assets whose use is limited	87,711	75,872
Less current portion	24,109	14,240
	\$ 63,602	61,632

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

Other investments:

	June 30	
	2025	2024
Cash and cash equivalents	\$ 32,682	44,592
Equity mutual funds	259,192	230,528
Fixed income mutual funds	154,295	144,506
Alternative investments	94,771	81,957
	<u>540,940</u>	<u>501,583</u>
Less short-term investments	<u>539</u>	<u>610</u>
Investments	<u>\$ 540,401</u>	<u>500,973</u>

The components of investment income, net are as follows:

	June 30	
	2025	2024
Interest and dividend income, net	\$ 17,834	16,699
Realized gains, net	1,556	6,542
	<u>\$ 19,390</u>	<u>23,241</u>

(5) Fair Value Measurements

ASC 820 defines fair value and establishes a framework for measuring fair value in accordance with U.S. GAAP. ASC 820 establishes a three-tier fair value hierarchy that prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1 – Defined as observable inputs, such as quoted prices in active markets
- Level 2 – Defined as inputs other than quoted prices in active markets that are either directly or indirectly observable
- Level 3 – Defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while Luminis Health believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ASC 820 requires that the fair value of derivative contracts include adjustments related to the credit risks of both parties associated with the derivative transactions. The fair value of Luminis Health's derivative contracts reflected in the accompanying consolidated financial statements includes adjustments related to the credit risks of the parties to the transactions.

The following tables present the fair value hierarchy for Luminis Health's financial assets and liabilities measured at fair value on a recurring basis.

		June 30, 2025			
Assets		Total	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Investments and assets whose use is limited:					
Cash and cash equivalents	\$	60,368	60,368	—	—
Equity securities		295,230	281,990	13,240	—
Fixed income securities		178,282	160,353	17,929	—
Total		<u>533,880</u>	<u>502,711</u>	<u>31,169</u>	<u>—</u>
Collateral for interest rate swap:					
Cash and cash equivalents		—	—	—	—
Total assets at fair value		533,880	\$ <u>502,711</u>	<u>31,169</u>	<u>—</u>
Assets at NAV		<u>94,771</u>			
Total assets	\$	<u>628,651</u>			
Liabilities					
Derivative instruments	\$	<u>(29,560)</u>	—	<u>(29,560)</u>	—
Total liabilities at fair value	\$	<u>(29,560)</u>	—	<u>(29,560)</u>	—

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

June 30, 2024				
Assets	Total	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Investments and assets whose use is limited:				
Cash and cash equivalents	\$ 61,420	61,420	—	—
Equity securities	264,866	249,998	14,868	—
Fixed income securities	169,212	150,125	19,087	—
Total	<u>495,498</u>	<u>461,543</u>	<u>33,955</u>	<u>—</u>
Collateral for interest rate swap:				
Cash and cash equivalents	1,853	1,853	—	—
Total assets at fair value	497,351	<u>\$ 463,396</u>	<u>33,955</u>	<u>—</u>
Assets at NAV	<u>81,957</u>			
Total assets	<u>\$ 579,308</u>			
Liabilities				
Derivative instruments	\$ (30,002)	—	(30,002)	—
Total liabilities at fair value	<u>\$ (30,002)</u>	<u>—</u>	<u>(30,002)</u>	<u>—</u>

Luminis Health's Level 1 securities primarily consist of U.S. Treasury securities, equity and fixed income securities (including mutual funds), and cash. Luminis Health determines the estimated fair value for its Level 1 securities using quoted (unadjusted) prices for identical assets or liabilities in active markets.

Luminis Health's Level 2 securities primarily consist of equity and fixed income securities. Luminis Health determines the estimated fair value for these Level 2 securities using the following methods: quoted prices for similar assets/liabilities in active markets, quoted prices for identical or similar assets in non-active markets (few transactions, limited information, noncurrent prices, high variability over time), inputs other than quoted prices that are observable for the asset or liability (e.g., interest rates, yield curve volatilities, default rates), and inputs that are derived principally from or corroborated by other observable market data.

Luminis Health's Level 2 securities also consist of derivative instruments, which are reported using valuation models commonly used for derivatives. Valuation models require a variety of inputs, including contractual terms, market-fixed prices, inputs from forward price yield curves, notional quantities, measures of volatility, and correlations of such inputs.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

LHAAMC's alternative investments consist of the following: a fund focused on North American midstream, listed energy infrastructure and renewables markets, with a focus on income-oriented securities (30 day liquidity), venture capital fund-of-funds taking a globally diversified approach targeting multiple venture capital investment types, stages, sectors and geographies, a private equity fund-of-funds focused exclusively on the lower middle-market segment in the U.S. and consisting of both fund commitments and co-investments, private equity funds with a focus on long-term fundamental value creation by investing in businesses that can grow profitably over time and sustain value through volatile conditions and strategic healthcare venture funds investing in healthcare information technology and services and medical devices and diagnostics. The private equity and venture capital funds totaling approximately \$39,646 and \$35,626 at June 30, 2025 and 2024, respectively, are subject to lock-up of greater than one year. Unfunded commitments as of June 30, 2025 are approximately \$7,820.

Alternative investments are measured using NAV as the practical expedient. Certain alternative investments require 90-day written notification over a certain period prior to redemption.

The carrying amounts of cash and cash equivalents, patient receivables, prepaid expenses and other current assets, accounts payable, accrued salaries, wages and benefits, other accrued expenses, and advances from third-party payors approximate fair value, given the short-term nature of these financial instruments or their methods of valuation. The following methods and assumptions were used by Luminis Health in estimating the fair value of other financial instruments:

Investments and Assets Whose Use is Limited

Fair values are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(6) Long-Term Debt and Line of Credit

Long-term debt consists of the following:

	<u>Interest rate</u>	<u>Maturity dates</u>	<u>June 30</u>	
			<u>2025</u>	<u>2024</u>
MHHEFA Revenue Bonds				
Series 2022A	Variable	2039–2043	\$ 60,220	60,220
Series 2022B	1.99 %	2025–2034	40,950	45,040
Series 2022C	1.79 %	2025–2039	108,895	108,895
Series 2017	2.96%–5.0%	2018–2034	46,150	48,375
Series 2017A	5.00 %	2031–2038	64,165	64,165
Series 2017B	2.18 %	2024	—	5,925
Series 2016A	2.53 %	2020–2030	29,760	29,790
Series 2014	4.0%–5.0%	2015–2024	—	2,925
Bank line of credit	Variable	2026	26,368	23,905
Kent Island bank term loan	Variable	2025	4,006	4,379
Real estate loan	Variable	2028	37,638	41,280
			<u>418,152</u>	<u>434,899</u>
Less current portion of long-term debt			49,977	46,531
Less deferred debt issue costs			917	1,069
Unamortized original issue premium, net			8,539	9,618
Long-term debt			<u>\$ 375,797</u>	<u>396,917</u>

The MHHEFA Revenue Bonds and Bank Line of Credit are secured by the receipts of the Luminis Health Obligated Group, which includes Luminis Health, LHAAMC, LHI and LHDCMC.

Principal payments due under all debt instruments as of June 30, 2025, are as follows:

2026	\$ 49,977
2027	20,407
2028	20,747
2029	44,286
2030	18,050
Thereafter	<u>264,685</u>
	<u>\$ 418,152</u>

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(a) Series 2022 Bonds

In February 2022, Luminis Health entered into a loan agreement with MHHEFA supported by three financing agreements with commercial lenders. The proceeds of these direct placement bonds were utilized to refund certain prior Revenue Bonds as follows:

- a) 2022A Variable Rate Tax-Exempt Bonds refunded \$60,000 2009B Series Revenue Bonds and extended the committed period of this issuance to 2032. Interest, at Bloomberg Short-Term Bank Yield Index (BSBY) plus a credit spread, is payable monthly and principal is due annually on July 1, beginning in 2039.
- b) 2022B Fixed Rate Bonds refunded \$49,100 of the 2012 Series Revenue Bonds. Interest was initially payable semiannually at a stated taxable rate of 2.52% and principal is due annually on July 1. On July 1, 2024, the 2022B Fixed Rate Bonds were converted to a tax-exempt rate of 1.99%.
- c) 2022C Fixed Rate Bonds refunded \$108,895 of the 2014 Series Revenue Bonds. Interest is payable semiannually at an initial stated taxable rate of 2.27% and principal is due annually on July 1. On July 1, 2024, the 2022C Fixed Rate Bonds were converted to a tax-exempt rate of 1.79%.

