

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2000 MEDICAL PARKWAY 606</b> City or town, state or province, country, and ZIP or foreign postal code <b>ANNAPOLIS, MD 21401</b> <b>F</b> Name and address of principal officer: <b>VICTORIA W. BAYLESS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-1638026</b> <b>E</b> Telephone number <b>(443) 481-1308</b> <b>G</b> Gross receipts \$ <b>229,616,373.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.LUMINISHEALTH.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1989</b> <b>M</b> State of legal domicile: <b>MD</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO ENHANCE THE COMPREHENSIVE HEALTH CARE WE PROVIDE TO THE LOCAL AND REGIONAL COMMUNITY WE SERVE.</b>		
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>1414</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>787,839.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>181,285.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	17,818,322.	6,559,321.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	211,274,667.	221,247,458.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	385,501.	771,484.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	860,403.	1,038,110.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	230,338,893.	229,616,373.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	98,386,799.	101,584,949.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	132,629,750.	142,187,715.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	231,016,549.	243,772,664.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-677,656.	-14,156,291.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	328,661,773.	234,379,734.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	250,281,975.	192,750,607.
			78,379,798.	41,629,127.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>KEVIN L. SMITH, CFO</b> Type or print name and title	Date  			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LORI S. BURGHAUSER</b>	Preparer's signature <b>LORI S. BURGHAUSER</b>	Date <b>05/11/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00370694</b>
	Firm's name ▶ <b>SC&amp;H GROUP, INC.</b> Firm's address ▶ <b>910 RIDGEBROOK ROAD SPARKS, MD 21152</b>	Firm's EIN ▶ <b>20-5991824</b>	Phone no. (410) 403-1500		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER OFFERS A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES, A NUMBER OF SPECIALTY AND SUBSPECIALTY SERVICES, AND A FULL RANGE OF ANCILLARY AND SUPPORT SERVICES. IT PROVIDES HEALTH CARE SERVICES TO THE CITIZENS OF PRINCE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 172,792,187. including grants of \$ 0. ) (Revenue \$ 220,459,619. ) PROVIDING ACCESSIBLE, HIGH-QUALITY INPATIENT AND AMBULATORY HEALTH CARE SERVICES TO MEMBERS OF THE COMMUNITY, WHICH INCLUDES MOST OF PRINCE GEORGE'S COUNTY, MARYLAND AND SURROUNDING AREAS. THE HOSPITAL PROVIDES HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THE PATIENTS' ABILITY TO PAY.

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

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

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

4e Total program service expenses 172,792,187.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

**Part IV Checklist of Required Schedules**

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

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**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	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		1414
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	X	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 12		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICTORIA BAYLESS LUMINIS CEO/BOARD MEMBER	1.00 40.00	X		X				0.	1,969,389.	248,052.
(2) PHILIP DOWN FORMER CHIEF EXECUTIVE OFFICER	0.00 0.00						X	1,014,126.	0.	0.
(3) DENEEN RICHMOND PRESIDENT/ BOARD MEMBER	40.00 1.00	X		X				672,798.	0.	46,114.
(4) SUNIL MADAN CHIEF MEDICAL OFFICER	40.00 0.00				X			644,093.	0.	36,005.
(5) KEVIN L. SMITH LH CFO/TREASURER	1.00 40.00			X				0.	590,485.	45,260.
(6) TIMOTHY ADELMAN, ESQ. LH CHIEF COUNSEL/SECRETARY	1.00 40.00			X				0.	577,942.	52,911.
(7) PAUL GREINALDO FORMER CHIEF OPERATING OFFICER	0.00 0.00						X	450,126.	0.	2,614.
(8) REGINA HAMPTON, MD BOARD MEMBER (PART-YEAR)	1.00 40.00	X						0.	333,740.	39,056.
(9) DAVID PRESS INTERNAL MEDICINE PHYSICIAN	40.00 0.00				X			354,791.	0.	9,631.
(10) MOHAMED DARAMY STAFF NURSE	40.00 0.00				X			286,928.	0.	11,895.
(11) ANGELA WILSON VP, ADMINISTRATION & SUPPORT	40.00 0.00				X			287,748.	0.	9,731.
(12) SALIM JARAWAN DIRECTOR - PHARMACY	40.00 0.00				X			248,074.	0.	0.
(13) VICTORIA OGBUJI STAFF NURSE	40.00 0.00				X			242,210.	0.	0.
(14) JOYCE HANSCOME VP, CHIEF INFORMATION OFFICER	40.00 0.00			X				0.	201,431.	13,980.
(15) PATRICIA ARZUAGA CHAIR	1.00 1.00	X		X				0.	0.	0.
(16) ALICIA WILSON VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(17) TIMOTHY J. ADAMS BOARD MEMBER	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAURA CLINE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) JAMES ELLIOTT, MD BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(20) MICHAEL P. ERRICO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) CARLESA R. FINNEY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(22) RENE LAVIGNE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(23) GARY MICHAEL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(24) RODERICK WELLINGTON, PHD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) MARK WHITLOCK, REV. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) FALECIA WILLIAMS, ED. D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								4,200,894.	3,672,987.	515,249.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,200,894.	3,672,987.	515,249.

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 219

	Yes	No
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	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	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 person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALTEON HEALTH PO BOX 645849, CINCINNATI, OH 45264	ACUTE CARE SERVICES	3,525,254.
KEZLO GROUP, LLC P.O. BOX 419, COCHRANVILLE, PA 19330	CONSTRUCTION, ARCHITECTURE AND DES	703,640.
LOGISTICS HEALTH CARE PROFESSIONALS LLC, 1751 ELTON ROAD, SUITE 208, SILVER SPRING, D AND W CONTRACTORS	EMPLOYMENT AGENCY	524,796.
7322 GLEN ALBIN ROAD, LA PLATA, MD 20646	CONSTRUCTION	280,234.
DAKHEEL HOLDINGS, LLC, 12300 LONGWATER DRIVE, MITCHELLVILLE, MD 20721	PHYSICIAN SERVICES	260,692.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 14

