			** PUBLIC DISCLOSURE COPY *	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (s) 2021	
		of the Treasury	Do not enter social security numbers on this form as it ma	ay be made public.	Open to Public
Inter	Inspection				
ΑΙ	or th	e 2021 calenda	ar year, or tax year beginning $ { m JUL}1,2021$ and ending		
B	heck if	C Name of	organization	D Employer identific	cation number
	Addre				
	_chang ⊐Name		ERT HEALTH SYSTEM, INC.	ED 00470	2.4
	_chang Initial		Isiness as	52-234732	
	_returr Final		and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone number 410-535-4	
	lreturr termii ated	0-	pwn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	26,202,582.
	Amer		CE FREDERICK, MD 20678	H(a) Is this a group re	i
	_returr Appli tion		address of principal officer: DEAN TEAGUE	for subordinates	
	pendi		OSPITAL ROAD, PRINCE FREDERICK, MD 20		
1	ax-ex	empt status:			list. See instructions
			CALVERTHEALTHMEDICINE.ORG	H(c) Group exemption	
Κ	orm o	f organization:	X Corporation Trust Association Other ▶ L Y	ear of formation: 2000 N	
Pa	art I	Summary			
-	1		e the organization's mission or most significant activities: <u>CALVERT</u>]		
Governance		ORGANIZ	ED AND AT ALL TIMES OPERATES EXCLUSIVE	LY FOR THE BE	NEFIT OF
erna	2	Check this box	if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	
ove	3				15
	4	Number of ind	10		
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		162
iviti	6		of volunteers (estimate if necessary)		0
Act			business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		
	8	Contributions	and grapts (Dart)/III line 1b)	Prior Year 98,008.	<u>Current Year</u> 327,726.
one	9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	18,619,512.	19,166,304.
Revenue	10	•	ce revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d)	4,110,261.	6,053,821.
Å			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	297,703.	654,731.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,125,484.	26,202,582.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	12,615,521.	14,285,601.
Expenses	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)	0.	0.
x pe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 🕨0 .		
Ш	17	•	s (Part IX, column (A), lines 11a-11d, 11f-24e)	10,741,826.	11,481,608.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,357,347.	25,767,209.
	19	Revenue less	expenses. Subtract line 18 from line 12	-231,863.	435,373.
Assets or Assets or				Beginning of Current Year	End of Year
sset	20	Total assets (F		134,464,089.	120,803,718.
Net A	21		(Part X, line 26)	4,383,346. 130,080,743.	<u>4,606,221.</u> 116,197,497.
	art II	Signature	und balances. Subtract line 21 from line 20	130,000,/43.	0,_ <u>_</u> 7/,47/•
		-	declare that I have examined this return, including accompanying schedules and stat	ements and to the hest of my	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which prepa		מווט שרווסו, וג וא
	, 00110				
Sia	n	Signature	of officer	Date	

Sign		olgnature of	Unicol		Duto							
Here	▶ JEREMY BRADFORD , PRESIDENT & CEO											
	Type or print name and title											
	Prin	t/Type prepare	r's name	Preparer's signature	Date	Check PTIN						
Paid	AM	C BIBBY		AMY BIBBY	05/02	/23 self-employed P00445891						
Preparer	Firm	's name 🕨	FORVIS, LLP			Firm's EIN 🕨 44–0160260						
Use Only	Firm	's address 🕨	1410 SPRING HILL	ROAD, SUITE 500								
	TYSONS, VA 22102-3056 Phone no. (703) 970-0											
May the IF	May the IRS discuss this return with the preparer shown above? See instructions											
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) CALVERT HEALTH SYSTEM, INC.	52-2347324	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: CALVERT HEALTH SYSTEM, INC. WAS ORGANIZED AND AT ALL		
	EXCLUSIVELY FOR THE BENEFIT OF CALVERTHEALTH MEDICAL		
	HEALTH SYSTEM, INC. MANAGES ITS SUBSIDIARIES IN ORDER		
	SUPPORT PUBLIC HEALTH PROGRAMS AND SERVICES FOR THE C		
2	Did the organization undertake any significant program services during the year which were not listed on t	he	
	prior Form 990 or 990-EZ?	Yes [XNo
	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 serv If "Yes," describe these changes on Schedule O.	ices? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.		
4a		(Revenue \$ 19,818,3	<u>35.</u>)
	PROVISION OF AN ARRAY OF PRIMARY CARE AND SECONDARY C		
	SERVICES TO MEMBERS OF THE CALVERT HEALTH SYSTEM COMM PROVIDE THE CALVERT HEALTH SYSTEM COMMUNITY, WHICH IS		0
	NATURE AND HAS SOME CONCERNS REGARDING ACCESS TO CARE		<u></u>
	ACCESS TO A COORDINATED NETWORK OF PHYSICIANS.		<u> </u>
41.			
4b	(Code:) (Expenses \$ including grants of \$) OPERATE EXCLUSIVELY FOR THE CHARITABLE PURPOSE OF COO	(Revenue \$ בסדאמידאכ ייאד)
	MANAGEMENT OF THE CALVERT HEALTH SYSTEM AND PROMOTING		RE
		COMMUNITY.	
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 ► 22,711,729.		
		Form 99	U (2021)
132002	2 12-09-21		

Form	990	(2021)

Part IV Checklist of Required Schedules

CALVERT HEALTH SYSTEM, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445	х	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Δ	<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u		11d		x
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
	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)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
1005 -	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	<u>X</u> (2021)
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 Form 990 (2021)
 CALVERT HEALTH SYSTEM, INC.

 Part IV
 Checklist of Required Schedules (continued)

1 4	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			v
	Schedule L, Part I	25b		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</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		- 21
0L	Schedule N. Part II	32		х
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? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		х	
27	If "Yes," complete Schedule R, Part V, line 2	36	^	
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>	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 11
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
	· · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a18			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(ac a ::
132004	↓ 12-09-21 6	Form	990	(2021)

Form	990 (2021) CALVERT HEALTH SYSTEM, INC. 52-2347	324	Р	age 5				
Par	t 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 162							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	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?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	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:							
а	Gross income from members or shareholders 11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.		0000					
132005	12-09-21 7	Form	990	(2021)				

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Form 990	(2021)
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CALVERT HEALTH SYSTEM, INC.