(b) Series 2017 Revenue Bonds

In November 2017, LHAAMC entered into a loan agreement with the MHHEFA for the issuance of the Series 2017 A&B Revenue Bonds (the "2017 A&B Bonds"). The proceeds of the 2017 A&B Bonds were used to advance refund the Series 2010 Bonds previously issued by MHHEFA. The refunded Series 2010 Bonds were originally issued to finance the expansion of the parking garage for LHAAMC's acute care pavilion, and costs related to the issuance. The 2017 A&B Bonds provide for annual principal payments each July 1 from 2022 through 2034. Interest is payable semi-annually on each January 1 and July 1. The 2017 A&B Bonds bear interest at rates between 2.96% and 5.00% and were originally issued at a premium of \$4,368, which is amortized over the life of the bonds using the straight-line method, which approximates the effective interest method.

(c) Series 2017A Revenue Bonds

On February 8, 2017, MHHEFA issued \$64,165 principal amount of Revenue Bonds, Doctor's Community Hospital Series 2017A. The proceeds of these bonds were used to retire the remainder of the Series 2010 Bonds previously issued by the Authority. The 2017A Bonds provide for annual principal payments each July 1 from 2031 through 2038. Interest is payable semiannually on each January 1 and July 1. The bonds bear stated interest rates of 5.00% and were issued at a premium of \$4,144.

(d) Series 2017B and 2016A Revenue Bonds

On June 28, 2016, MHHEFA issued \$73,445 principal amount of Revenue Bonds, Doctor's Community Hospital Series 2016A Bonds (\$31,945), and Series 2016B Taxable Bonds (\$41,500). The proceeds of these bonds were used to retire the Series 2007A Bonds and Series 2010 Bonds (partial) previously issued by the Authority. On March 23, 2017, the Series 2016B Bonds were converted to Series 2017B

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

Bonds as planned. The 2016A Bonds provide for monthly principal and interest payments through July 1, 2030. The 2017B Bonds provide for monthly principal and interest payments through October 1, 2024. The 2016A Bonds and 2017B Bonds bear interest at a rates of 2.53% and 2.18%, respectively. The 2017B bonds were paid off during the year ended June 30, 2025.

(e) Series 2014 Revenue Bonds

In November 2014, LHAAMC entered into a loan agreement with the MHHEFA for the issuance of the Series 2014 Revenue Bonds (the "2014 Bonds"). The proceeds of the 2014 Bonds were used to advance refund the Series 2009A Bonds previously issued by MHHEFA. The refunded Series 2009A Bonds were originally issued to finance a portion of the costs of construction for an eight-story patient care building, two parking garages, and costs related to the issuance. The 2014 Bonds provide for annual principal payments each July 1 from 2022 through 2024. Interest is payable semiannually each January 1 and July 1. The 2014 Bonds bear interest at rates of 4.00–5.00% and were originally issued at a premium of \$7,520, which is amortized over the life of the bonds using the straight-line method, which approximates the effective interest method. The amount outstanding of the 2014 Bonds was reduced to \$8,475 through the issuance of the Series 2022C Bonds. These bonds were paid off during the year ended June 30, 2025.

(f) Bank Line of Credit

LHAAMC maintains a line of credit with a bank providing available credit of \$70,000 through February 28, 2026. Interest on any borrowings accrues at the Secured Overnight Financing Rate (SOFR) plus 0.70%. At June 30, 2025 and 2024, LHAAMC balance outstanding on the line of credit was \$26,368 and \$23,905 respectively. LHAAMC executed a secondary line of credit with a bank extending additional credit of \$20,000 through February 28, 2026. Interest on any borrowings accrues at the SOFR plus 1.0%. At June 30, 2025 and 2024, LHAAMC balance outstanding on the secondary line of credit was \$0.

(g) Kent Island Term Loan

In August 2007, Kent Island Medical Arts (KIMA) entered into a construction loan agreement with a bank in the amount of \$9,000 that would convert to a term loan after the completion of the construction. The proceeds were used to construct a medical office building. The debt was secured by the medical office building.

On February 28, 2025, KIMA extended the maturity date of the \$4,152 loan to December 1, 2025. The loan provides for monthly principal and interest payments and bears interest at a variable rate, based on the 30-day SOFR plus 1.35%.

(h) Real Estate Loan

On October 17, 2018, the Real Estate Company secured a real estate loan from a bank through a wholly owned subsidiary and the proceeds were used to pay off the 2008 Term Loan and 2008 Construction Loan previously provided by a bank. The loans were originally obtained to finance certain medical office buildings owned by the Real Estate Company. The new loan requires flat monthly principal payments (amortized over 17 years) plus interest at SOFR plus 1.10% from 2018 through 2028 with a balloon payment due October 5, 2028, of \$25,800.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The provisions of the Master Loan Agreement with MHHEFA, require Luminis Health and certain subsidiaries to comply with certain covenants on an annual basis, including a debt service coverage requirement. Luminis Health, LHAAMC, LHI and LHDCMC are members of the Luminis Health Obligated Group for all of the above stated revenue bonds issued by MHHEFA.

(7) Retirement Plans

The system offers an employee defined contribution plan. Participation in the plan is voluntary. Substantially all full-time employees of Luminis Health are eligible to participate. Employees may elect to contribute a minimum of 1% of compensation, and a maximum amount as determined by Sections 403(b) and 415 of the Code. Any employee making contributions to the plan is entitled to the system's contribution that will match the employee contribution at the rate of 50% or 75%, depending on the number of years of service, up to a maximum of 6% of qualified compensation. Matching contributions under this defined contribution 403(b) plan were \$15,192 and \$14,798 in fiscal years 2025 and 2024, respectively.

Luminis Health is the beneficiary of split dollar life insurance policies in place for previously-employed LHDCMC executives. The amounts that could be realized by LHDCMC under the insurance contracts are approximately \$9,010 as of June 30, 2025 and 2024, are included in other assets on the consolidated balance sheets.

LHAAMC Defined Benefit Pension Plan

LHAAMC has a qualified noncontributory, defined benefit pension plan (the Plan) that covers substantially all employees. LHAAMC's policy is to fund pension costs as determined by its actuary. Adopted by the board of trustees on June 11, 2009, and effective September 1, 2009, LHAAMC amended the Plan to freeze future benefit accruals, and participants have not earned any additional benefits under the Plan since that date. However, subsequent to September 1, 2009, participants have continued to vest in benefits they have earned through September 1, 2009. The frozen benefit balance for the participants will only accrue interest credits until the participants' benefit commencement dates. FASB ASC 715, *Compensation – Retirement Benefits*, requires LHAAMC to recognize the funded status (i.e., the difference between the fair value of plan assets and the projected benefit obligations) of its pension plan on its consolidated balance sheet, with a corresponding adjustment to unrestricted net assets. The pension liability adjustment to net assets without donor restrictions represents the change in net unrecognized actuarial losses that have not yet been recognized as part of deficit of revenues over expenses. These amounts are subsequently recognized as a net periodic benefit cost pursuant to LHAAMC's historical accounting policy for amortizing such amounts.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The reconciliation of the beginning and ending balances of the projected benefit obligation and the fair value of plan assets for the years ended June 30 and the accumulated benefit obligation for LHAAMC is as follows:

	June 30	
	2025	2024
Accumulated benefit obligation	\$ 84,641	86,160
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 86,160	92,830
Interest cost	4,481	4,610
Actuarial gain (loss)	765	(2,656)
Benefits paid	(2,978)	(2,870)
Settlements paid	(3,787)	(5,754)
Projected benefit obligation at end of year	<u>84,641</u>	<u>86,160</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	112,680	116,053
Actual return on plan assets	7,753	5,251
Benefits paid	(2,978)	(2,870)
Settlements paid	(3,787)	(5,754)
Fair value of plan assets at end of year	<u>113,668</u>	<u>112,680</u>
Net asset recognized in other assets	<u>\$ 29,027</u>	<u>26,520</u>
Net amounts recognized on the consolidated balance sheets consist of:		
Other assets	\$ 29,027	26,520
Amounts recognized in net assets without donor restrictions that have not been recognized in net periodic benefit costs consist of:		
Net actuarial loss	\$ 46,036	48,271