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	93,596.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	6,359,723.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	106,002.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			6,559,321.			
Program Service Revenue	<b>2 a</b> NET PATIENT REVENUE	Business Code 621110	221233366.	220445527.	787,839.		
	<b>b</b> OTHER OPERATING REVENUE	621300	14,092.	14,092.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			221247458.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		763,304.			763,304.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	24,523.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	24,523.				
	<b>d</b> Net rental income or (loss) .....			24,523.		24,523.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	8,180.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	0.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	8,180.				
<b>d</b> Net gain or (loss) .....			8,180.		8,180.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> CAFETERIA REVENUE	Business Code 722514	866,965.			866,965.	
	<b>b</b> ANSWERING SERVICE REV.	812900	132,345.			132,345.	
	<b>c</b> SUPPLY INCOME	900099	7,613.			7,613.	
	<b>d</b> All other revenue .....	900099	6,664.			6,664.	
	<b>e Total.</b> Add lines 11a-11d .....			1,013,587.			
<b>12 Total revenue.</b> See instructions .....			229616373.	220459619.	787,839.	1809594.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,393,510.		1,393,510.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	1,466,866.		1,466,866.	
7 Other salaries and wages .....	81,621,747.	69,387,616.	12,234,131.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,666,418.	1,338,395.	328,023.	
9 Other employee benefits .....	8,782,825.	6,864,014.	1,918,811.	
10 Payroll taxes .....	6,653,583.	5,123,259.	1,530,324.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	9,864.		9,864.	
c Accounting .....				
d Lobbying .....	11,158.		11,158.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	337,172.		337,172.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	78,778,205.	41,455,610.	37,322,595.	
12 Advertising and promotion .....				
13 Office expenses .....	4,536,011.	3,566,510.	969,501.	
14 Information technology .....	632,118.	486,731.	145,387.	
15 Royalties .....				
16 Occupancy .....	1,619,121.	1,246,723.	372,398.	
17 Travel .....	10,371.	7,984.	2,387.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	4,381,359.	3,373,647.	1,007,712.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	11,593,571.	8,927,050.	2,666,521.	
23 Insurance .....	3,147,006.	2,423,194.	723,812.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	35,018,297.	27,009,177.	8,009,120.	
b <b>ENERGY COSTS</b>	2,054,905.	1,582,277.	472,628.	
c <b>UBIT</b>	58,557.		58,557.	
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	243,772,664.	172,792,187.	70,980,477.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	9,242.	<b>1</b>	9,986.
	<b>2</b> Savings and temporary cash investments .....	138,332,760.	<b>2</b>	24,922,907.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	36,572,475.	<b>4</b>	44,709,023.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	10,202,440.	<b>8</b>	5,534,904.
	<b>9</b> Prepaid expenses and deferred charges .....	2,195,079.	<b>9</b>	432,942.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 147,734,066.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 26,871,493.		
	<b>11</b> Investments - publicly traded securities .....	112,466,405.	<b>10c</b>	120,862,573.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,062,409.	<b>11</b>	19,062,409.
	<b>13</b> Investments - other securities. See Part IV, line 11 .....	656,185.	<b>12</b>	290,202.
	<b>14</b> Investments - program-related. See Part IV, line 11 .....	-24,820,453.	<b>13</b>	-33,893,941.
	<b>15</b> Intangible assets .....	4,100,000.	<b>14</b>	4,100,000.
<b>16</b> Other assets. See Part IV, line 11 .....	29,885,231.	<b>15</b>	48,348,729.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	328,661,773.	<b>16</b>	234,379,734.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	53,968,492.	<b>17</b>	21,839,367.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	49,208,926.	<b>19</b>	25,875,364.
	<b>20</b> Tax-exempt bond liabilities .....	118,842,965.	<b>20</b>	113,434,472.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	28,261,592.	<b>25</b>	31,601,404.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	250,281,975.	<b>26</b>	192,750,607.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	78,285,574.	<b>27</b>	41,476,903.
	<b>28</b> Net assets with donor restrictions .....	94,224.	<b>28</b>	152,224.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	78,379,798.	<b>32</b>	41,629,127.
	<b>33</b> Total liabilities and net assets/fund balances .....	328,661,773.	<b>33</b>	234,379,734.

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**Part XI Reconciliation of Net Assets**

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

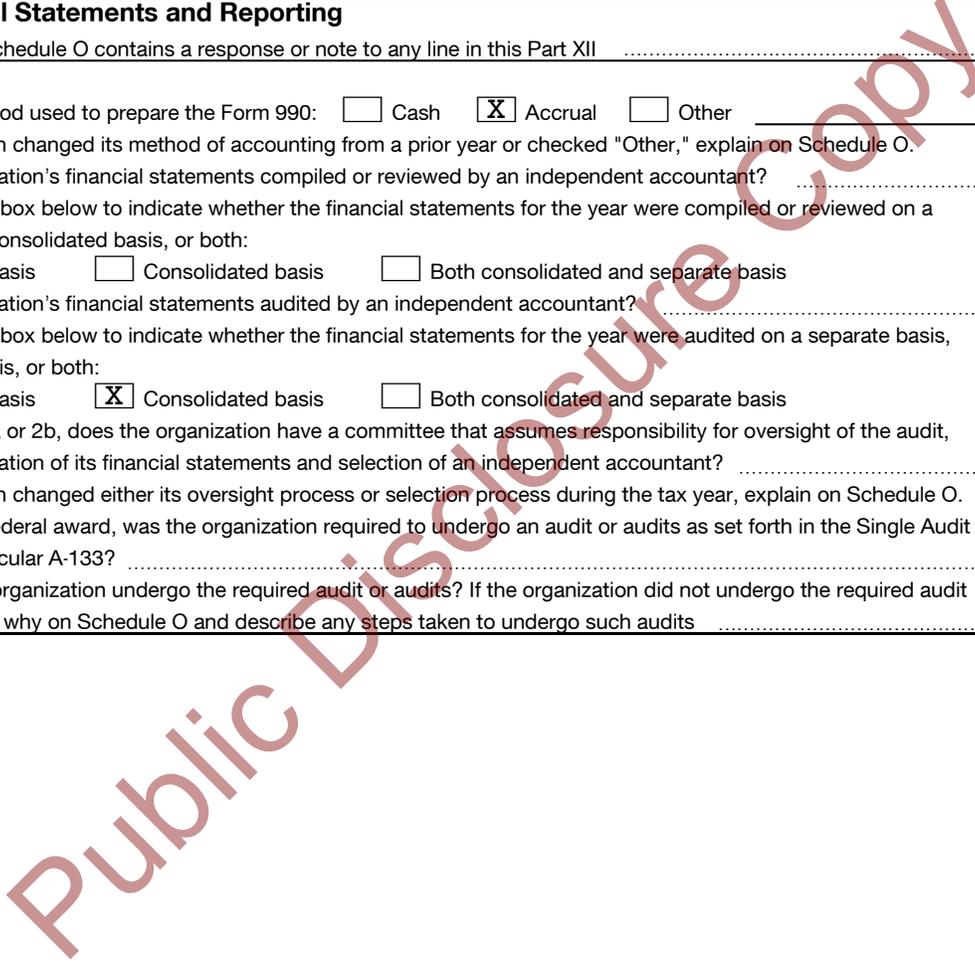
1	Total revenue (must equal Part VIII, column (A), line 12)	1	229,616,373.
2	Total expenses (must equal Part IX, column (A), line 25)	2	243,772,664.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,156,291.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78,379,798.
5	Net unrealized gains (losses) on investments	5	-551,328.
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	-22,043,052.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	41,629,127.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2021)