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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						X	
Sec	tion 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	1a		15				
	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.							
b	D Enter the number of voting members included on line 1a, above, who are independent 1b 10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?			. [2		X	
3								
	of officers, directors, trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	[4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[5		Х	
6	Did the organization have members or stockholders?			[6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			· [
	more members of the governing body?			.	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or					
	persons other than the governing body?			. [7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	e following:	- [
а	The governing body?			. [8a	Х		
b	Each committee with authority to act on behalf of the governing body?			I	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			Ĩ				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
						Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			[10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,	Γ				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			[10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?		11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
с								
	on Schedule O how this was done	· · · · · · · · · · · · ·		. [12c	Х		
13	Did the organization have a written whistleblower policy?				13	Х		
14	Did the organization have a written document retention and destruction policy?			[14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official				15a		X	
b	Other officers or key employees of the organization			[15b		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 arrangen	nent w	ith a					
	taxable entity during the year?				16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's					
	exempt status with respect to such arrangements?				16b			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c	(3)s	only) a	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy,	and	financ	ial		
	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 boo	ks and	d records					
	CAROLYN HEITHAUS - 410-535-8241							
	100 HOSPITAL ROAD, PRINCE FREDERICK, MD 20678					000		
132006	5 12-09-21				Form	990	(2021)	
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Form 990 (2021)	CALVERT	HEALTH	SYSTEM,	INC.	52-2347324						
Part VII Compensa	tion of Officers,	Directors,	Trustees, I	Key Employees	, Highest Compensated						
Employees	Employees, and Independent Contractors										
Check if Scheo	dule O contains a res	ponse or note	e to any line in t	his Part VII							

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box	box, unless		ss person is both an			compensation	compensation	amount of
	week	officer and a director/trustee)			r/trus	lee)	from	from related	other	
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	related organizations	'ustee	l trus		99,	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	itiona		nploy	st cor yee	-	1000 NEO		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anerre
(1) DEAN TEAGUE	5.00									
PRESIDENT & CEO / EX-OFICIO	43.00	Х		Х				1,009,827.	0.	156,633.
(2) AHMED BILAL	40.00									
PHYSICIAN						X		834,122.	0.	34,675.
(3) SAMUEL FOSTER	1.00									
PHYSICIAN / DIRECTOR	1.00	Х						692,092.	0.	0.
(4) ANTHONY BLADEN	5.00									
CHIEF OPERATING OFFICER	43.00			Х				588,913.	0.	72,517.
(5) BHOGTE ERVIND S	40.00									
PHYSICIAN						X		594,164.	0.	30,082.
(6) CAROLYN HEITHAUS	5.00									
VP FINANCE & CFO	43.00			Х				544,735.	0.	62,088.
(7) WILFRED EHRMANTRAUT	1.00									
PHYSICIAN / EX-OFFICIO	1.00	Х						519,792.	0.	31,853.
(8) THEODORE TSANGARIS, M.D.	40.00									
VP - MEDICAL AFFAIRS					Х			496,185.	0.	44,095.
(9) WUAMETT JOSEPH C	40.00									
PHYSICIAN						X		490,778.	0.	14,624.
(10) ABBOTT KENNETH L	40.00									
PHYSICIAN / EX-OFFICIO	1.00					X		377,817.	0.	21,460.
(11) JOHNSON MICHELLE D	40.00							0.54 4.04	•	4 - 400
PHYSICIAN						X		371,404.	0.	17,482.
(12) DIANE COUCHMAN	5.00									~ ~ ~ ~ ~
VP - CNO/CLINICAL SERVICES	43.00				Х			304,868.	0.	33,867.
(13) BARBARA ESTES	1.00								•	4.6.000
PHYSICIAN/DIRECTOR	1.00	Х						305,213.	0.	16,233.
(14) KASIA SWEENEY	5.00								•	~ ~ ~ ~ ~
VP - STRATEGY & MARKETING	43.00				Х			235,119.	0.	32,053.
(15) THERESA JOHNSON	5.00							040 400	•	
VP, BRAND STRATEGY AND PHILANTHROPY	43.00				Х			240,102.	0.	26,767.
(16) BRIAN CHERRY	5.00								•	
VP - OPERATIONS	43.00				Х			212,989.	0.	23,079.
(17) HALL MELISSA	5.00				T7				•	0 407
VP - IS/CIO	43.00				Х			213,222.	0.	9,427. Form 990 (2021)

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Indexter in the intervention of proceed in the construction of the intervention of the interven	Form 990 (2021) CALVERT H	IEALTH S	YS	TE	м,	I	NC	•		52-23	3473	324	Page 8
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d Total (add lines 1b and 1c) ▶ 8,227,154. 0. 626,935. 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 ▶ 30 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 4 X 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) (B) (C) 29126 NETWORK PLACE, CHICAGO, IL 60673-1291 SPACE LEASES 1,057,814. 24,373. 29126 NETWORK PLACE, CHICAGO, IL 60673-1291 SPACE LEASES 1,057,814. BENERATION LLC, 2124 RACE STREET GROUND EMPLOYEE BENEFIT 24,373. FLOOR, PHILADELPHIA, PA 19103 ADMINISTRATION 224,373. 2 <td></td> <td>626</td> <td></td>												626	
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Form 990 CALVERT	HEALTH S	SYS	TE	м,	I	NC			52-234	7324			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest													
(A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average	1.			ition			Reportable	Reportable	Estimated			
	hours	(Cl	neck I	all 1	that	app	ly)	compensation from	compensation from related	amount of other			
	per week					ee		the	organizations	compensation			
	(list any	ector				nploy		organization	(W-2/1099-MISC)	from the			
	hours for	or dire	e.			ated e		(W-2/1099-MISC)		organization			
	related	Istee	truste		8	pensa				and related			
	organizations below	lual tr	tional		nploye	st corr	_			organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(27) WILSON PARRAN	1.00												
DIRECTOR	1.00	x						0.	0.	0.			
(28) SALLY SHOWALTER	1.00												
DIRECTOR	1.00	x						0.	0.	0.			
(29) DAVID SHOWERS	3.00												
VICE CHAIRPERSON	3.00	Х		Х				0.	0.	0.			
(30) CLIFF STEWART	1.00												
VICE CHAIRPERSON/DIR. ROTATED OFF	3.00	х		х				0.	0.	0.			
(31) TERRI WOLFLEY	6.00									_			
CHAIRPERSON	7.00	х		х				0.	0.	0.			
		1											
		1											
		1											
								<u> </u>					
Total to Part VII, Section A, line 1c													