The following table sets forth the weighted average assumptions used to determine the benefit obligations of LHAAMC:

	June 30	
	2025	2024
Discount rate	5.25 %	5.40 %
Rate of compensation increase	N/A	N/A

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following table sets forth the weighted average assumptions used to determine the net periodic benefit cost of LHAAMC:

	Year ended June 30	
	2025	2024
Discount rate	5.40 %	5.23 %
Expected return on plan assets	5.00	5.25
Rate of compensation increase	N/A	N/A

LHAAMC 's net periodic pension benefit cost included the following components:

	June 30	
	2025	2024
Interest cost	4,481	4,611
Expected return on plan assets	(5,798)	(6,316)
Recognized net actuarial loss	1,044	1,119
Loss recognized from partial settlement of projected benefit obligation	—	3,361
Net periodic (gain) cost	<u>\$ (273)</u>	<u>2,775</u>

LHAAMC's defined benefit plan invests in a diversified mix of traditional asset classes. Investments in certain types of U.S. equity securities and fixed income securities are made to maximize long-term results while recognizing the need for adequate liquidity to meet ongoing benefit and administrative obligations. Risk tolerance of unexpected investment and actuarial outcomes is continually evaluated by understanding the pension plan's liability characteristics. Equity investments are used primarily to increase the overall plan returns. Debt securities provide diversification benefits and liability hedging attributes that are desirable, especially in falling interest rate environments.

LHAAMC's target asset allocation percentages as of June 30, 2025, were as follows: 85% fixed income, 4% international equity, 7% large cap domestic stocks, 2% small cap domestic stocks, and 2% alternative investments and exchange-traded notes.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following tables present the fair value hierarchy of assets of the defined benefit pension plan of LHAAMC:

June 30, 2025				
Assets	Total	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Cash and cash equivalents	\$ 2,943	2,943	—	—
Mutual funds:				
Equity	12,668	12,668	—	—
Corporate bonds	93,547	93,547	—	—
International equity	4,510	4,510	—	—
Assets measured at fair value	<u>113,668</u>	<u>\$ 113,668</u>	<u>—</u>	<u>—</u>

June 30, 2024				
Assets	Total	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Cash and cash equivalents	\$ 3,009	3,009	—	—
Mutual funds:				
Equity	12,247	12,247	—	—
Corporate bonds	93,069	93,069	—	—
International equity	4,355	4,355	—	—
Assets measured at fair value	<u>112,680</u>	<u>\$ 112,680</u>	<u>—</u>	<u>—</u>

Level 1 securities primarily consist of money market funds and exchange-traded mutual funds. Methods consistent with those discussed in note 5 are used to estimate the fair values of these securities.

The overall expected rate of return on assets assumptions was based on historical returns, with adjustments made to reflect expectations of future returns. The extent to which the future expectations were recognized considered the target rates of returns for the future, which have historically not changed.

LHAAMC currently does not intend to make voluntary contributions to the defined benefit pension plan in fiscal year 2025.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following benefit payments for LHAAMC are expected to be paid:

2026	\$	6,730
2027		5,411
2028		5,990
2029		5,093
2030		4,872
2031–2035		17,766

LHDCMC Defined Benefit Pension Plan

LHDCMC froze the defined benefit pension plan that it sponsors (the LHDCMC Plan) in 2011, which covered substantially all employees. The benefits are based on years of service and employee compensation during years of employment. LHDCMC's funding policy is to make sufficient contributions to the LHDCMC Plan to comply with the minimum funding provisions of the Employee Retirement Income Security Act of 1974 (ERISA). LHDCMC expects to contribute to the LHDCMC Plan during 2026 an amount sufficient to satisfy ERISA requirements. The measurement date of the LHDCMC Plan is June 30.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The reconciliation of the beginning and ending balances of the projected benefit obligation and the fair value of plan assets for the years ended June 30 and the accumulated benefit obligation for LHDCMC is as follows:

	June 30	
	2025	2024
Accumulated benefit obligation	\$ 16,848	17,071
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 17,071	17,917
Service cost	355	495
Interest cost	835	819
Settlement loss	—	(55)
Actuarial loss	(9)	45
Benefits paid	(1,404)	(692)
Settlements paid	—	(1,458)
Projected benefit obligation at end of year	<u>16,848</u>	<u>17,071</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	15,208	15,621
Actual return on plan assets	1,343	1,591
Employer contribution	1,066	147
Benefits paid	(1,056)	(185)
Settlements paid	(346)	(1,966)
Fair value of plan assets at end of year	<u>16,215</u>	<u>15,208</u>
Net liability recognized	<u>\$ 633</u>	<u>1,863</u>
Net amounts recognized on the consolidated balance sheets consist of:		
Accrued pension liability	\$ (633)	(1,863)
Amounts recognized in net assets without donor restrictions that have not been recognized in net periodic benefit costs consist of:		
Net actuarial loss	\$ 2,743	3,431

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following table sets forth the weighted average assumptions used to determine the benefit obligations of LHDCMC:

	June 30	
	2025	2024
Discount rate	5.10 %	5.20 %
Rate of compensation increase	N/A	N/A

The following table sets forth the weighted average assumptions used to determine the net periodic benefit cost:

	Year ended June 30	
	2025	2024
Discount rate	5.20 %	4.85 %
Expected return on plan assets	6.00	3.75
Rate of compensation increase	N/A	N/A

LHDCMC's net periodic pension benefit cost included the following components:

	June 30	
	2025	2024
Service cost	\$ 355	495
Interest cost	834	819
Expected return on plan assets	(895)	(548)
Recognized net actuarial loss	232	430
Effect of settlement	—	293
Net periodic cost	<u>\$ 526</u>	<u>1,489</u>

LHDCMC's target asset allocation percentages as of June 30, 2025, were as follows: 54% fixed income, 26% cash, 10% international equity, and 10% domestic equity.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following table presents the fair value hierarchy of assets of the defined benefit pension plan of LHDCMC:

June 30, 2025				
	Total	Quoted Prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets:				
Mutual funds:				
U.S. common stock	\$ 1,629	1,629	—	—
Corporate bonds	9,091	9,091	—	—
Cash and cash equivalents	3,693	3,693	—	—
International equity	1,802	1,802	—	—
Assets measured at fair value	<u>\$ 16,215</u>	<u>16,215</u>	<u>—</u>	<u>—</u>
June 30, 2024				
	Total	Quoted Prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets:				
Mutual funds:				
U.S. common stock	\$ 1,567	1,567	—	—
Corporate bonds	8,343	8,343	—	—
Cash and cash equivalents	3,786	3,786	—	—
International equity	1,512	1,512	—	—
Assets measured at fair value	<u>\$ 15,208</u>	<u>15,208</u>	<u>—</u>	<u>—</u>

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following benefit payments for LHDCMC are expected to be paid:

2026	\$	2,416
2027		1,439
2028		1,223
2029		1,145
2030		1,198
2031–2035		5,122

(8) Concentrations of Credit Risk

Certain members of Luminis Health grant credit without collateral to their patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows:

	June 30	
	2025	2024
Medicare	28 %	23 %
Medicaid	13	7
Blue Cross	17	17
Commercial, HMO, PPO, and other	26	39
Self-pay	16	14
	100 %	100 %

(9) Self-Insured Liabilities

Luminis Health maintains self-insurance programs for professional and general liability risks, employee health and workers' compensation claims. Estimated liabilities have been recorded based on actuarial estimation of reported and incurred but not reported claims. The accrued liabilities for these programs which are included within other accrued expenses and other long-term liabilities for the current and long-term portions, respectively, as of June 30 were as follows:

Professional and general liability	\$	84,194	79,911
Employee health		2,925	2,934
Workers' compensation		2,357	2,550
Total self-insurance liabilities		89,476	85,395
Less current portion		28,488	26,958
Total self-insurance liabilities, net of current portion	\$	60,988	58,437

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

Cottage purchases reinsurance coverage from other highly rated insurance carriers to cover their liabilities in excess of various retentions. The receivable for the expected reinsurance receivable is recorded on the consolidated balance sheet within other assets. Amounts in excess of the self-insured limited are insured by highly rated commercial companies.