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

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

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

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

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> 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	<b>Excess distributions carryover to 2022.</b> 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		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

Public Disclosure Copy

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

Employer identification number

52-1638026

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.</b>	Employer identification number 52-1638026
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>4,607,166.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,161,723.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>590,834.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>101,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>93,596.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1638026</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

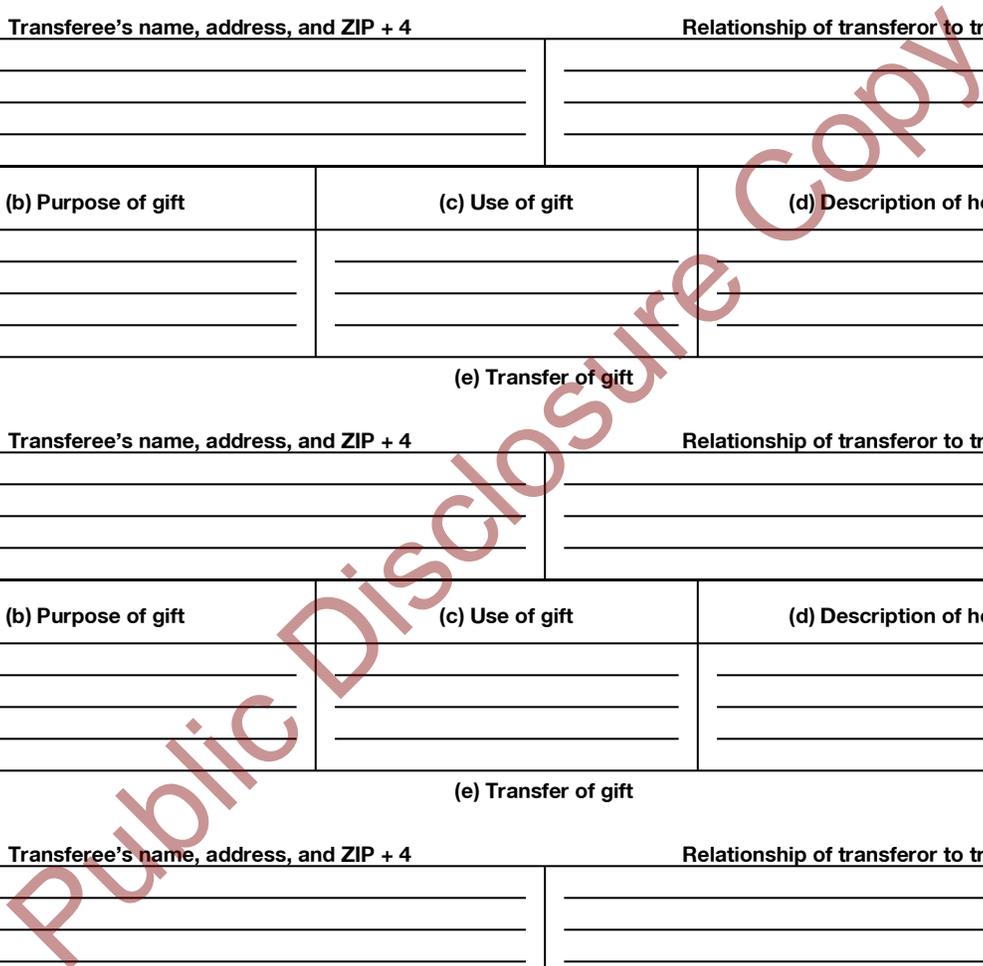
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____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

Public Disclosure Copy

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

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

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



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,667.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		3,491.
<b>j</b> Total. Add lines 1c through 1i			11,158.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE ORGANIZATION PAID IT'S LOBBYIST PERCY PUBLIC AFFAIRS TO DIRECTLY CONTACT LEGISLATORS ON MATTERS AFFECTING HEALTH CARE. THE ORGANIZATION PAYS DUES TO THE MARYLAND HOSPITAL ASSOCIATION. A PORTION OF THESE DUES WERE USED FOR LOBBYING ACTIVITIES.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d 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 ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,039,976.		9,039,976.
b Buildings		84,966,902.	11,706,236.	73,260,666.
c Leasehold improvements		1,622,350.	481,451.	1,140,899.
d Equipment		26,175,977.	10,576,240.	15,599,737.
e Other		25,928,861.	4,107,566.	21,821,295.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				120,862,573.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

Schedule D (Form 990) 2021

52-1638026 Page 3

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	15,610,853.
(2) LIFE INSURANCE	7,125,019.
(3) DEPOSITS	80,341.
(4) OTHER RECEIVABLES	13,360,484.
(5) LEASE INCENTIVE AND DEFERRED RENT	820,076.
(6) OTHER LONG-TERM ASSETS	3,734,713.
(7) INTERCOMPANY	7,617,243.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	48,348,729.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	16,621,697.
(3) DEFERRED COMPENSATION AND IBNRS	7,136,019.
(4) PENSION OBLIGATION	2,643,405.
(5) CAPITAL LEASES	5,200,283.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,601,404.

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

Schedule D (Form 990) 2021

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE SYSTEM. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS CONCLUDED THAT AS OF JUNE 30, 2022, AND 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE ORGANIZATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

**Part XIII** Supplemental Information *(continued)*

Public Disclosure Copy

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

Employer identification number  
**52-1638026**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	REINSURANCE EXPENSES		2,451,745.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT		33,750.
<b>3 a</b> Subtotal .....	0	0			2,485,495.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,485,495.





Part IV Foreign Forms

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

Schedule F (Form 990) 2021

Public Disclosure Copy

**Part V** Supplemental Information

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

Public Disclosure Copy

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			7715073.		7715073.	3.16%
<b>b</b> Medicaid (from Worksheet 3, column a)						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			7715073.		7715073.	3.16%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			2271107.		2271107.	.93%
<b>f</b> Health professions education (from Worksheet 5)			1672196.		1672196.	.69%
<b>g</b> Subsidized health services (from Worksheet 6)			9888960.		9888960.	4.06%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			850,000.		850,000.	.35%
<b>j Total.</b> Other Benefits			14682263.		14682263.	6.03%
<b>k Total.</b> Add lines 7d and 7j			22397336.		22397336.	9.19%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

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

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

Schedule H (Form 990) 2021

Public Disclosure Copy

**Part V Facility Information** (continued)

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 5: AS PART OF THE F/Y 2022 COMMUNITY HEALTH

NEEDS ASSESSMENT, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH 16

COMMUNITY LEADERS DRAWN FROM DIVERSE BACKGROUNDS WITH VARYING PERSPECTIVE

ON HEALTH IN THE COMMUNITY. THE KEY INFORMANT INTERVIEWS WERE UTILIZED AS

AN OPPORTUNITY TO INCLUDE PERSPECTIVES FROM POPULATIONS THAT MAY BE

UNDER-REPRESENTED THROUGH OTHER COLLECTION METHODS AND HAVE A NEED FOR

DIFFERENT OR INCREASED RESOURCES TO ACHIEVE THEIR BEST HEALTH. THE

SPECIAL POPULATIONS REPRESENTED INCLUDED: VETERANS, SENIORS, THOSE

EXPERIENCING HOMELESSNESS OR HOUSING INSECURITY, IMMIGRANTS, AND HISPANIC

AND FILIPANO COMMUNITIES.