132201 04-01-21

Га	rt v	V I I I	Check if Schedule O				or noto to onvilin	a in this Dart VIII			
			Check II Schedule O (Jonta	ins a respo	JISE	or note to any line	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
ss	1	а	Federated campaigns		1a						
ant unt			Membership dues								
D G			Fundraising events								
ifts Ir A			Related organizations				148,033.				
s, G nila			Government grants (contr				57,260.				
ons			All other contributions, gifts,								
her			similar amounts not included	-			122,433.				
l Ot		a	Noncash contributions included in			\$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					327,726.			
							Business Code				
e	2	a	NET PATIENT SERVICE	REV	ENUE		621110	19,166,304.	19166304.		
vic		b									
Sei		с									
am eve		d									
Program Service Revenue		е									
Pr		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					19,166,304.			
	3	;	Investment income (includ	ding c	lividends, i	intere	st, and				
			other similar amounts)				►	4,175,903.			4175903.
	4	Ļ	Income from investment of	of tax-	exempt bo	ond p	roceeds 🕨 🕨				
	5	5	Royalties	· <u>·····</u>			►				
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a	2,	700.					
		b	Less: rental expenses	6b		0.					
		С	Rental income or (loss)	6c	2,	700.					
		d	Net rental income or (loss))				2,700.			2,700.
	7	' a	Gross amount from sales of		(i) Securi		(ii) Other				
			assets other than inventory	7a	1,877,	918.					
		b	Less: cost or other basis								
Revenue			and sales expenses	7b	1 0 7 7	0.					
eve			. ,	· · · ·	1,877,			1 077 010			1077010
r R	_		Net gain or (loss)				····· 🕨	1,877,918.			1877918.
Othe	8	а	Gross income from fundraisin	-	-						
0			including \$								
			contributions reported on								
		•	Part IV, line 18			8a 8b					
			Less: direct expenses								
	0		Net income or (loss) from Gross income from gamin								
	9	a	Part IV, line 19	-		9a					
		h				9b					
			Net income or (loss) from		na activitie						
	10		Gross sales of inventory, I			<u> </u>					
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from				>				
							Business Code				
sno	11	а	OTHER REVENUE				621110	590,308.	590,308.		
ane		b	DENTAL REVENUE				621110	51,669.	51,669.		
sells eve		с	MEDICAL HOME REVENUE	Ε			621110	10,054.	10,054.		
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d				►	652,031.			
	12		Total revenue. See instruction	ons			►	26,202,582.	19818335.	0.	6056521.
13200	9 12	2-09-	21								Form 990 (2021)

CALVERT HEALTH SYSTEM, INC.

Form 990 (2021)

08500502 797738 3001296515

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2021.05080 CALVERT HEALTH SYSTEM, IN 30012961

Page 9

52-2347324

CALVERT HEALTH SYSTEM Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	∟ (D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	6,422,464.	6,422,464.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,244,081.	4,257,967.	1,986,114.	
8	Pension plan accruals and contributions (include			• • • • -	
	section 401(k) and 403(b) employer contributions)	424,077.	357,582.	66,495.	
9	Other employee benefits	471,689.	397,728.	73,961.	
0	Payroll taxes	723,290.	609,878.	113,412.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	341,792.		341,792.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	343,114.	289,314.	53,800.	
2	Advertising and promotion	39,275.	33,117.	6,158.	
3	Office expenses	452,833.	381,829.	71,004.	
4	Information technology				
5	Royalties				
6	Occupancy	1,138,078.	959,627.	178,451.	
17	Travel	4,702.	3,965.	737.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	56,918.	47,993.	8,925.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	97,796.	82,462.	15,334.	
3	Insurance	619,339.	522,227.	97,112.	
.4	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 0.)				
а	MEDICAL SUPPLIES	8,118,720.	8,118,720.		
b	EHR FEE	206,175.	173,847.	32,328.	
с	REPAIRS AND MAINTENANCE	62,866.	53,009.	9,857.	
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	25,767,209.	22,711,729.	3,055,480.	(
6	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 Filling in and tangent and the second se				

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INC.

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CALVERT	HEALTH	SYSTEM,	, INC
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52-2347324 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X			
		· · · ·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			10,908,186.	1	4,667,487.
	2	Savings and temporary cash investments			4,795,781.	2	4,983,902.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,364,227.	4	980,071.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	าร		5	
	6	Loans and other receivables from other disqualifi	ed pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			195,986.	8	218,753.
As	9				236,378.	9	327,527.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,249,744.			
	b	Less: accumulated depreciation	10b	2,848,983.	198,020.	10c	400,761.
	11	Investments - publicly traded securities			98,999,615.	11	92,046,983.
	12	Investments - other securities. See Part IV, line 1			11,369,571.	12	10,087,354.
	13	Investments - program-related. See Part IV, line 1			3,485,566.	13	3,927,598.
	14	Intangible assets			65,000.	14	65,000.
	15	Other assets. See Part IV, line 11			2,845,759.	15	3,098,282.
	16	Total assets. Add lines 1 through 15 (must equa			134,464,089.	16	120,803,718.
	17	Accounts payable and accrued expenses			4,383,346.	17	4,606,221.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	าร		22	
Ë	23	Secured mortgages and notes payable to unrelate	ed third	l parties		23	
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,383,346.	26	4,606,221.
		Organizations that follow FASB ASC 958, chee	ck here				
Ses		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			130,080,743.	27	116,197,497.
Ba	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 95	58, cheo	k here 🕨 🗌			
Ļ		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			130,080,743.	32	116,197,497.
	33	Total liabilities and net assets/fund balances			134,464,089.	33	120,803,718.

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

Form	990 (2021) CALVERT HEALTH SYSTEM, INC.	52	-2347	324	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,202		
2	Total expenses (must equal Part IX, column (A), line 25)	2	25	,76		
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>73.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,08		
5	Net unrealized gains (losses) on investments	5	-16	,65),6	76.
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	2	,33	2,0	<u>57.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	116	,19'	7,4	<u>97.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				37	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	0	ait			x
	Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	lit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			000	(2021)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ne or i	the organization								
_				SYSTEM, INC					2-2347324	
Pa	nrt I	Reason for Public C	Sharity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(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 gov		ental unit described in	section 17	70(b)(1)(A)	(v)			
7	H	An organization that norma	-					o general i	oublic described in	
'		-	-	niiai part of its support i	on a yove	minentai		ie general j		
•		section 170(b)(1)(A)(vi). (C								
8		A community trust describe						I		
9		An agricultural research org								
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that norma								
		activities related to its exem								
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section	509(a)(2).	See section 5	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org			tion with it:	s supporte	ed organization	h(s), by hav	vina	
		control or management o	-				•		-	
		organization(s). You mus								
c		Type III functionally inte	-		in connect	tion with a	and functional	lv integrate	ed with	
	·	its supported organization						ly integrate	ia with,	
с		Type III non-functionally		-				tod organi-	zation(c)	
Ľ								-		
		that is not functionally int			-		-	anallenin	/eness	
		requirement (see instructi	,	•						
e		Check this box if the orga					Type I, Type I	II, Type III		
		functionally integrated, or	• •	hally integrated supporting	ng organiz	ation.			[
f		er the number of supported o	-							
<u>c</u>		vide the following informatior (i) Name of supported		d organization(s). (iii) Type of organization	(iv) Is the oroa	anization listed	(v) Amount of	monoton	(vi) Amount of other	
	(organization	(ii) EIN	(described on lines 1-10	in your governi	ng document?	support (see in		(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see in	istructions		
_										
Tota	al									

<u> </u>	/ F	000	000
Schedule A	(Form	990)	202

Part II

CALVERT HEALTH SYSTEM, INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th	-		fourth, or fifth tax	year as a section s	501(c)(3)	
_	organization, check this box and stop	here			-		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2021 (li	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the c	organization did ne	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization				
b	33 1/3% support test - 2020. If the c	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check this	box and stop he	ere. Explain in Parl	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circur	mstances test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
						Schedule A	(Form 990) 2021

Schedule A	(Form 990) 2021	CA	LVERT H	\mathbf{EALTH}	SYSTEM,	INC.	
Part III	Support Sche	dule for Or	ganization	s Descrik	oed in Secti	ion 509(a)	(2)

CALVERT HEALTH SYSTEM INC

(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.)