(10) Commitments and Contingencies

Leases

The following table presents the components of the Luminis Health's right-of-use assets and liabilities related to ASC 842 leases and their classification in Luminis Health's consolidated balance sheets:

Component of lease balances	Classification in consolidated balance sheet	June 30	
		2025	2024
Assets:			
Financing lease assets	Right-of-use assets	\$ 4,719	6,136
Operating lease assets	Right-of-use assets	49,487	30,370
Total leased assets		<u>\$ 54,206</u>	<u>36,506</u>
Liabilities:			
Operating lease liabilities:			
Current	Lease liability short term	\$ 7,568	4,603
Long term	Lease liability long term	44,943	27,390
Financing lease liabilities:			
Current	Lease liability short term	960	895
Long term	Lease liability long term	3,919	4,945
Total lease liabilities		<u>\$ 57,390</u>	<u>37,833</u>

Luminis Health determines if an arrangement is a lease at inception of the contract. The right-of-use assets represent Luminis Health's right to use the underlying assets for the lease term and the lease liabilities represent Luminis Health's obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at the commencement date based on the present value of lease payments over the lease term. Luminis Health has an accounting policy to use a risk-free discount rate that is determined using Treasury securities of a comparable term to that of its leases when acting as a lessee.

Luminis Health's operating leases are primarily for real estate and equipment. Real estate leases include leases of medical facilities and office spaces. Equipment leases mainly include lease of copiers and medical equipment. Luminis Health's real estate lease agreements typically have initial terms of 3 to 20 years, and equipment lease agreements typically have initial terms of 3 to 5 years.

Real estate leases may include one or more options to renew that can extend the lease term from five to ten years. The exercise of lease renewal options is at Luminis Health's sole discretion. In general, Luminis Health does not consider renewal options to be reasonably likely to be exercised; therefore, renewal options are generally not recognized as part of Luminis Health's right-of-use assets and lease liabilities.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

Certain equipment leases also include options to purchase the leased equipment. The useful life of assets and leasehold improvements are limited by the expected lease term unless there is a transfer of title or purchase option reasonably certain of exercise. Luminis Health currently does not have any leases whereby there is a transfer of title or a purchase option that is reasonably certain to be exercised; hence, all of Luminis Health's leases are depreciated over the lease term.

Certain of the Luminis Health's lease agreements for real estate include payments based on actual common area maintenance expenses and other operating expenses. These variable lease payments are recognized in purchased services but are not included in the right-of-use asset or liability balances. Luminis Health's lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

Luminis Health elected the accounting policy practical expedients by class of underlying asset to: (i) exclude recording leases with an initial term of 12 months or less (short-term leases) as right-of-use assets and liabilities on the consolidated balance sheets; and (ii) combine associated lease and non-lease components into a single lease component. Non-lease components, which are not significant overall, are combined with lease components. Luminis Health has elected these practical expedients for real estate, equipment, and all other asset classes when acting as a lessee.

The following table presents the components of the System's lease expense:

	Year ended June 30	
	2025	2024
Operating lease expense	\$ 13,194	7,580
Finance lease expense:		
Amortization of leased assets	1,418	1,418
Interest on lease liabilities	253	316
Total finance lease expense	1,671	1,734
Variable lease expense	60	60
Total lease expense	\$ 14,925	9,374

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The weighted average lease terms and discount rates for operating and finance leases are as follows:

	June 30	
	2025	2024
Weighted average remaining lease term (years):		
Operating leases	7.7	7.7
Finance leases	3.1	4.1
Weighted average discount rate:		
Operating leases	4.1 %	3.5 %
Finance leases	5.0 %	5.0 %

Cash flow and other information related to leases are included in the following table:

	Year ended June 30	
	2025	2024
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash outflows from operating leases	\$ 20,606	13,764
Operating cash outflows from finance leases	—	—
Financing cash inflows from finance leases	—	—
Financing cash outflows from finance leases	1,625	1,625

The following table summarizes the maturity lease obligations as of June 30, 2025:

	Operating leases	Finance leases	Total
2026	\$ 7,119	1,503	8,622
2027	6,821	1,575	8,396
2028	5,986	1,259	7,245
2029	5,828	718	6,546
2030	4,983	46	5,029
Thereafter	23,683	—	23,683
Total lease payments	54,420	5,101	59,521
Less imputed interest	(1,909)	(222)	(2,131)
Total lease liabilities	\$ 52,511	4,879	57,390

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

Contingencies

Members of Luminis Health have been named as defendants in various legal proceedings arising from the performance of their normal activities. In the opinion of management, after consultation with legal counsel and after consideration of applicable insurance, the amount of Luminis Health's ultimate liability under all current legal proceedings will not have a material adverse effect on its consolidated financial position or results of operations.

Risks and Uncertainty

The Company recognizes the increasing importance of cybersecurity in today's digital landscape. As a result, the Company has implemented various measures to mitigate the risk of cyber threats and protect our systems and data as well as monitor the risks that our vendors have. However, we understand that no system is completely immune to cyberattacks, and there is a possibility that an unauthorized access, data breach, or other cybersecurity incident may occur at either one of our systems or at one of vendors' systems. In the event of a significant cyber incident, there could be a significant impact to the Company's future operating results, financial condition, or liquidity. However, to mitigate the potential impact to the Company if such an event were to occur, the Company maintains cyber insurance coverage. While we believe our cybersecurity measures and our vendors' measures are robust, there can be no assurance that they will prevent all cyber threats or that there will not be a cyber incident in the future that may not have a significant adverse effect on our financial condition, liquidity, or results of operations.

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

(11) Functional Expenses

Members of Luminis Health provide general healthcare services to residents within their service area. Expenses related to providing these services are as follows:

	<u>Healthcare services</u>	<u>General and administrative</u>	<u>Total</u>
Year ended June 30, 2025:			
Salaries and wages	\$ 544,416	61,183	605,599
Employee benefits	28,930	65,717	94,647
Supplies	222,328	—	222,328
Purchased services	105,811	207,208	313,019
Depreciation and amortization	17,390	29,472	46,862
Interest	16,556	—	16,556
	<u>\$ 935,431</u>	<u>363,580</u>	<u>1,299,011</u>
Year ended June 30, 2024:			
Salaries and wages	\$ 519,838	57,805	577,643
Employee benefits	27,117	60,292	87,409
Supplies	194,296	—	194,296
Purchased services	86,812	183,851	270,663
Depreciation and amortization	14,749	22,730	37,479
Interest	16,638	—	16,638
	<u>\$ 859,450</u>	<u>324,678</u>	<u>1,184,128</u>

(12) Net Assets

Net assets with donor restrictions are restricted for use, as follows:

	<u>June 30</u>	
	<u>2025</u>	<u>2024</u>
Hospital capital additions	\$ 5,319	6,123
Hospital operating programs	15,872	14,767
	<u>\$ 21,191</u>	<u>20,890</u>

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

(13) Liquidity and Availability

Financial assets available for general expenditure within one year of the balance sheet date are comprised of the following:

	June 30	
	2025	2024
Cash and cash equivalents	\$ 24,466	14,471
Short-term investments	539	610
Patient receivables	157,697	156,766
Investments (excluding alternative investments)*	445,630	419,016
Total financial assets	<u>\$ 628,332</u>	<u>590,863</u>

* While these investments are long-term in nature, they are available for general expenditures within one year of the balance sheet date, if necessary.

Luminis Health's bond covenant requires Luminis Health to maintain unrestricted cash and marketable securities on hand to meet 70 days of normal operating expenses.

(14) Subsequent Events

Luminis Health has evaluated the impact of subsequent events through October 1, 2025, representing the date at which the accompanying consolidated financial statements were available to be issued. No events have occurred that require disclosure in or adjustments to the accompanying consolidated financial statements.