KEY INFORMANTS INCLUDED:

MICHELLE LARUE - REPRESENTATIVE FROM CASA

ALLISON FLORES - PRINCE GEORGE'S COUNTY EXECUTIVE LATINO AFFAIRS LIAISON

PATRICIA CHIANCONE - PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

LISA WALKER - HYATTSVILLE AGING IN PLACE

TISA HOLLEY - PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

PATRICIA FLETCHER - AERS PROGRAM

JAMES DULA - OFFICE OF VETERANS AFFAIRS, DEPARTMENT OF FAMILY SERVICES

ANTHONY SMITH - OFFICE OF VETERANS AFFAIRS, DEPARTMENT OF FAMILY SERVICES

STACEY LITTLE - UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH

DUSHANKA KLEINMAN - UNIVERSITY OF MARYLAND, COLLEGE PARK, SCHOOL OF PUBLIC  
HEALTH

NORBERTO MARTINEZ - LANGLEY PARK CIVIC ASSOCIATION

**Part V Facility Information** *(continued)*

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

GUY MERRITT - DEPARTMENT OF CORRECTIONS

ANNA CAZES - FORT WASHINGTON MEDICAL CENTER

COL. JIMMY SLADE - COMMUNITY MINISTRIES

JEAN DRUMMOND - HC DI, INC.

ANDRE PITTMAN - FIRST BAPTIST CHOURCH OF GLENARDEN MILITARY CARE MINISTRY

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE CHNA IDENTIFIED NUMEROUS COMMUNITY HEALTH NEEDS. THE FOUR MAIN PRIORITY AREAS IDENTIFIED IN THE FISCAL YEAR 2016 CHNA CONTINUE TO BE THE FOUR PRIORITY AREAS FOR THE CURRENT CHNA (1) SOCIAL DETERMINANTS OF HEALTH, (2) BEHAVIORAL HEALTH, (3) OBESITY AND METABOLIC SYNDROME AND (4) CANCER. DCMC WILL FOCUS ON:

**Part V Facility Information** (continued)

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

(1) METABOLIC SYNDROME PREVENTION - EXPAND DIABETES PREVENTION PROGRAMS VIA CDC PARTNERSHIP; INCREASE PARTNER PARTICIPATION, DEVELOP HEALTH EDUCATION MATERIALS; CONTINUE/EXPAND SCREENINGS AND SERVICES PROVIDED BY THE WELLMOBILE CLINIC TO PROVIDE FREE SCREENING TO VULNERABLE RESIDENTS.

(2) CANCER - CONTINUE TO PROVIDE AND EXPAND FREE EDUCATION, SCREENINGS AND SUPPORT PROGRAMS FOR BREAST, CERVICAL AND COLORECTAL CANCERS, PROGRAMS TARGETED TO UNINSURED AND UNDER-INSURED MEN AND WOMEN. INITIATE TOBACCO CESSATION PROGRAM.

(3) BEHAVIORAL HEALTH - IN COLLABORATION WITH PRINCE GEORGE'S GOVERNMENT, INITIATE PLANNING FOR BEHAVIORAL HEALTH PROGRAMS TO PROVIDE ENHANCED SERVICES THAT ADDRESS NEEDS THROUGH THE DCMC EMERGENCY DEPARTMENT AND THE COMMUNITY. DEVELOP AND IMPLEMENT IN-PATIENT, OUT-PATIENT, AND URGENT CARE PROGRAMS.

- UNMET HEALTH NEEDS ILLITERACY-ILLITERACY WAS IDENTIFIED IN THE CHNA. THE HOSPITAL DOES NOT HAVE THE SPECIALIZED RESOURCES CAPABILITIES NEEDED TO PROVIDE THIS TYPE OF PROGRAM. THE HOSPITAL WILL CONTINUE TO WORK WITH THE PRINCE GEORGE'S COUNTY OFFICIALS TO SEE HOW WE CAN ASSIST.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

PART V, SECTION A, FACILITY INFORMATION:

[HTTPS://WWW.LUMINISHEALTH.ORG/EN/LOCATIONS/LHDCMC?LANGUAGE\\_CONTENT\\_ENTIT](https://www.luminishealth.org/en/locations/lhdcmc?language_content_entit)

Y=EN

**Part V Facility Information** *(continued)*

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

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

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2022-11/2022-PRINCE-GEORGES-COUNTY-CHA-LUMINIS.PDF](https://www.luminishealth.org/sites/default/files/2022-11/2022-prince-georges-county-cha-luminis.pdf)

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

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

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

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2022-10/LUMINIS-HEALTH-CHNA-IMPLEMENTATION-PLAN-FY22-24.PDF](https://www.luminishealth.org/sites/default/files/2022-10/luminis-health-chna-implementation-plan-fy22-24.pdf)

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2022-08/FAP-FY21.PDF](https://www.luminishealth.org/sites/default/files/2022-08/fap-fy21.pdf)

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2022-06/MARYLAND-STATE-UNIFORM-FINANCIAL-ASSISTANCE-APPLICATION\\_0.PDF](https://www.luminishealth.org/sites/default/files/2022-06/maryland-state-uniform-financial-assistance-application_0.pdf)

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

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2022-08/LH-FINANCIAL-ASSISTANCE-BROCHURE.PDF](https://www.luminishealth.org/sites/default/files/2022-08/lh-financial-assistance-brochure.pdf)



**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 7:

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

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

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW

Part VI Supplemental Information (Continuation)

COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR CONSIDERING UNCOMPENSATED CARE IN EACH PAYORS' RATES, AND THEREFORE MARYLAND HOSPITALS ARE UNABLE TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART I, LINE 7G:

PHYSICIAN CLINIC COSTS ARE INCLUDED AS SUBSIDIZED HEALTH SERVICES BECAUSE THEY WOULD NOT OTHERWISE BE AVAILABLE TO MEET PATIENT DEMAND.