Sect	tion A. Public Support		-	-			-
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (Gifts, grants, contributions, and						
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")						
r f	Gross receipts from admissions, merchandise sold or services per- ormed, 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 bus- ness under section 513						
	Fax revenues levied for the organ-						
i	zation's benefit and either paid to pr expended on its behalf						
	The value of services or facilities urnished by a governmental unit to						
	he organization without charge						
	Fotal. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b A fi	Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the imount on line 13 for the year						
	Add lines 7a and 7b						
<u> 8 </u>	Public support. (Subtract line 7c from line 6.)						
Sect	ion B. Total Support		_	_			
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A	Amounts from line 6						
(5	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Inrelated business taxable income						
(less section 511 taxes) from businesses						
a	cquired after June 30, 1975						
c /	Add lines 10a and 10b						
11 N a V	Net income from unrelated business activities not included on line 10b, whether or not the business is egularly carried on						
c	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	fotal support. (Add lines 9, 10c, 11, and 12.)						
14 F	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organiza	ation,
	check this box and stop here				<u></u>		>
Sect	ion C. Computation of Publi	c Support Per	rcentage				
15 F	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 F	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sect	ion D. Computation of Inves	stment Income	e Percentage				
17	nvestment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
1 8	nvestment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 3	33 1/3% support tests - 2021. If the	organization did r				3 1/3%, and line	17 is not
	nore than 33 1/3%, check this box a						
	33 1/3% support tests - 2020. If the	-	-		•••••		, and
	ine 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	01-04-22						e A (Form 990) 2021
			18	3			-

CALVERT HEALTH SYSTEM, INC.

1

Yes

No

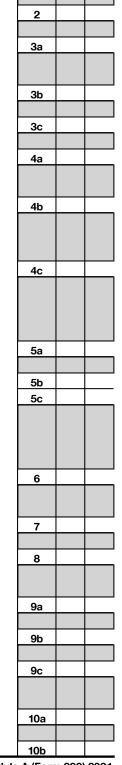
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? *If* "*Yes*," *provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21



Schedule A (Form 990) 2021

2021.05080 CALVERT HEALTH SYSTEM, IN 30012961

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chedule A (Form 990) 2021 CALVERT HEALTH SYSTEM, INC.

Pa	: IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ion 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</i> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			

	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instructions

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)).
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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

3

2a

2b

3a

Yes No

08500502 797738 3001296515

20

instructions)

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) 6 7 Other expenses (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 (P) Current Year (optional) 1 Aggregate fair market value of all non-exempt use assets (see instructions) for short axy ear or assets held for part of year): 1a a Average monthly value of securities 1a 1a b Average monthly cash balances 1b 1d c Tatal (add lines 1, b, and 1c) 1d 1d e Discount claimed for blockage or other factors (sexplain in detail in Part V): 2	Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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(explain in detail in Part VI): 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. 5	d	Total (add lines 1a, 1b, and 1c)	1d		
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	е	Discount claimed for blockage or other factors			
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 4 Enter greater of line 2 or line 3. 4 4 5 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5 5		(explain in detail in Part VI):			
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. 5	2	Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Current Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount.Subtract line 5 from line 4, unless subject to	3	Subtract line 2 from line 1d.	3		
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 8 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 1	4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
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 8 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 1		see instructions).	4		
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 1	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
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 1	6	Multiply line 5 by 0.035.	6		
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 1	7	Recoveries of prior-year distributions	7		
1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to4	8	Minimum Asset Amount (add line 7 to line 6)	8		
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 5	Sect	ion C - Distributable Amount			Current Year
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 5	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
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 5	2	Enter 0.85 of line 1.	2		
5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	4	Enter greater of line 2 or line 3.	4		
	5	Income tax imposed in prior year	5		
emergency temporary reduction (see instructions). 6	6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
		emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021 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.

CALVERT HEALTH SYSTEM, INC.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

52-2347324 Page 6

Schedule A (Form 990) 2021

08500502 797738 3001296515

5	Qualified set-aside amounts (prior IRS approval required - pro	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	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				
				Sc	hedule A (Form 990) 2021

CALVERT HEALTH SYSTEM, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

52-2347324 Page 7

1

2

3 4 **Current Year**

Schedule A	(Form 990) 202 [.]

Section D - Distributions

2

3

4

Schedule A	(Form 990) 2021	CALVERT	HEALTH	SYSTEM,	INC.	52-2347324	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provi , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explana c, 5a, 6, 9a, 9b art IV, Section I	tions required), 9c, 11a, 11b E, lines 1c, 2a,	by Part II, line 1 , and 11c; Part 2b, 3a, and 3b;	0; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section ; Part V, line 1; Part V, Section B, line 1e; Pa s part for any additional information.	n C,
	(See instructions.)						
132028 01-04-2	2			23		Schedule A (Form	990) 2021
				2.3			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	CALVERT HEALTH SYSTEM, INC.	52-2347324
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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

X 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 $\dots \longrightarrow$

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).

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

Schedule B (Form 990) (2021)

CALVERT HEALTH SYSTEM, INC.

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
		\$ <u>148,033.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occurrence Payroll Occurrence Payroll Occurrence Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

08500502 797738 3001296515

Page 2

Employer identification number

52-2347324

Schedule B (Form 990) (2021)

Schedule B	(Form		(202	1
Schedule D		330)	202	۰.

Name of organization

Page 3

CALVERT HEALTH SYSTEM, INC.