SUPPLEMENTARY INFORMATION

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Supplementary Description of Consolidating and Eliminating Entries

June 30, 2025

1. To eliminate intercompany payables and receivables
2. To eliminate investments in subsidiaries and related net asset accounts
3. To eliminate intercompany income and expense generated from management fees, staffing contracts, captive insurance premiums, and operating leases
4. To eliminate intercompany notes
5. To eliminate income of wholly owned subsidiaries
6. To eliminate intercompany revenue and expense for interest and other miscellaneous transactions

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Supplementary Consolidating Balance Sheet

June 30, 2025

(Dollars in thousands)

Assets	Luminis Health Inc.	Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries	Luminis Health Clinical Enterprise, Inc. and Subsidiaries	Luminis Health Ventures, LLC and Subsidiaries	Eliminations	Consolidated
Current assets:							
Cash and cash equivalents	\$ (5,499)	10,972	3,917	12,636	2,440	—	24,466
Short-term investments	—	539	—	—	—	—	539
Current portion of assets whose use is limited	—	3,297	1,604	—	19,208	—	24,109
Patient receivables	(500)	90,397	40,483	26,372	945	—	157,697
Inventories and supplies	68	9,099	3,717	1,309	—	—	14,193
Prepaid expenses and other current assets	7,551	14,797	7,701	1,915	1,315	—	33,279
Intercompany receivables/(payables)	(102,045)	152,474	(54,142)	(33,585)	37,298	—	—
Right-of-use assets – short term	—	—	129	—	—	—	129
Total current assets	(100,425)	281,575	3,409	8,647	61,206	—	254,412
Property and equipment	1,590	811,006	203,532	63,713	149,756	—	1,229,597
Less accumulated depreciation and amortization	143	(489,151)	(52,353)	(47,891)	(79,390)	—	(668,642)
Net property and equipment	1,733	321,855	151,179	15,822	70,366	—	560,955
Other assets:							
Investments	—	538,447	35	—	1,919	—	540,401
Investments in joint ventures	—	—	—	4,909	14,478	—	19,387
Assets whose use is limited	—	22,550	—	—	41,052	—	63,602
Right-of-use assets – long term	—	3,150	3,308	18,921	28,698	—	54,077
Investment in subsidiaries	900,024	—	—	—	—	(900,024)	—
Other assets	—	36,824	18,383	1,251	12,846	—	69,304
Total assets	\$ 801,332	1,204,401	176,314	49,550	230,565	(900,024)	1,562,138

LUMINIS HEALTH, INC. AND SUBSIDIARIES

Supplementary Consolidating Balance Sheet

June 30, 2025

(Dollars in thousands)

	Luminis Health Inc.	Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries	Luminis Health Clinical Enterprise, Inc. and Subsidiaries	Luminis Health Ventures, LLC and Subsidiaries	Eliminations	Consolidated
Liabilities and Net Assets							
Current liabilities:							
Accounts payable	\$ 3,673	39,570	8,426	9,462	1,604	—	62,735
Accrued salaries, wages, and benefits	28,269	19,452	5,955	8,494	—	—	62,170
Other accrued expenses	55	27,550	5,442	2,738	620	—	36,405
Current portion of long-term debt	—	37,103	5,225	—	7,649	—	49,977
Advances from third-party payors	139	24,470	11,623	2,930	554	—	39,716
Lease liability – short term	—	1,081	1,384	3,317	2,746	—	8,528
Total current liabilities	32,136	149,226	38,055	26,941	13,173	—	259,531
Long-term liabilities:							
Long-term debt, less current portion and unamortized original issue premium	—	246,952	94,896	—	33,949	—	375,797
Interest rate swap contract	—	29,560	—	—	—	—	29,560
Accrued pension liability	—	—	633	—	—	—	633
Lease liability – long term	—	2,243	2,743	16,972	26,904	—	48,862
Other long-term liabilities	—	—	20,008	—	58,031	—	78,039
Total liabilities	32,136	427,981	156,335	43,913	132,057	—	792,422
Net assets:							
Without donor restrictions	745,118	755,661	19,547	5,637	97,366	(875,946)	747,383
Non-controlling interest	—	—	—	—	1,142	—	1,142
Total net assets without donor restrictions	745,118	755,661	19,547	5,637	98,508	(875,946)	748,525
With donor restrictions	24,078	20,759	432	—	—	(24,078)	21,191
Total net assets	769,196	776,420	19,979	5,637	98,508	(900,024)	769,716
Total liabilities and net assets	\$ 801,332	1,204,401	176,314	49,550	230,565	(900,024)	1,562,138

See accompanying independent auditors' report.

LUMINIS HEALTH, INC. AND SUBSIDIARIES
Supplementary Consolidating Statement of Operations

Year ended June 30, 2025
(Dollars in thousands)

	Luminis Health Inc.	Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries	Luminis Health Clinical Enterprise, Inc. and Subsidiaries	Luminis Health Ventures, LLC and Subsidiaries	Eliminations	Consolidated
Operating revenue:							
Net patient service revenue	\$ —	708,434	274,785	257,861	6,980		1,248,060
Other operating revenue	(1)	52,047	5,067	63,096	38,165	(82,241)	76,133
Total operating revenue	(1)	760,481	279,852	320,957	45,145	(82,241)	1,324,193
Operating expenses:							
Salaries and wages	62,148	236,189	102,548	203,135	1,579	—	605,599
Employee benefits	10,279	43,385	17,300	23,372	311	—	94,647
Supplies	1,301	130,036	37,772	52,963	256	—	222,328
Purchased services	89,432	139,779	69,312	63,869	31,928	(81,301)	313,019
Foundation transfer	—	660	280	—	—	(940)	—
Depreciation and amortization	6	21,084	18,789	3,217	3,766	—	46,862
Interest	26	10,463	3,512	—	2,555	—	16,556
Shared services	(163,192)	126,256	36,936	—	—	—	—
Total operating expenses	—	707,852	286,449	346,556	40,395	(82,241)	1,299,011
Operating income (loss)	(1)	52,629	(6,597)	(25,599)	4,750	—	25,182
Other income (loss):							
Investment income (loss), net	(300)	15,613	921	1,226	1,930	—	19,390
Income (loss) from joint ventures and other, net	92,701	(670)	(23)	(68)	2,102	(92,751)	1,291
Pension expense, net	(79)	351	(526)	—	—	—	(254)
Change in unrealized gains (losses) on trading securities, net	—	45,356	(146)	—	2,194	—	47,404
Realized and unrealized losses on interest rate swap contracts, net	—	(1,527)	—	—	—	—	(1,527)
Total other income, net	92,322	59,123	226	1,158	6,226	(92,751)	66,304
Excess (deficit) of revenues over expenses	\$ 92,321	111,752	(6,371)	(24,441)	10,976	(92,751)	91,486

See accompanying independent auditors' report.

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC. AND SUBSIDIARIES

Supplementary Consolidating Balance Sheet

June 30, 2025

(Dollars in thousands)

	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Pathways, Inc.	Luminis Health J Kent McNew Family Medical Center, Inc.	Luminis Health Anne Arundel Medical Center Foundation, Inc.	Eliminations	Luminis Health Anne Arundel Medical Center Inc. and Subsidiaries
Assets						
Current assets:						
Cash and cash equivalents	\$ 857	1	—	10,114	—	10,972
Short-term investments	—	—	—	539	—	539
Current portion of assets whose use is limited	3,297	—	—	—	—	3,297
Patient receivables	87,996	1,349	1,052	—	—	90,397
Inventories and supplies	8,993	—	—	106	—	9,099
Prepaid expenses and other current assets	12,155	—	—	2,642	—	14,797
Intercompany receivables/(payables)	206,598	(8,403)	(29,631)	(16,090)	—	152,474
Right-of-use assets – short term	—	—	—	—	—	—
Total current assets	319,896	(7,053)	(28,579)	(2,689)	—	281,575
Property and equipment	766,129	14,021	28,590	2,266	—	811,006
Less accumulated depreciation and amortization	(477,610)	(6,600)	(4,430)	(511)	—	(489,151)
Net property and equipment	288,519	7,421	24,160	1,755	—	321,855
Other assets:						
Investments	536,346	—	—	2,101	—	538,447
Assets whose use is limited	—	—	—	22,550	—	22,550
Beneficial interest in net assets of Anne Arundel Medical Center Foundation, Inc.	24,566	—	—	—	(24,566)	—
Right-of-use assets – long term	3,150	—	—	—	—	3,150
Investment in subsidiaries	(4,775)	—	—	—	4,775	—
Other assets	35,851	—	—	973	—	36,824
Total assets	\$ 1,203,553	368	(4,419)	24,690	(19,791)	1,204,401

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC. AND SUBSIDIARIES

Supplementary Consolidating Balance Sheet

June 30, 2025

(Dollars in thousands)