PART I, LN 7 COL(F):

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

PART II, COMMUNITY BUILDING ACTIVITIES:

THE ENVIRONMENTAL IMPROVEMENTS AND LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS ARE DESIGNED TO PROMOTE THE HEALTH OF THE COMMUNITY

Part VI Supplemental Information (Continuation)

RESIDENTS AND THE COMMUNITY AS A WHOLE. THE HOSPITAL ATTENDS MANY HEALTH FAIRS THROUGHOUT THE COMMUNITY AND FOCUSES ON DIABETIC SCREENING, A COUNTY DEPARTMENT HEALTH INITIATIVE.

PART III, LINE 2:

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

PART III, LINE 3:

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

PART III, LINE 4:

SEE FOOTNOTE #2 OF AUDITED FINANCIAL STATEMENTS - PAGES 18-21

PART III, LINE 8:

THE COMMUNITY BENEFIT QUESTION IS NOT APPLICABLE IN MARYLAND BECAUSE HOSPITALS WITHIN THE STATE ARE REIMBURSED UNDER THE HSCRC WAIVER PROGRAM WHEREIN NET REVENUE (REIMBURSEMENT) IS BASED ON A PERCENTAGE OF REGULATED

**Part VI** Supplemental Information (Continuation)

CHARGES. COSTING METHODOLOGY BASED ON TRIAL BALANCE EXPENSES ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH MEDICARE COST REPORTING RULES AND REGULATIONS. COST NUMBERS REPORTED ARE CONSISTENT WITH LHDCMC'S MEDICARE COST REPORT FILING.

PART III, LINE 9B:

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

PART VI, LINE 2:

LHDCMC USES A VARIETY OF STATE AND COUNTY REPORTS FOR HEALTH STATISTICS. THEY ARE AS FOLLOWS:

[HTTPS://WWW.PRINCEGEORGESCOUNTYMD.GOV/2561/DATA-REPORTS](https://www.princegeorgescountymd.gov/2561/data-reports) MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) MEASURES

**Part VI** Supplemental Information (Continuation)

[HTTPS://POPHEALTH.HEALTH.MARYLAND.GOV/PAGES/SHIP-LITE-HOME.ASPX](https://pophealth.health.maryland.gov/pages/ship-lite-home.aspx) MD VITAL  
STATISTICS ADMINISTRATION

[HTTP://DHMH.MARYLAND.GOV/VSA/PAGES/HOME.ASPX](http://dhmh.maryland.gov/vsa/pages/home.aspx) ROBERT WOOD JOHNSON  
FOUNDATION - COUNTY HEALTH RANKINGS [HTTPS://WWW.COUNTYHEALTHRANKINGS.ORG/](https://www.countyhealthrankings.org/)  
LDCMC USES A VARIETY OF OTHER SOURCES: CRISP AND DISCHARGE INFORMATION ARE  
ALSO USED TO IDENTIFY TARGET POPULATION AT RISK FOR READMISSION. U.S.  
CENSUS DATA.

THE CHNA CAN BE ACCESSED ONLINE VIA  
[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2022-11/2022-PRINCE-GEORG  
ES-COUNTY-CHA-LUMINIS.PDF](https://www.luminishealth.org/sites/default/files/2022-11/2022-prince-georges-county-cha-luminis.pdf)

PART VI, LINE 3:

PUBLIC NOTICE AND INFORMATION REGARDING LHDCMC'S CHARITY CARE POLICY  
INCLUDES THE FOLLOWING:

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

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

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

**Part VI** Supplemental Information (Continuation)

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

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

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

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

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

PART VI, LINE 4:

THE HOSPITAL SERVES RESIDENTS OF PRINCE GEORGE'S COUNTY, MARYLAND. PRINCE GEORGE'S COUNTY IS THE SECOND LARGEST JURISDICTION IN MARYLAND WITH 955,306 RESIDENTS AS REPORTED IN 2021, WHICH REPRESENTS AN INCREASE OF 150,000 SINCE 2000. THE RACE AND ETHNICITY COMPOSITION OF THE COMMUNITY IS 59% BLACK, NON-HISPANIC, 18% HISPANIC, 15% WHITE, NON-HISPANIC, 4% ASIAN, NON-HISPANIC AND 4% OTHER, NON-HISPANIC. THE MEDIAN HOUSEHOLD INCOME IS 91,124. THE POVERTY RATE IS 11.5%. THE HIGH SCHOOL GRADUATE PERCENTAGE FOR INDIVIDUALS 25 AND OLDER IS 26.9% WITH 34.9% HOLDING A BACHELOR'S DEGREE.

OUR COMMUNITY REPRESENTS A DIVERSE POPULATION. GOOD HEALTH IS NOT

**Part VI** Supplemental Information (Continuation)

ATTAINABLE FOR MOST RESIDENTS.

PART VI, LINE 5:

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

PART VI, LINE 6:

LHDCMC OFFERS A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES, A NUMBER OF SPECIALTY AND SUB-SPECIALTY SERVICES TO MOST OF PRINCE GEORGE'S COUNTY, MARYLAND AND SURROUNDING AREAS. THE HOSPITAL PROVIDES HEALTH CARE SERVICES TO PATIENTS REGARDLESS OF THE PATIENTS' ABILITY TO PAY. DURING FISCAL YEAR 2022, LHDCMC PARTICIPATED IN SEVERAL INITIATIVES THAT FOCUSED ON HELPING THE COMMUNITY.

CANCER:

NUMEROUS CANCER INITIATIVES INCLUDED REDUCING THE MORTALITY OF BREAST, CERVICAL AND COLORECTAL CANCERS IN UNDERSERVED COMMUNITIES BY INCREASING THE NUMBER OF SCREENINGS.

COVID-19 MOBILE VACCINE CLINICS:

THERE WAS THE EXPANSION INTO THE HYATTSVILLE, DISTRICT HEIGHTS AND THE CAPITAL HEIGHTS AREA AS THE RESULT OF HSCRC FUNDING FOR COVID-19 MOBILE VACCINE CLINICS. THESE PARTICULAR AREAS WERE UNDERSERVED AND UNDER VACCINATED.

**Part VI** Supplemental Information (Continuation)

DIABETES:

THE DIABETES EDUCATION PREVENTION INITIATIVE FOCUSED ON IMPLEMENTING  
DIABETES PREVENTION PROGRAMS. AS A RESULT, TWO NEW COHORTS WERE STARTED  
DURING FY2021.

MENTAL HEALTH:

IN RESPONSE TO LONG-STANDING BEHAVIORAL HEALTH DISPARITIES, PRINCE  
GEORGE'S COUNTY EXECUTIVE ANGELA ALSOBROOKS AND THE COUNTY COUNCIL  
ALLOCATED \$20 MILLION OF CAPITAL FUNDING TO A BEHAVIORAL HEALTH PAVILION  
RENOVATION ON THE CAMPUS OF LHDCMC.