Employer identification number

52-2347324

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

26 2021.05080 CALVERT HEALTH SYSTEM, IN 30012961

Schedule E	3 (Form 990) (2021)		Page 4
Name of or	rganization		Employer identification number
CALVER	RT HEALTH SYSTEM, INC.		52-2347324
Part III) through (e) and the following line entry.	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
	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
ŀ		(e) Transfer of gift	
-	Transferee's name, address, a	nd 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, a	nd 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
F		(e) Transfer of gift	
-	Transferee's name, address, a	nd 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, a		Relationship of transferor to transferee
123454 11-11-	-21		Schedule B (Form 990) (2021)

SCHEDULE	D
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(Form	990)
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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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

CALVERT HEALTH SYSTEM, INC. 52-2347324 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No _____ [6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 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 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21

	2	8					
~			~	-	~	~	

	dule D (Form 990) 2021 CALVERT	HEALTH SY	STEM	, INC.				52-23	47324	1 Pa	age 2
Par	t III Organizations Maintaining C								(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.		
5	During the year, did the organization solicit of					er similar	assets		7		٦
Dor	to be sold to raise funds rather than to be ma								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
4-							the set of set				
а	Is the organization an agent, trustee, custod										7
	on Form 990, Part X?							L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	able:					Amoun	•	
•	Paginning balance						1c		/ inioun	•	
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						·· · ·····	······			1
Par							10.				
-		(a) Current year		Prior year	(c) Two yea		(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1ç	g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	red for th	ne organiza	ation	ſ	V.	N
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment i	unas.							
	Complete if the organization answere) Part IV	/ line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or c			t or other		ccumulate	-d	(d) Boo	k valu	
	Description of property	basis (investr			(other)	• • •	preciation		(u) B00	n valu	5
1a	Land		7		<u>, , , , , , , , , , , , , , , , , , , </u>		,				
	Buildings										
	Leasehold improvements			1.78	1,287.	1.	653,6	84.	12	7,6	03.
	Equipment				6,445.		195,2			1,1	
	Other				2,012.	/ '	.,			2,0	
-	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X colum),7	
								0.1	D / Carm	-	

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021	CALVERT HEA	LTH SYSTEM,	INC.	52-2347324 Page
Part VII		 Other Securities. 			
	Complete if the or	rganization answered "Yes"	on Form 990, Part IV, lir	e 11b. See Form 990, Part >	X, line 12.
(a) Descrip	tion of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value
1) Financi	al derivatives				
2) Closely	held equity interest				
3) Other					
	TERNATIVE	INVESTMENTS	10,087,354	. END-OF-YEAF	R MARKET VALUE
(B)	-				
(C)					
(D)					
(E)					
(E) (F)					
(G)					
(H)					
	h) must squal Form 00	00 Dart V. col. (D) line 12)	10,087,354		
Part VIII	Investments -	90, Part X, col. (B) line 12.) ► • Program Related.			V line 10
				e 11c. See Form 990, Part >	
	(a) Description of	ninvestment	(b) Book value	(c) wethod of valuat	ion: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 99	90, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.				
	Complete if the or	ganization answered "Yes"	on Form 990, Part IV, lir	e 11d. See Form 990, Part >	X, line 15.
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (h) must equal F	Form 990, Part X, col. (B) line	15)		
Part X	Other Liabiliti		, 10.)		
			on Form 990. Part IV. lir	e 11e or 11f. See Form 990	, Part X, line 25.
1.		Description of liability	-,,		(b) Book value
	,				
	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(8) (9)					
(9) `otal. <u>(Colu</u>		Form 990, Part X, col. (B) line			
(9) `otal. _{(Colu}					ial statements that reports the bas been provided in Part XIII 2

Schedule D (Form 990) 202 ⁻
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132053 10-28-21

	dule D (Form 990) 2021 CALVERT HEALTH SYSTEM, INC		52-2347324 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123	a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
			5
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · · · · · · · · · · · · · · · ·	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expension	ses per Return.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With Expens a.	ses per Return.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expens a.	ses per Return.
_	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	ses per Return.
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a.	ses per Return.
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expens a. 2a	ses per Return.
1 2 a	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Pents With Expension a. 2a 2b	ses per Return.
1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Pents With Expension a. 2a 2b 2c	ses per Return.
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ses per Return.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Return.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ses per Return.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	ses per Return.
1 2 3 4 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2a 2b 2c 2d	ses per Return. 1 2e 3 4c
1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	ses per Return. 1 2e 3 4c

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

PART X, LINE 2:

THE SYSTEM IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF							
THE IRC AS A PUBLIC CHARITY. THE SYSTEM IS ENTITLED TO RELY ON THIS							
DETERMINATION AS LONG AS THERE ARE NO SUBSTANTIAL CHANGES IN ITS							
CHARACTER, PURPOSES, OR METHODS OF OPERATION. MANAGEMENT HAS CONCLUDED							
THAT THERE HAVE BEEN NO SUCH CHANGES AND, THEREFORE, THE SYSTEM'S STATUS							
AS A PUBLIC CHARITY EXEMPT FROM FEDERAL INCOME TAXATION REMAINS IN EFFECT.							
THE STATE IN WHICH THE SYSTEM OPERATES ALSO PROVIDES GENERAL EXEMPTION							
FROM STATE INCOME TAXATION FOR ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL							

INCOME TAXATION. HOWEVER, THE SYSTEM IS SUBJECT TO BOTH FEDERAL AND STATE

INCOME TAXATION AT CORPORATE TAX RATES ON ITS UNRELATED BUSINESS INCOME.

Schedule D (Form 990) 2021

EXEMPTION FROM OTHER STATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY

TAXES, IS SEPARATELY DETERMINED.

THE SYSTEM HAD NO UNRECOGNIZED TAX BENEFITS OR SUCH AMOUNTS WERE IMMATERIAL DURING THE PERIODS PRESENTED. FOR TAX PERIODS WITH RESPECT TO WHICH NO UNRELATED BUSINESS INCOME WAS RECOGNIZED, NO TAX RETURN WAS REQUIRED.

MANAGEMENT HAS ALSO CONSIDERED THE IMPACT OF UNRELATED BUSINESS ACTIVITIES AND HAS CONCLUDED THAT THE SYSTEM IS NOT SUBJECT TO UNRELATED BUSINESS TAX OR ANY OTHER TAXES THAT COULD BE IMPOSED BY THE IRC OR STATE TAXING AUTHORITIES. AS SUCH, NO PROVISION IS MADE FOR INCOME TAXES AND NO ASSET OR LIABILITY HAS BEEN RECOGNIZED FOR DEFERRED TAXES.

Schedule D (Form 990) 2021

132055 10-28-21

3 Activities per Region. (T	<u>he following P</u> art	I, line 3 table ca	n be duplicated if additional space is ne	eded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents and		(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,			INVESTMENTS		67,106.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM			INVESTMENTS		10,020,248.
3 a Subtotal	0	0			10,087,354.
b Total from continuation					
sheets to Part I	0	0			٥.
c Totals (add lines 3a					
and 3b)	0	0			10,087,354.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruct	ions for Form 990.	Schedule F	(Form 990) 2021
102071 12-20-21			33		
00502 797738 300	01296515		2021.05080 CALVER	T HEALTH SYSTEM,	IN 30012

2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the
	Linited States

	United States.					
~		(The College in Double	Kan Ottakia a	and the state of the state	all the second states are set.	

CALVERT	HEALTH	SYSTEM,	INC.