Liabilities and Net Assets	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Pathways, Inc.	Luminis Health McNew Family Medical Center, Inc.	Luminis Health Anne Arundel Medical Center Foundation, Inc.	Eliminations	Luminis Health Anne Arundel Medical Center Inc. and Subsidiaries
Current liabilities:						
Accounts payable	\$ 39,176	436	13	(55)	—	39,570
Accrued salaries, wages, and benefits	19,172	152	123	5	—	19,452
Other accrued expenses	27,376	1	—	173	—	27,550
Current portion of long-term debt	37,103	—	—	—	—	37,103
Advances from third-party payors	24,470	—	—	—	—	24,470
Lease liability – short term	1,081	—	—	—	—	1,081
Total current liabilities	148,378	589	136	123	—	149,226
Long-term liabilities:						
Long-term debt, less current portion	246,952	—	—	—	—	246,952
Interest rate swap contract	29,560	—	—	—	—	29,560
Lease liability – long term	2,243	—	—	—	—	2,243
Total liabilities	427,133	589	136	123	—	427,981
Net assets:						
Without donor restrictions	752,931	(221)	(4,555)	4,511	2,995	755,661
Non-controlling interest	—	—	—	—	—	—
Total net assets without donor restrictions	752,931	(221)	(4,555)	4,511	2,995	755,661
With donor restrictions	23,489	—	—	20,056	(22,786)	20,759
Total net assets	776,420	(221)	(4,555)	24,567	(19,791)	776,420
Total liabilities and net assets	\$ 1,203,553	368	(4,419)	24,690	(19,791)	1,204,401

See accompanying independent auditors' report.

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC. AND SUBSIDIARIES

Supplementary Consolidating Statement of Operations

Year ended June 30, 2025

(Dollars in thousands)

	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Pathways, Inc.	Luminis Health J Kent McNew Family Medical Center, Inc.	Luminis Health Anne Arundel Medical Center Foundation, Inc.	Eliminations	Luminis Health Anne Arundel Medical Center Inc. and Subsidiaries
Operating revenue:						
Net patient service revenue	\$ 695,258	5,450	7,726	—	—	708,434
Other operating revenue	48,180	502	343	7,523	(4,501)	52,047
Total operating revenue	743,438	5,952	8,069	7,523	(4,501)	760,481
Operating expenses:						
Salaries and wages	225,640	4,627	4,697	1,225	—	236,189
Employee benefits	41,588	790	811	196	—	43,385
Supplies	129,450	383	157	46	—	130,036
Purchased services	134,588	478	2,361	2,352	—	139,779
Foundation transfer	—	—	—	5,161	(4,501)	660
Depreciation and amortization	19,838	461	718	67	—	21,084
Interest	10,463	—	—	—	—	10,463
Shared services	126,256	—	—	—	—	126,256
Total operating expenses	687,823	6,739	8,744	9,047	(4,501)	707,852
Operating loss	55,615	(787)	(675)	(1,524)	—	52,629
Other income (loss):						
Investment income, net	15,613	—	—	—	—	15,613
(Loss) income from joint ventures and other, net	(2,131)	—	—	—	1,461	(670)
Pension benefit, net	351	—	—	—	—	351
Change in unrealized gains on trading securities, net	45,356	—	—	—	—	45,356
Realized and unrealized gains on interest rate swap contracts, net	(1,527)	—	—	—	—	(1,527)
Total other income, net	57,662	—	—	—	1,461	59,123
Excess (deficit) of revenues over expenses	\$ 113,277	(787)	(675)	(1,524)	1,461	111,752

See accompanying independent auditors' report.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC. AND SUBSIDIARIES

Supplementary Consolidating Balance Sheet

June 30, 2025

(Dollars in thousands)

Assets	Luminis Health Doctors Community Medical Center, Inc.	Doctors Community Health Ventures, Inc.	Luminis Health Doctors Community Medical Center Foundation, Inc.	Eliminations	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries
Current assets:					
Cash and cash equivalents	\$ 2,504	435	978	—	3,917
Short-term investments	—	—	—	—	—
Current portion of assets whose use is limited	1,604	—	—	—	1,604
Patient receivables	40,510	(27)	—	—	40,483
Inventories and supplies	3,717	—	—	—	3,717
Prepaid expenses and other current assets	6,582	206	913	—	7,701
Intercompany receivables/(payables)	(13,588)	(36,196)	(4,358)	—	(54,142)
Right-of-use assets – short term	129	—	—	—	129
Total current assets	<u>41,458</u>	<u>(35,582)</u>	<u>(2,467)</u>	<u>—</u>	<u>3,409</u>
Property and equipment	203,532	—	—	—	203,532
Less accumulated depreciation and amortization	<u>(52,353)</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>(52,353)</u>
Net property and equipment	151,179	—	—	—	151,179
Other assets:					
Investments	35	—	—	—	35
Beneficial interest in net assets of Foundation	(2,448)	—	—	2,448	—
Right-of-use assets – long term	3,308	—	—	—	3,308
Investment in subsidiaries	(35,933)	(1,877)	—	37,810	—
Other assets	18,040	—	343	—	18,383
Total assets	<u>\$ 175,639</u>	<u>(37,459)</u>	<u>(2,124)</u>	<u>40,258</u>	<u>176,314</u>

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC. AND SUBSIDIARIES

Supplementary Consolidating Balance Sheet

June 30, 2025

(Dollars in thousands)

	Luminis Health Doctors Community Medical Center, Inc.	Doctors Community Health Ventures, Inc.	Luminis Health Doctors Community Medical Center Foundation, Inc.	Eliminations	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries
Liabilities and Net Assets					
Current liabilities:					
Accounts payable	\$ 8,104	316	6	—	8,426
Accrued salaries, wages, and benefits	5,955	—	—	—	5,955
Other accrued expenses	5,442	—	—	—	5,442
Current portion of long-term debt	5,225	—	—	—	5,225
Advances from third-party payors	11,638	(15)	—	—	11,623
Lease liability – short term	1,384	—	—	—	1,384
Total current liabilities	37,748	301	6	—	38,055
Long-term liabilities:					
Long-term debt, less current portion	94,896	—	—	—	94,896
Accrued pension liability	633	—	—	—	633
Lease liability – long term	2,743	—	—	—	2,743
Other long-term liabilities	19,957	51	—	—	20,008
Total liabilities	155,977	352	6	—	156,335
Net assets:					
Without donor restrictions	20,440	(37,811)	(1,420)	38,338	19,547
Non-controlling interest	—	—	—	—	—
Total net assets without donor restrictions	20,440	(37,811)	(1,420)	38,338	19,547
With donor restrictions	(778)	—	(710)	1,920	432
Total net assets	19,662	(37,811)	(2,130)	40,258	19,979
Total liabilities and net assets	\$ 175,639	(37,459)	(2,124)	40,258	176,314

See accompanying independent auditors' report.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC. AND SUBSIDIARIES

Supplementary Consolidating Statement of Operations

Year ended June 30, 2025

(Dollars in thousands)

	Luminis Health Doctors Community Medical Center, Inc.	Doctors Community Health Ventures, Inc.	Luminis Health Doctors Community Medical Center Foundation, Inc.	Eliminations	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries
Operating revenue:					
Net patient service revenue	\$ 274,785	—	—	—	274,785
Other operating revenue	5,159	—	1,699	(1,791)	5,067
Total operating revenue	<u>279,944</u>	<u>—</u>	<u>1,699</u>	<u>(1,791)</u>	<u>279,852</u>
Operating expenses:					
Salaries and wages	102,025	—	523	—	102,548
Employee benefits	17,225	—	75	—	17,300
Supplies	37,768	—	4	—	37,772
Purchased services	69,400	—	490	(578)	69,312
Foundation transfer	—	—	1,493	(1,213)	280
Depreciation and amortization	18,789	—	—	—	18,789
Interest	3,512	—	—	—	3,512
Shared services	36,936	—	—	—	36,936
Total operating expenses	<u>285,655</u>	<u>—</u>	<u>2,585</u>	<u>(1,791)</u>	<u>286,449</u>
Operating loss	<u>(5,711)</u>	<u>—</u>	<u>(886)</u>	<u>—</u>	<u>(6,597)</u>
Other income (loss):					
Investment income, net	921	—	—	—	921
Loss from joint ventures and other, net	(23)	—	—	—	(23)
Pension expense, net	(526)	—	—	—	(526)
Change in unrealized losses on trading securities, net	(146)	—	—	—	(146)
Total other loss, net	<u>226</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>226</u>
Deficit of revenues over expenses	<u>(5,485)</u>	<u>—</u>	<u>(886)</u>	<u>—</u>	<u>(6,371)</u>

See accompanying independent auditors' report.