LUMINIS HEALTH OPERATES THE NEW FACILITY, WHICH INCLUDES A MENTAL HEALTH  
WALK-IN URGENT CARE, MENTAL HEALTH OUTPATIENT CLINIC AND PARTIAL  
HOSPITALIZATION PROGRAM. INPATIENT SERVICES WILL OPEN IN SPRING 2023 AND  
AN 8-BED RESIDENTIAL SUBSTANCE USE TREATMENT PROGRAM WILL OPEN LATER THIS  
YEAR.

HEALTH CARE DISPARITIES:

LUMINIS HEALTH HAS RELEASED A BOLD PLAN TO BECOME A NATIONAL MODEL FOR  
JUSTICE, EQUITY, DIVERSITY AND INCLUSION (JEDI). THE GROUNDWORK FOR THE  
PLAN BEGAN IN 2020 WITH THE FORMATION OF THE HEALTH SYSTEM'S HEALTH EQUITY  
AND ANTI-RACISM TASK (HEART) FORCE, A MULTIDISCIPLINARY GROUP CONSISTING  
OF MEMBERS OF THE BOARDS OF TRUSTEES, SENIOR LEADERS, MEDICAL STAFF,  
COMMUNITY PARTNERS AND STAKEHOLDERS. THE EVENTS OF THE YEAR 2020 PROMPTED  
LUMINIS HEALTH TO ASSESS DATA AND INFORMATION TO IDENTIFY GREATER  
OPPORTUNITIES TO AFFECT CHANGE IN CONFRONTING RACISM, ADDRESSING THE  
EFFECTS OF SYSTEMIC INEQUITY AND DISMANTLING STRUCTURAL INJUSTICE. THE

RECOMMENDATIONS ARE STRUCTURED BY THREE MAJOR CATEGORIES:

-LEAD AS AN ANTI-RACIST ORGANIZATION AND CONFRONT RACISM AND ERADICATE INEQUITIES IN HEALTH CARE.

-ENHANCE CULTURALLY INFORMED COMMUNICATIONS AND COMMUNITY COLLABORATION.

-MEASURE AND INTEGRATE ACCOUNTABILITY.

WHILE LUMINIS HEALTH/ LHDCMC TRACKS UTILIZATION PATTERNS BY RACE AND ETHNICITY, THERE ARE ADDITIONAL PLANS TO MEASURE EFFORTS TO REDUCE DISPARITIES. THE NEXT YEAR WILL STRUCTURE THE PROCESS TO TRACK AND REDUCE DISPARITIES IN THE COMMUNITIES WE SERVE.

DOCTOR'S REGIONAL CANCER CENTER:

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

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

WE ARE COMMITTED TO PROVIDING STATE-OF-THE-ART RADIATION THERAPY FOR PATIENTS WITH DIFFERENT TYPES OF CANCER. WE OFFER 4-D IGRT AND 3-D

**Part VI** Supplemental Information (Continuation)

VOLUMETRIC IMAGING AT OUR LANHAM AND BOWIE LOCATIONS.

OUR RADIATION ONCOLOGY SERVICES INCLUDE:

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

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

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

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

INTENSITY-MODULATED RADIATION THERAPY (IMRT) USES RADIATION BEAMS OF VARYING INTENSITIES TO DELIVER DIFFERENT DOSES OF RADIATION TO SMALL AREAS OF TISSUE AT THE SAME TIME. THIS TREATMENT ALLOWS ESCALATION OF THE DOSE

**Part VI** Supplemental Information (Continuation)

OF RADIATION TO THE TUMOR WITHOUT EXCESSIVE DAMAGE TO NORMAL TISSUES. IN  
SELECT SITUATIONS, IMRT ALLOWS RE-TREATMENT FOR RECURRENT DISEASE.

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

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

MD

REV. PROC. 2015-21 DISCLOSURE

THE HOSPITAL CONDUCTED ITS COMMUNITY HEALTH NEEDS ASSESSMENT IN  
CONJUNCTION WITH PRINCE GEORGES COUNTY. THE COUNTY DID NOT FINALIZE  
THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT BY JUNE 30TH. THE  
FINALIZED COMMUNITY HEALTH NEEDS ASSESSMENT WAS UPLOADED TO THE  
HOSPITAL'S WEBSITE ON NOVEMBER 3, 2022.

THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY STATES THAT, UNLESS  
OTHERWISE SPECIFIED, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY DOES  
NOT APPLY TO PHYSICIANS OR OTHER MEDICAL PROVIDERS WHILE IN THE  
HOSPITAL. THIS INCLUDES EMERGENCY ROOM DOCTORS, ANESTHESIOLOGISTS,  
RADIOLOGISTS, HOSPITALISTS, PATHOLOGISTS AND OTHER PROVIDERS. THE  
POLICY ALSO PROVIDES A LINK TO PROVIDERS EXCLUDED FROM THE HOSPITAL'S  
FINANCIAL ASSISTANCE POLICY. THE HOSPITAL BECAME AWARE THAT THE LINK  
WAS NOT WORKING PROPERLY. UPON NOTICE OF THE ISSUE, THE HOSPITAL  
PROMPTLY UPDATED THE LINK.

**Part VI** Supplemental Information (Continuation)

MANAGEMENT IS ACTIVELY REVIEWING THE FAP AND OTHER REQUIREMENTS UNDER  
501(R) TO DETERMINE COMPLIANCE WITH THE LAW. ANY OVERSIGHTS ARE NOTED  
AND PROMPTLY CORRECTED. THE POLICY OF REVIEWING THE 501(R)  
REQUIREMENTS HELPS MIMIMIZE ANY FAILINGS AND ENSURES ACCURATE AND  
COMPLETE DISCLOSURE TO THOSE UTILIZNG THE FAP.

Public Disclosure Copy

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**52-1638026**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