52-2347324 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

Attach to Form 990. Department of the Treasury Internal Revenue Service

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

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

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

..... Yes

No

961

SCHEDULE F	Statement of Activities Outside the United States
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16

Name of the organization

085

Page 2		(i) Method of valuation (book, FMV, appraisal, other)					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any eeded.	(h) Description of noncash assistance					
17324	"Yes" on Form 990	(g) Amount of noncash assistance					
52-2347324	anization answered	(f) Manner of cash disbursement					oognized as a tax alency letter
	complete if the orga ded.	(e) Amount of cash grant					foreign country, rec tion 501(c)(3) equiv.
, INC.	the United States. additional space is n	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
CALVERT HEALTH SYSTEM	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region					listed above that are rec for which the grantee or entities
CALVER	r Assistance to Organ eived more than \$5,00	(b) IRS code section and EIN (if applicable)					ecipient organizations ization by the IRS, or i <u>ther organizations or </u>
e e	Part II Grants and Other recipient who rece	1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whi 3 Enter total number of other organizations or entities

132072 12-20-21

34

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
	IV, line 16.	(g) Description of noncash assistance					Schedt
52-2347324	n Form 990, Part	(f) Amount of noncash assistance					
52	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(e) Manner of cash disbursement					
INC.	ies. Complete if	(d) Amount of cash grant					
H SYSTEM,	the United Stat	(c) Number of recipients					
CALVERT HEALTH	e to Individuals Outside dditional space is needec	(b) Region					
Schedule F (Form 990) 2021 C	Part III Grants and Other Assistance to Individuals Outside Part III Can be duplicated if additional space is needed.	(a) Type of grant or assistance					

132073 12-20-21

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

(Form 990) 2021 Supplemental	CALVERT	0101111	11101

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

132075 12-20-21	37	Schedule F (Form 990) 2021

	HEDULE J rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	⊢	омв No 20	⁵⁴⁵⁻⁰⁰⁴	17	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
	Itement of the Treasury al Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection			
		nployer ide	-		nber	
	CALVERT HEALTH SYSTEM, INC.	52-23				
Pa	rt I Questions Regarding Compensation					
				Yes	No	
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.					
	First-class or charter travel Housing allowance or residence for personal u	use				
	Travel for companions Payments for business use of personal resider	nce				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, ch	hef)				
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		1b			
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?		2			
•						
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	2				
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee X Written employment contract					
	X Independent compensation consultant X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation component of the board or compensation compe	nittee				
л	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
7	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?		4a		X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b	Х		
c	Participate in or receive payment from an equity-based compensation arrangement?		4c		X	
•	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:					
а	The organization?		5a		X	
	Any related organization?		5b		X	
	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:					
а	The organization?		6a		_X_	
b	Any related organization?		6b		X	
	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		7		X	
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		8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?		9			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forr	n 990)	2021	

132111 11-02-21

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.	be re orm	sported on Schedule J 990, Part VII. dividual must equal th	, report compensations to the second se	on from the organiza	: compensation from the organization on row (i) and from related organizations, described in the instruction amount of Form 990. Part VIII. Section A line 1a amolicable column (D) and (E) amounts for that individual	related organizations	, described in the instr amounts for that indiv	uctions, on row (ii).
	5							
		(B) Breakdown of W-2	and/ com	or 1099-MISC and/or 1099-NEC pensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEAN TEAGUE	Ē	606,149.	297,773.	105,905.	155,097.	1,536.	1,166,460.	.0
PRESIDENT & CEO / EX-OFICIO	: (i)	•0	.0	•0	.0	• 0	•0	.0
(2) AHMED BILAL	Ξ	667,725.	168,151.	-1,754.	15,139.	19,536.	868,797.	.0
PHYSICIAN	(II)	•0	.0	•0	.0	• 0	•0	.0
(3) SAMUEL FOSTER	Ξ	.0	0.	692,092.	.0	.0	692,092.	.0
PHYSICIAN / DIRECTOR	(ii)	• 0	• 0	• 0	• 0	• 0	• 0	.0
(4) ANTHONY BLADEN	(i)	392,390.	136,495.	60,028.	70,981.	1,536.	661,430.	.0
CHIEF OPERATING OFFICER	(ii)			• 0	• 0	0.	• 0	• 0
(5) BHOGTE ERVIND S	(i)	395,392.	200,468.	-1,696.	15,819.	14,263.	624,246.	• 0
PHYSICIAN	(ii)	• 0	• 0	• 0	• 0	0.	• 0	• 0
(6) CAROLYN HEITHAUS	(i)	372,944.	125,025.	46,766.	60,926.	1,162.	606,823.	.0
VP FINANCE & CFO	(ii)			• 0		0.		• 0
(7) WILFRED EHRMANTRAUT	(i)	500,011.	33,332.	-13,551.	12,525.	19,328.	551,645.	• 0
PHYSICIAN / EX-OFFICIO	(ii)	• 0	• 0	• 0	• 0		• 0	• 0
(8) THEODORE TSANGARIS, M.D.	(i)	442,490.	0.	53,695.	31,510.	12,585.	540,280.	•0
VP - MEDICAL AFFAIRS	(ii)				0.			•0
(9) WUAMETT JOSEPH C	(i)	426,211.	63,505.	1,062.	12,031.	2,593.	505,402.	•0
PHYSICIAN	(ii)	.0		.0	0.	0.	0.	•0
(10) ABBOTT KENNETH L	Ξ	232,384.	137,217.	8,216.	10,582.	10,878.	399,277.	•0
PHYSICIAN / EX-OFFICIO	(ii)					0.		•0
(11) JOHNSON MICHELLE D	(i)	290,90	70,761.	9,734.	14,337.	3,145.	388,886.	0.
PHYSICIAN	(ii)							0.
(12) DIANE COUCHMAN	(j)	231,666.	45,897.	27,305.	25,098.	8,769.	338,735.	0.
VP - CNO/CLINICAL SERVICES	(ii)		0.			0.	0.	.0
(13) BARBARA ESTES	Ξ	273,741.	23,521.	7,951.	13,088.	3,145.	321,446.	.0
PHYSICIAN/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	.0
(14) KASIA SWEENEY	(i)	192,080.	36,965.	6,074.	19,221.	12,832.	267,172.	• 0
VP - STRATEGY & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	• 0
(15) THERESA JOHNSON	(i)	182,331.	34,840.	22,931.	18,118.	8,649.	266,869.	•0
VP, BRAND STRATEGY AND PHILANTHROPY	(ii)							0.
<u>(</u>)	(i)	165,33	35,978.	11,677.	14,687.	8,392.	236,068.	•0
VP - OPERATIONS	≘	.0	.0	0.	0	0.	.0	.0
							Schedu	Schedule J (Form 990) 2021

Page 2

 Schedule J (Form 990) 2021
 CALVERT HEALTH SYSTEM, INC.
 52-2347324

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

CALVERT HEALTH SYSTEM, INC.