LUMINIS HEALTH OBLIGATED GROUP

Supplementary Combining Balance Sheet

June 30, 2025

(Dollars in thousands)

Assets	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Imaging, Inc.	Luminis Health Doctors Community Medical Center, Inc.	Eliminations	Luminis Health Obligated Group
Current assets:						
Cash and cash equivalents	\$ (5,499)	857	9,700	2,504	—	7,562
Short-term investments	—	—	—	—	—	—
Current portion of assets whose use is limited	—	3,297	—	1,604	—	4,901
Patient receivables	(500)	87,996	5,608	40,510	—	133,614
Inventories and supplies	68	8,993	—	3,717	—	12,778
Prepaid expenses and other current assets	7,551	12,155	267	6,582	—	26,555
Intercompany receivables/(payables)	(102,045)	206,598	114,327	(13,588)	—	205,292
Right-of-use assets – short term	—	—	—	129	—	129
Total current assets	<u>(100,425)</u>	<u>319,896</u>	<u>129,902</u>	<u>41,458</u>	<u>—</u>	<u>390,831</u>
Property and equipment	1,590	766,129	25,599	203,532	—	996,850
Less accumulated depreciation and amortization	143	(477,610)	(23,236)	(52,353)	—	(553,056)
Net property and equipment	1,733	288,519	2,363	151,179	—	443,794
Other assets:						
Investments	—	536,346	—	35	—	536,381
Assets whose use is limited	—	—	—	—	—	—
Beneficial interest in net assets of the Foundation	—	24,566	—	(2,448)	—	22,118
Right-of-use assets – long term	—	3,150	2,242	3,308	—	8,700
Investment in subsidiaries	900,024	(4,775)	—	(35,933)	(921,813)	(62,497)
Other assets	—	35,851	—	18,040	—	53,891
Total assets	<u>\$ 801,332</u>	<u>1,203,553</u>	<u>134,507</u>	<u>175,639</u>	<u>(921,813)</u>	<u>1,393,218</u>

LUMINIS HEALTH OBLIGATED GROUP

Supplementary Combining Balance Sheet

June 30, 2025

(Dollars in thousands)

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Imaging, Inc.	Luminis Health Doctors Community Medical Center, Inc.	Eliminations	Luminis Health Obligated Group
Liabilities and Net Assets						
Current liabilities:						
Accounts payable	\$ 3,673	39,176	4,650	8,104	—	55,603
Accrued salaries, wages, and benefits	28,269	19,172	314	5,955	—	53,710
Other accrued expenses	55	27,376	—	5,442	—	32,873
Current portion of long-term debt	—	37,103	—	5,225	—	42,328
Advances from third-party payors	139	24,470	2,891	11,638	—	39,138
Lease liability – short term	—	1,081	95	1,384	—	2,560
Total current liabilities	32,136	148,378	7,950	37,748	—	226,212
Long-term liabilities:						
Long-term debt, less current portion	—	246,952	—	94,896	—	341,848
Interest rate swap contract	—	29,560	—	—	—	29,560
Accrued pension liability	—	—	—	633	—	633
Lease liability – long term	—	2,243	1,766	2,743	—	6,752
Other long-term liabilities	—	—	—	19,957	—	19,957
Total liabilities	32,136	427,133	9,716	155,977	—	624,962
Net assets:						
Without donor restrictions	745,118	752,931	124,791	20,440	(897,735)	745,545
Non-controlling interest	—	—	—	—	—	—
Total net assets without donor restrictions	745,118	752,931	124,791	20,440	(897,735)	745,545
With donor restrictions	24,078	23,489	—	(778)	(24,078)	22,711
Total net assets	769,196	776,420	124,791	19,662	(921,813)	768,256
Total liabilities and net assets	\$ 801,332	1,203,553	134,507	175,639	(921,813)	1,393,218

See accompanying independent auditors' report.

LUMINIS HEALTH OBLIGATED GROUP
Supplementary Combining Statement of Operations

Year ended June 30, 2025
(Dollars in thousands)

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Imaging, Inc.	Luminis Health Doctors Community Medical Center, Inc.	Luminis Health Obligated Group
Operating revenue:					
Net patient service revenue	\$ —	695,258	37,500	274,785	1,007,543
Other operating revenue	(1)	48,180	20	5,159	53,358
Total operating revenue	(1)	743,438	37,520	279,944	1,060,901
Operating expenses:					
Salaries and wages	62,148	225,640	8,386	102,025	398,199
Employee benefits	10,279	41,588	1,574	17,225	70,666
Supplies	1,301	129,450	1,988	37,768	170,507
Purchased services	89,432	134,588	17,976	69,400	311,396
Depreciation and amortization	6	19,838	1,324	18,789	39,957
Interest	26	10,463	—	3,512	14,001
Shared services	(163,192)	126,256	—	36,936	—
Total operating expenses	—	687,823	31,248	285,655	1,004,726
Operating income (loss)	(1)	55,615	6,272	(5,711)	56,175
Other income (loss):					
Investment income (loss), net	(300)	15,613	14	921	16,248
Income (loss) from joint ventures and other, net	92,701	(2,131)	—	(23)	(22,168)
Pension benefit (expense), net	(79)	351	—	(526)	(254)
Change in unrealized gains (losses) on trading securities, net	—	45,356	—	(146)	45,210
Realized and unrealized losses on interest rate swap contracts, net	—	(1,527)	—	—	(1,527)
Total other income, net	92,322	57,662	14	226	37,509
Excess (deficit) of revenues over expenses	\$ 92,321	113,277	6,286	(5,485)	93,684

See accompanying independent auditors' report.

TAX RETURN FILING INSTRUCTIONS

MARYLAND FORM 500

FOR THE YEAR ENDING

June 30, 2025

Prepared For:

Luminis Health Doctors Community Medical
Center, Inc.
2000 Medical Parkway 606
Annapolis, MD 21401

Prepared By:

SC&H Group, Inc.
226 Schilling Circle, Suite 300
Hunt Valley, MD 21031

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total tax	\$	30,661
Less: payments and credits	\$	36,028
Plus: other amount		0
Plus: interest and penalties	\$	0
Overpayment	\$	5,367

Overpayment:

Credited to your estimated tax	\$	5,367
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the MDDOR, please sign, date and return Form EL101B to our office. We will then submit your electronic return to the MDDOR. Do not mail the paper copy of the return to the MDDOR.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

2025 ESTIMATED TAX FILING INSTRUCTIONS

MARYLAND ESTIMATED TAX

FOR THE YEAR ENDING

June 30, 2026

Prepared For:

Luminis Health Doctors Community Medical
Center, Inc.
2000 Medical Parkway 606
Annapolis, MD 21401

Prepared By:

SC&H Group, Inc.
226 Schilling Circle, Suite 300
Hunt Valley, MD 21031

Amount of Tax:

Total Estimated Tax	\$	13,800
Less credit from prior year	\$	5,367
Less amount already paid on 2025 Estimate	\$	0
Balance Due	\$	8,433

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No 1	\$ 0	October 15, 2025
No 2	\$ 0	December 15, 2025
No 3	\$ 0	March 16, 2026
No 4	\$ 8,433	June 15, 2026

Make Check Payable To:

Comptroller of Maryland

Mail Voucher and Check To:

Comptroller of Maryland
Revenue Administration Div.
110 Carroll Street
Annapolis, MD 21411-0001

Special Instructions:

Mail each installment on or before the date indicated above. Enclose a check for the specified amount.



MARYLAND FORM EL101B

E-FILE DECLARATION FOR BUSINESS & FIDUCIARY ELECTRONIC FILING



24101B005

2024

OR FISCAL YEAR BEGINNING 0701 2024, ENDING 063025

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENT

521638026

Name of corporation, pass-through entity, estate or trust

Federal Employer Identification Number

Name and Title of Fiduciary

2000 MEDICAL PARKWAY

ANNAPOLIS

MD

21401

Street Address

City or town

State

ZIP Code

+4

PART I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2025 estimated tax 5367 00
2. Amount of overpayment to be refunded REFUND 00
3. Total amount due 00

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner, or managing member of the above corporation or passthrough entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2024 Maryland electronic income tax return.