52-1638026

Schedule J (Form 990) 2021

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VICTORIA BAYLESS LUMINIS CEO/BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,175,140.	547,153.	247,096.	247,802.	250.	2,217,441.	179,163.
(2) PHILIP DOWN FORMER CHIEF EXECUTIVE OFFICER	(i)	0.	0.	1,014,126.	0.	0.	1,014,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DENEEN RICHMOND PRESIDENT/ BOARD MEMBER	(i)	510,690.	161,237.	871.	26,568.	19,546.	718,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUNIL MADAN CHIEF MEDICAL OFFICER	(i)	505,326.	133,576.	5,191.	5,500.	30,505.	680,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KEVIN L. SMITH LH CFO/TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	439,395.	121,042.	30,048.	26,492.	18,768.	635,745.	0.
(6) TIMOTHY ADELMAN, ESQ. LH CHIEF COUNSEL/SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	426,013.	146,583.	5,346.	23,151.	29,760.	630,853.	0.
(7) PAUL GRENALDO FORMER CHIEF OPERATING OFFICER	(i)	0.	0.	450,126.	0.	2,614.	452,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) REGINA HAMPTON, MD BOARD MEMBER (PART-YEAR)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	332,349.	1,000.	391.	5,376.	33,680.	372,796.	0.
(9) DAVID PRESS INTERNAL MEDICINE PHYSICIAN	(i)	353,791.	1,000.	0.	0.	9,631.	364,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MOHAMED DARAMY STAFF NURSE	(i)	249,163.	37,765.	0.	0.	11,895.	298,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANGELA WILSON VP, ADMINISTRATION & SUPPORT	(i)	227,500.	60,248.	0.	6,500.	3,231.	297,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SALIM JARAWAN DIRECTOR - PHARMACY	(i)	228,324.	19,750.	0.	0.	0.	248,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) VICTORIA OGBUJI STAFF NURSE	(i)	205,676.	36,534.	0.	0.	0.	242,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOYCE HANSCOME VP, CHIEF INFORMATION OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	128,171.	70,865.	2,395.	13,000.	980.	215,411.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1B:**

LUMINIS HEALTH DOCTOR'S COMMUNITY MEDICAL CENTER INC., FORMERLY DOCTOR'S COMMUNITY MEDICAL CENTER INC.'S BOARD APPROVED A COMPENSATION ARRANGEMENT WITH PHILIP DOWN IN 2014. UNDER THIS ARRANGEMENT, AN ANNUAL PAYMENT IS MADE FOR CERTAIN INCOME TAXES ON THE INCOME IMPUTED TO HIM ANNUALLY UNDER A LIFE INSURANCE ARRANGEMENT ADOPTED IN THE EARLY 1990S. MR. DOWN PARTICIPATES IN A SPLIT DOLLAR PLAN UNDER WHICH DOCTORS COMMUNITY ADVANCED PREMIUMS INTO LIFE INSURANCE POLICIES OWNED BY MR. DOWN. THESE PAYMENTS ARE INCLUDED IN MR. DOWN'S TAXABLE WAGES.

**PART I, LINES 4A-B:**

THE FOLLOWING RECEIVED SEVERANCE PAYMENTS DURING THE YEAR:

PAUL GRENALDO	\$ 450,126
PHILIP DOWN	\$ 911,363

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

VICTORIA BAYLESS	\$ 247,802
KEVIN SMITH	\$ 22,000

**Part III Supplemental Information**

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

TIMOTHY ADELMAN \$ 19,482

DENEEN RICHMOND \$ 26,858

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

VICTORIA BAYLESS \$189,305

Public Disclosure Copy

**Supplemental Information on Tax-Exempt Bonds**

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

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MAYLAND HEALTH AND HIGHER EDUCATION 2016A	52-0936091	574218Y98	06/28/16	31945000.	REFINANCE 2007A AND PARTIAL 2010		X		X		X
<b>B</b> MAYLAND HEALTH AND HIGHER EDUCATION 2017A	52-0936091	574218Y98	02/23/17	64165000.	REFINANCE BOND 2010		X		X		X
<b>C</b> MAYLAND HEALTH AND HIGHER EDUCATION 2017B	52-0936091	5742158L6	03/23/17	41500000.	REFINANCE BOND 2010		X		X		X
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired	804,000.				26,480,000.					
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	31,945,000.		64,165,000.		41,500,000.					
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	398,892.		1,163,332.		561,722.					
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds										
<b>11</b> Other spent proceeds	31,546,108.		63,001,668.		40,938,278.					
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X					
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X			X				
<b>16</b> Has the final allocation of proceeds been made?		X		X		X				
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

**Part III Private Business Use**

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

**Part IV Arbitrage**

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

**Part IV Arbitrage** (continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

**SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:**

(A) ISSUER NAME: MAYLAND HEALTH AND HIGHER EDUCATION 2016A

DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2021

(A) ISSUER NAME: MAYLAND HEALTH AND HIGHER EDUCATION 2017A

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

(A) ISSUER NAME: MAYLAND HEALTH AND HIGHER EDUCATION 2017B

DATE THE REBATE COMPUTATION WAS PERFORMED: 09/24/2020

**SCHEDULE N**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Liquidation, Termination, Dissolution, or Significant Disposition of Assets**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

**Part I** **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Description of asset(s) distributed or transaction expenses paid	<b>(b)</b> Date of distribution	<b>(c)</b> Fair market value of asset(s) distributed or amount of transaction expenses	<b>(d)</b> Method of determining FMV for asset(s) distributed or transaction expenses	<b>(e)</b> EIN of recipient	<b>(f)</b> Name and address of recipient	<b>(g)</b> IRC section of recipient(s) (if tax-exempt) or type of entity

- 2** Did or will any officer, director, trustee, or key employee of the organization:
- a** Become a director or trustee of a successor or transferee organization? .....
  - b** Become an employee of, or independent contractor for, a successor or transferee organization? .....
  - c** Become a direct or indirect owner of a successor or transferee organization? .....
  - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? .....
  - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

	<b>Yes</b>	<b>No</b>
<b>2a</b>		
<b>2b</b>		
<b>2c</b>		
<b>2d</b>		

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

52-1638026

**Part I Liquidation, Termination, or Dissolution** (continued)

**Note:** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

	Yes	No
<b>3</b> Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III		
<b>4a</b> Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?		
<b>b</b> If "Yes," did the organization provide such notice?		
<b>5</b> Did the organization discharge or pay all of its liabilities in accordance with state laws?		
<b>6a</b> Did the organization have any tax-exempt bonds outstanding during the year?		
<b>b</b> If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?		
<b>c</b> If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.		

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	EXPENDITURES FOR EXEMPT PURPOSE	06/30/22	172,792,187.	COST	APPLIEDFOR	SEE SUPPLEMENTAL NARRATIVE 2000 MEDICAL PARKWAY, # 606 ANNAPOLIS, MD 21401	501(C)(3)

	Yes	No
<b>2</b> Did did or will any officer, director, trustee, or key employee of the organization:		
<b>a</b> Become a director or trustee of a successor or transferee organization?		X
<b>b</b> Become an employee of, or independent contractor for, a successor or transferee organization?		X
<b>c</b> Become a direct or indirect owner of a successor or transferee organization?		X
<b>d</b> Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X
<b>e</b> If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►		

**Part III Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II LINE 1(A), 1(F)

THE ORGANIZATION INCURRED SIGNIFICANT COSTS IN MEETING ITS EXEMPT PURPOSE. THESE EXPENDITURES RESULTED IN A 25% DECREASE IN THE ORGANIZATION'S NET ASSETS.

Public Disclosure Copy

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 GEORGES COUNTY AND THE SURROUNDING COMMUNITY. THE HOSPITAL PROVIDES  
 HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THE PATIENTS' ABILITY TO  
 PAY.