52-2347324

132112 11-02-21

Schedule J (Form 990) 2021	CALVERT		HEALTH SYS	SYSTEM,	INC.		52-2347324	324		Page 2
s, Trustee	s, Key Emp	loye	es, and Highest C	ompensat	ed Emplo	yees. Use duplica	ate copies if additional s	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.	n must be r ed on Form	repor n 990	ted on Schedule J), Part VII.	, report coi	npensatio	n from the organiz	cation on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
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.	ach listed ii	indivi	dual must equal th	e total amo	ount of For	m 990, Part VII, S	ection A, line 1a, applic	able column (D) and (E	:) amounts for that indi	/idual.
		8	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-M compensation	099-MISC sation	and/or 1099-NEC	0	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title			(i) Base compensation	(ii) Bonus & incentive compensation	Bonus & ncentive npensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) HALL MELISSA	(i	(i)	190,309.		• 0	22,913.	8,331.	1,096.	222,649.	0.
VP - IS/CIO	(ij	(ii)			• 0	• 0		• 0		•0
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	CALVERT HEALTH SYSTEM, INC. 52	52-2347324 Page 3
Fart III Supplemental Information Provide the information, explanation, or desc	Fart 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.	any additional information.
PART I, LINE 3:		
CALVERTHEALTH MEDICAL C	CENTER COMPENSATES THE EXECUTIVES OF THE	
ORGANIZATION. THE ORGAN	THE ORGANIZATION RELIES ON CALVERTHEALTH MEDICAL CENTER TO	
UTILIZE THE FOLLOWING METHODS	ETHODS IN ESTABLISHING COMPENSATION:	
-CONTEMPORANEOUS SUBST?	SUBSTANTIATION OF THE DECISION-MAKING PROCESS	
-FORM 990 OF OTHER ORG?	ORGANIZATIONS	
-WRITTEN EMPLOYMENT CON	CONTRACT	
-INDEPENDENT COMPENSATI	COMPENSATION CONSULTANT	
-COMPENSATION SURVEY OR	STUDY	
-APPROVAL BY THE BOARD	OR COMPENSATION COMMITTEE	
PART I, LINE 4B:		
THE FOLLOWING EMPLOYEE(S) CONTRIBUTED	S) CONTRIBUTED TO (EMPLOYEE AND EMPLOYER PORTION) A	
RELATED ORGANIZATION'S	457(F) DEFERRED COMPENSATION PLAN:	
DEAN TEAGUE	\$135,588	
CAROLYN HEITHAUS	\$45,669	
ANTHONY BLADEN	\$32,749	
		Schedule J (Form 990) 2021

J (Form 990) 2021	CALVERT HEALTH SYSTEM, INC.	52-2347324	Page 3
Part III Supplemental Information			
Provide the information, explanation, or (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.	is part for any additional information.	
THEODORE TSANGARIS, 1	M.D. \$17,700		
BRIAN CHERRY	\$7,809		
THERESA JOHNSON	\$8,687		
		Schedule J (Form 990) 2021	90) 2021

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information



CALVERT HEALTH SYSTEM,

INC.

Employer identification number 52-2347324

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

CALVERTHEALTH MEDICAL CENTER. CALVERT HEALTH SYSTEM, INC. MANAGES ITS

SUBSIDIARIES IN ORDER TO PROMOTE AND SUPPORT PUBLIC HEALTH PROGRAMS AND

SERVICES FOR THE COMMUNITY.

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

FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF CALVERT HEALTH SYSTEM, INC. BOARD OF DIRECTORS AFTER COMPLETION AND PRIOR TO SUBMISSION TO THE IRS. THE DOCUMENT IS DELIVERED TO THE COMMITTEE MEMBERS PRIOR TO THE COMMITTEE MEETING SO THEY CAN REVIEW THE INFORMATION AND RESPOND TO OR QUESTION ANY OR ALL DATA. THE CEO AND CFO ARE PRESENT AT THE AUDIT COMMITTEE MEETING. PRIOR TO SUBMISSION TO THE IRS, A COPY OF THE FINAL FORM 990 IS POSTED ON THE BOARD OF DIRECTORS PORTAL WHICH IS PASSWORD PROTECTED. ALL BOARD MEMBERS ARE NOTIFIED BY EMAIL THAT THE FORM 990 HAS BEEN POSTED ON THE PORTAL AND IS AVAILABLE FOR REVIEW. ANY ADDITIONAL COMMENTS OR QUESTIONS FROM BOARD MEMBERS ARE RESPONDED TO PRIOR TO FILING THE FORM 990.

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

CALVERT HEALTH SYSTEM, INC. AND SUBSIDIARIES (THE HEALTH SYSTEM) HAVE A CONFLICT OF INTEREST PROCESS. AT ITS CORE ARE THREE DISTINCT POLICIES; ONE EACH FOR THE BOARD OF DIRECTORS, MEDICAL STAFF, AND ALL EMPLOYEES AND ASSOCIATES OF THE HEALTH SYSTEM. THESE POLICIES REQUIRE ALL ORGANIZATIONAL AS WELL AS RANK AND FILE ASSOCIATES IN KEY POSITIONS OR WITH LEADERSHIP, RELATIONSHIPS WITH OUTSIDE PARTIES THAT DO BUSINESS WITH THE HEALTH SYSTEM, TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. ANNUAL

DISCLOSURES ARE REQUIRED AND DOCUMENTED WITH A FURTHER REOUIREMENT ΤО LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization CALVERT HEALTH SYSTEM, INC.	Employer identification number 52-2347324
PROMPTLY SUPPLEMENT WHEN AN ACTUAL OR POTENTIAL CONFLICT I	S DISCOVERED OR
CREATED. THE HEALTH SYSTEM REQUIRES THAT THESE POLICIES BE	CONSTRUED
BROADLY TO AVOID THE APPEARANCE OF IMPROPER ACTIVITY AND F	REQUIRES
DISCLOSURE AND RESOLUTION OF POTENTIAL CONFLICTS AS WELL.	THE PROCESS IS
OVERSEEN BY THE CHIEF COMPLIANCE OFFICER OF THE HEALTH SYS	TEM WHO HAS
ACCESS TO EXTERNAL RESOURCES, INCLUDING OUTSIDE COUNSEL. F	REMEDIES RANGE
FROM DISCLOSURE AND MONITORING FOR THE MOST ATTENUATED POT	ENTIAL CONFLICTS
TO RESIGNATION/TERMINATION FOR UNRESOLVABLE CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
CALVERTHEALTH MEDICAL CENTER, INC. COMPENSATES THE EXECUTI	VE OF THE
ORGANIZATION AND THE ORGANIZATION RELIES ON CALVERTHEALTH	MEDICAL CENTER,
INC. TO UTILIZE THE FOLLOWING METHODS IN ESTABLISHING COME	PENSATION:
CONTEMPORANEOUS SUBSTANTIATION OF THE DECISION MAKING PROC	CESS, FORM 990 OF
THE OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT, INDE	PENDENT
COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND	APPROVAL BY THE
BOARD OR COMPENSATIONS COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S CONFLICTS OF INTEREST POLICY, AUDITED F	INANCIAL
STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO THE PUBLI	C UPON REQUEST.