PIN: Check one box only

[X] I authorize SC&H GROUP, INC. to enter or generate my PIN 63214 as my signature on my tax year 2024 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

[] I will enter my PIN as my signature on the tax year 2024 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Signature

Date

PART III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN Enter your six digit EFIN followed by your five-digit self-selected PIN 52935821031

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2024 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

SCH GROUP INC

051226

EROs signature

Date





OR FISCAL YEAR BEGINNING 0701 2024, ENDING 063025

521638026

Federal Employer Identification Number (9 digits)

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

Name

2000 MEDICAL PARKWAY

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

606

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

ANNAPOLIS

City or Town

MD

State

21401

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

For Office Use Only

Table with columns ME, YE, EC, EC and values 06, 25

STOP

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

Check here if you are a first time filer or your name has changed.

TAX PAYMENT WORKSHEET INSTRUCTIONS

- Line 1 - Tax liability Enter the total amount of income tax the corporation is expected to owe. Use Form 500 as a worksheet.
Line 2 - Estimated tax payments Enter the total amount of Maryland estimated tax paid with Form 500D for the tax year. Include any overpayment from the prior period that was credited to the current tax year.
Line 3 - Allowable tax credits Enter the allowable tax credits from Form 500CR or 502S or tax paid on the corporation's behalf by a pass-through entity.
Line 4 - Total payments and credits Add lines 2 and 3 and enter the total on line 4.
Line 5 - Tax due Subtract line 4 from line 1 and enter the result on line 5. This is the tax to be paid with the application for extension.

TAX PAYMENT WORKSHEET

Table with 5 rows for tax liability, estimated tax payments, allowable tax credits, total payments and credits, and tax due. Total tax due is 30000.00.

TAX PAID WITH THIS EXTENSION

(If filing and paying electronically, do not mail this form.)

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

MARYLAND
FORM
500

CORPORATION INCOME
TAX RETURN



24500005

2024

\$

OR FISCAL YEAR BEGINNING 0701 2024, ENDING 063025

521638026

Federal Employer Identification Number (9 digits)

FEIN Applied for Date (MMDDYY)

062789

Date of Organization or Incorporation (MMDDYY)

621510

Business Activity Code No. (6 digits)

Print Using Blue or Black Ink Only

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

Name

2000 MEDICAL PARKWAY

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

606

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

ANNAPOLIS

City or Town

MD

State

21401

ZIP Code + 4

Do not write in this space.

06

ME

25

YE

Amended
Return

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

CHECK HERE IF:

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

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX

- Carryback
- Carryforward

Attach copies of the federal form for the loss year and Form 1139.

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

- 1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box:
- 1120 1120-REIT 990T
- Other: _____ IF 1120S, FILE ON FORM 510
- 1a. 365648 00
- 1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)
- 1b. _____ 00
- 1c. Federal Taxable Income before net operating loss deduction
(Subtract line 1b from 1a)
- 1c. 365648 00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

- 2a. Section 10-306.1 related party transactions
- 2a. _____ 00
- 2b. Decoupling Modification Addition adjustment
(Enter code letter(s) from instructions.)
- 2b. _____ 00
- 2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b)
- 2c. _____ 00

SUBTRACTION ADJUSTMENTS

- 3a. Section 10-306.1 related party transactions
- 3a. _____ 00
- 3b. Dividends for domestic corporation claiming foreign tax credits
(Federal form 1120/1120C Schedule C line 18)
- 3b. _____ 00



NAME LUMINIS HEALTH FEIN 521638026

3c.	Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c)	▶ 3c.	00
3d.	Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.)	▶ 3d.	00
3e.	Total Maryland Subtraction Adjustments to Federal Taxable Income (Add lines 3a through 3d.)	3e.	00
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.)	4.	365648 00
5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.)	▶ 5.	00
6.	Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal to zero, enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and enter result. If result is less than zero, enter zero.)	6.	365648 00

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

7a.	State and local income tax	▶ 7a.	6000 00
7b.	Dividends and interest from another state, local or federal tax exempt obligation	▶ 7b.	00
7c.	Net operating loss modification recapture (Do not enter NOL carryover. See instructions.)	▶ 7c.	00
7d.	Domestic Production Activities Deduction	▶ 7d.	00
7e.	Deduction for Dividends paid by captive REIT	▶ 7e.	00
7f.	Other additions (Enter code letter(s) from instructions and attach schedules)	▶ 7f.	00
7g.	Total Addition Modifications (Add lines 7a through 7f)	7g.	6000 00

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

8a.	Income from US Obligations	▶ 8a.	00
8b.	Other subtractions (Enter code letter(s) from instructions and attach schedule)	▶ 8b.	00
8c.	Maryland Cannabis Administration Business License or Registration Number: Total Subtraction Modifications (Add lines 8a and 8b)	▶ 8c.	00

NET MARYLAND MODIFICATIONS

9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.)	9.	6000 00
10.	Maryland Modified Income (Add lines 6 and 9.)	10.	371648 00

APPORTIONMENT OF INCOME

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

11.	Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000000.)	▶ 11.	
12.	Maryland apportionment income (Multiply line 10 by line 11.)	12.	00
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)	13.	371648 00
14.	Tax (Multiply line 13 by 8.25%)	14.	30661 00
15a.	Estimated tax paid with Form 500D, Form MW506NRS and/or credited from previous year overpayment	▶ 15a.	6028 00
15b.	Tax paid with an extension request (Form 500E)	▶ 15b.	30000 00
15c.	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)		
15d.	Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)		
15e.	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here <input type="checkbox"/> if you are a non-profit corporation.		

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



NAME LUMINIS HEALTH FEIN 521638026

15f. Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Maryland Schedule K-1 510/511.)	▶ 15f.	_____	00
15g. If amending, total payments made with original plus additional tax paid after original was filed	▶ 15g.	_____	00
15h. Total payments and credits (add lines 15a through 15g)	15h.	36028	00
16. Balance of tax due (If line 14 exceeds line 15h enter the difference.)	▶ 16.	_____	00
17. Overpayment (If line 15h exceeds line 14, enter the difference.)	▶ 17.	5367	00
17a. If amending prior overpayment (Total all refunds previously issued.)	17a.	_____	00
18. Interest and/or penalty from Form 500UP _____ or late payment interest _____ for original return	▶ 18.	0	00
19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.)	▶ 19.	_____	00
20. Amount of overpayment from original return to be applied to estimated tax for next year (not to exceed the net of lines 17 minus 17a and 18.)	▶ 20.	5367	00
21. Amount of overpayment TO BE REFUNDED (Add lines 18 and 20, and subtract the total from line 17.) (If amending subtract lines 17a and 18 from line 17.)	▶ 21.	_____	00

DIRECT DEPOSIT OF REFUND (See Instructions.) **Verify that all account information is correct and clearly legible.**

If you are requesting direct deposit of your refund, complete the following.

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

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

22a. Type of account: ▶ Checking Savings

22b. Routing Number (9-digits): ▶ _____

22c. Account number: ▶ _____

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

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss ONLY). (If line 6 is less than zero, enter on line 23.)	23.	_____	0	00
24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the amount from line 9 on line 24.)	24.	_____	0	00

FOR USE IF AMENDING THE RETURN

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

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

Explanation of Changes: _____



NAME LUMINIS HEALTH FEIN 521638026

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

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

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

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

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

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



NAME LUMINIS HEALTH FEIN 521638026

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

1. Telephone number of corporation tax department: 4434811308
2. Address of principal place of business in Maryland (if other than indicated on page 1): _____
3. Brief description of operations in Maryland: _____
4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? Yes No
If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Yes No
6. Is this entity part of the federal consolidated filing? Yes No
If a multistate operation, provide the following:
7. Is this entity a multistate corporation that is a member of a unitary group? Yes No
8. Is this entity a multistate manufacturer with more than 25 employees? Yes No

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

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



SIGNATURE AND VERIFICATION

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

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

Officer's signature Date

MICHELLE LEE, CFO
Officer's Name and Title

LORI S BURGHAUSER
Preparer's signature (Required by Law) Date

4104031500
Telephone number of preparer

SCH GROUP INC
Printed name of the Preparer / or Firm's name

226 SCHILLING CIRCLE SUITE 300
Street address of preparer or Firm's address

HUNT VALLEY MD 21031
City, State, ZIP Code + 4

▶ P00370694
Preparer's PTIN (Required by Law)

▶ _____
CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

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

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