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

DISTRIBUTION FROM CMH II HOLDING

DISTRIBUTION FROM CMH HOLDING

INTERCOMPANY EQUITY CONTRIBUTIONS

TOTAL TO FORM 990, PART XI, LINE 9

132212 11-11-21

2,332,057.

2,332,057.

08500502 797738 3001296515

CALVERT HEALTH SYSTEM, INC.	Employer identification number 52-2347324
	52-2547524
PART XII LINE 2B	
HE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN	INDEPENDENT
CCOUNTING FIRM AS PART OF THE CONSOLIDATED AUDIT OF THE F	HEALTH SYSTEM.
PART XII	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
32212 11-11-21	Schedule O (Form 990) 202
	Schedule U (Form 990) 202

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	ions and Unrelated Pa ered "Yes" on Form 990, Part IV, I ► Attach to Form 990. m990 for instructions and the lates	tnerships ne 33, 34, 35b, 3 t information.	3, or 37.		OMB No. 1545-0047 2021 Open to Public Inspection	47 ic
Name of the organization CALVERT HEALTH					Employer ic 52-23	Employer identification number 52-2347324	ber
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ete if the organization answered "Yes" of	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	me End-of-year assets		(f) Direct controlling entity	
CALVERTHEALTH MEDICAL GROUP, LLC - 26-3828176, 100 HOSPITAL RD, PRINCE FREDERICK, MD 20678	HEALTHCARE	MARYLAND	25,374,	570. 6,	220,881.CHS		
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	cations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	nswered "Yes" on Form 990	Part IV, line 34, t	ecause it had one	e or more related to	ax-exempt	
(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(controlle entity?	b)(13) 9d NO
CMH HOLDING COMPANY - 52-2176827 100 HOSPITAL ROAD PRINCE FREDERICK, MD 20678	REAL ESTATE	MARYLAND	501(C)(2)		CHS		
CMH II HOLDING COMPANY - 52-2178784 100 HOSPITAL ROAD PRINCE FREDERICK, MD 20678	REAL BSTATE	MARYLAND	501(C)(2)		СНЗ	X	
CALVERTHEALTH MEDICAL CENTER, INC - 52-0619000, 100 HOSPITAL ROAD, PRINCE FREDERICK, MD 20678	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	СНЗ	X	
CALVERTHEALTH FOUNDATION, INC - 52-1680647 100 HOSPITAL ROAD PRINCE FREDERICK, MD 20678	FUNDRAISING	MARYLAND	501(C)(3)	LINE 12A, I	СНМС	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ins for Form 990.				Sched	Schedule R (Form 990) 2021	2021

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Schedule B (Form 990) 2021 CALVERT HI	HEALTH SYS'	SYSTEM, INC.						52-2	2347324	Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	s Taxable as a Pauring the tax year		if the organizat	Complete if the organization answered "Yes"	es" on Form 990,	Part IV, line 3	4, because	on Form 990, Part IV, line 34, because it had one or more related	nore related	
(a) (a) (a) (a) (a) (a) (a) (a) (b) (a) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(b) (c) (c) Egal domoine (state or foreign) (d) al Direct controlling	(e) Predominant income (related, unrelated, excluded from fax under excluded from fax under		(f) Share of total S income en	(g) Share of end-of-year assets	~ 5 ≆ _	(i) Code V-UBI amount in box 20 of Schedule	(j) General or X managing Ne partner?	(k) Percentage ownership
CORELIFE CALVERT PARTNERSHIP LLC - 84-3544145, 1099 WINTERSON RD STE 300, LINTHICUM HEIGHTS, MD 21090 HEALTHCARE		ty) N/A	Sections o RELATED	(+1 6-21	-71,118.	225,000.	Yes No X	N/A	X X Xo	50,00%
Part IV Identification of Related Organizations Taxable as a Corporation or gravitations the tax year.	s Taxable as a C r trust during the [:]	or Trust.	Complete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	wered "Yes" on F	orm 990, Parl	t IV, line 34	, because it ha	d one or mo	re related
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling 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
CALVERT HEALTH VENTURES, INC - 52-1625432 100 HOSPITAL ROAD PRINCE FREDERICK, MD 20678	132 INVESTMENTS	MENTS	с Ю	CHS	c corp	945	614.	3,702,598.	100%	
CALVERT COMMUNITY HEALTH, INC - 52-1996371 100 HOSPITAL ROAD PRINCE FREDERICK, MD 20678	5371 HEALTHCARE	CARE	WD	СНМС	C CORP		.0	.0	100%	×
132162 11-17-21			47					Sched	Schedule R (Form 990) 2021	1 990) 2021

INC. CALVERT HEALTH SYSTEM, Schedule R (Form 990) 2021

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

					L	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes	۶
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Х
b Gift arant or canital contribution to related organization(s)				4F		×
				e ç		⊳
				2		: :
d Loans or loan guarantees to or for related organization(s)				1d	_	X
e Loans or loan guarantees by related organization(s)				1e		×
 Dividende from veleted evenerinet(s) 				Ŧ		⊳
				=		4
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				1h		×
				÷		×
 Exercise of accordance manual or ather accords to valetad accordinglo 				: ;		
J Lease of racilities, equipment, or other assets to related organization(s)				7		\
				_	Þ	
k Lease of facilities, equipment, or other assets from related organization(s)				_	4	
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			- 1 1	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1	X	
				-	×	
					:	
						Þ
p Reimbursement paid to related organization(s) for expenses				1p	_	4
q Reimbursement paid by related organization(s) for expenses				1 م	×	ſ
r Other transfer of cash or property to related organization(s)				4	X	
s Other transfer of cash or property from related organization(s)				1s	X	
2 If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instruction of the above is "Yes," see the above i	ho must complete th	is line, including covered r	nation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction tvpe (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
41 CALVERTHEALTH MEDICAL, CENTER INC	, ,	3 306 369	Cash			
	ρ Σ	E61 061				
	Q	• TOO ' TOC	САЗП			
(3)						Ī
(4)						
(5)						
132163 11-17-21			Schedule R (Form 990) 2021	{ (Form §	990) 2 2	2021

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Schedule R (Form 990) 2021

The value of a cutoring or currant with cutor and contraction or cutoring or currant with the organization. See instruction contraction contraction contraction contraction contraction contractions. 	Schedule R (Form 990) 2021 CALVERT HEALTH SYSTEM, I Part VI Unrelated Organizations Taxable as a Partnership. Complete if th
$\left \begin{array}{ccccc} (0, & (0, & (0, & (0, & (0, & (0, & 0), & (0, $	Provide the following information for each entity taxed as a partnership through that was not a related organization. See instructions regarding exclusion for cert
	(b) Primary activity

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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