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

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

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

FORM 990, PART VI, SECTION B, LINE 11B:  
 RESPONSIBILITY FOR THE DETAILED REVIEW OF THE FORM 990 HAS BEEN ASSIGNED TO  
 THE AUDIT AND COMPLIANCE COMMITTEE OF LUMINIS HEALTH, INC. THE AUDIT AND

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

Schedule O (Form 990) 2021

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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COMPLIANCE COMMITTEE REVIEWS THE FORM 990 AND PROVIDES SUMMARY INFORMATION TO THE FULL BOARD. THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD FOR REVIEW PRIOR TO ITS FILING.

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

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

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

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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THAT A CONFLICT OF INTEREST EXISTS OR THEY MAY PRESENT THE MATTER TO THE BOARD.

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

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

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

THE ORGANIZATION'S BOARD HAS ADOPTED A COMPENSATION POLICY FOR COVERED INDIVIDUALS. PURSUANT TO THE POLICY, A COMPENSATION COMMITTEE OF

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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INDEPENDENT DIRECTORS WAS ESTABLISHED TO REVIEW THE COMPENSATION OF ALL EMPLOYEES SPECIFIED AS HAVING A SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION AND WHO RECEIVE REMUNERATION FROM THE ORGANIZATION. THE COMPENSATION COMMITTEE IS ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHO OPINES TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION PAID MEET THE IRC SECTION 4958 REBUTTABLE PRESUMPTION TEST.

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

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

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

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

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

SHARED SERVICES ALLOCATION:

PROGRAM SERVICE EXPENSES	13,982,240.
MANAGEMENT AND GENERAL EXPENSES	12,592,011.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,574,251.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	10,470,974.
MANAGEMENT AND GENERAL EXPENSES	9,418,706.
FUNDRAISING EXPENSES	0.

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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TOTAL EXPENSES	19,889,680.
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CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	14,852,196.
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MANAGEMENT AND GENERAL EXPENSES	13,375,469.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	28,227,665.
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MEDICAL PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,150,200.
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MANAGEMENT AND GENERAL EXPENSES	1,936,409.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	4,086,609.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	78,778,205.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION ADJUSTMENT	-477,655.
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LOSS IN SUBSIDIARIES	-1,362,887.
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OTHER CHANGES	-819,373.
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TRANSFER FROM/TO AFFILIATES, NET	-19,383,137.
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TOTAL TO FORM 990, PART XI, LINE 9	-22,043,052.
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FORM 990, PAGE 12, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CAPITAL ORTHOPAEDICS SPECIALISTS LLC - 90-0983677, 8116 GOOD LUCK ROAD, LANHAM, MD 20706	SURGICAL PRACTICE: ORTHOPADICS, GENERAL SURGERY, VASCULAR SURGERY	MARYLAND	0.	0.	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.
DCH INTEGRATED HEALTHCARE NETWORK LLC - 46-5664423, 8118 GOOD LUCK ROAD, LANHAM, MD 20706	SHARED SERVICE ORGANIZATION - DISSOLVED 3/20/2023	MARYLAND	0.	0.	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.
DOCTOR COMMUNITY PRACTICES LLC - 81-1095800 8118 GOOD LUCK ROAD LANHAM, MD 20706	PRIMARY CARE PHYSICIAN OFFICES	MARYLAND	0.	0.	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

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

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

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

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Schedule R (Form 990)

52-1638026

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LUMINIS HEALTH IMAGING, INC. - 52-1467734 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	OUTPATIENT DIAGNOSTICS AND IMAGING SERVICES	MARYLAND	501(C)(3)	LINE 3	LUMINIS HEALTH CLINICAL ENTERPRISE, INC.		X
LUMINIS HEALTH REAL ESTATE HOLDING COMPANY, INC. - 52-1622251, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	REAL ESTATE HOLDING COMPANY	MARYLAND	501(C)(2)		LUMINIS HEALTH, INC.		X
LUMINIS HEALTH, INC. - 52-1622253 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	SUPPORT HEALTH CARE RELATED ENTITIES	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION, INC. - 52-171233, 8118 GOOD LUCK ROAD, LANHAM, MD 20706	SUPPORTING ORGANIZATION OF LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER	MARYLAND	501(C)(3)	LINE 12A, I	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER,	X	
LUMINIS HEALTH PATHWAYS, INC. - 52-1722088 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	ALCOHOL & DRUG ABUSE TREATMENT SERVICES	MARYLAND	501(C)(3)	LINE 3	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER,		X
LUMINIS HEALTH J. KENT MCNEW FAMILY MEDICAL CENTER, INC. - 83-3856917, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	MARYLAND	501(C)(3)	LINE 3	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER,		X
LUMINIS HEALTH CLINICAL ENTERPRISE, INC. - 87-1489240, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	TO PROVIDE COMMON MANAGEMENT SUPERVISION AND DIRECTION TO OTHER LUMINIS	MARYLAND	501(C)(3)	LINE 12B, II	LUMINIS HEALTH, INC.		X

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

Schedule R (Form 990) 2021

52-1638026 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ANNAPOLIS EXCHANGE LOT IV, LLC - 52-2020156, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	COMMERCIAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ANNAPOLIS EXCHANGE LOT V, LLC - 52-2020157, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MEDICAL OFFICE, LLC - 20-2290229, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
KENT ISLAND MEDICAL ARTS, LLC - 26-0623450, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PAVILION PARK, INC. - 52-1890034 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	REAL ESTATE LEASING	MD	N/A	C CORP	N/A	N/A	N/A		X
LUMINIS HEALTH CARE SERVICES, INC. - 52-1646304, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
COTTAGE INSURANCE COMPANY, LTD. - 98-0461499 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ KY1-110	CAPTIVE INSURER - PROFESSIONAL LIABILITY INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
DOCTORS COMMUNITY HEALTH VENTURES INC - 52-1884380, 8118 GOOD LUCK ROAD, LANHAM, MD 20706	MEDICAL SERVICES	MD	LUMINIS HEALTH DOCTORS COMMUNITY	C CORP	-137,830.	6,246,912.	100%	X	



LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION	C	93,596.	COST
(2) LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION	D	1,510,654.	COST
(3) LUMINIS HEALTH INC	P	26,574,252.	COST
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC.

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

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION, INC.

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

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH PATHWAYS, INC.

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

NAME OF RELATED ORGANIZATION:

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

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

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ANNE ARUNDEL - SCA SURGICENTER, LLC

EIN: 82-4763728

**Part VII** Supplemental Information

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

2000 MEDICAL PARKWAY, SUITE 606

ANNAPOLIS, MD 21401

NAME OF RELATED ORGANIZATION:

DOCTORS REGIONAL CANCER CENTER, LLC

PRIMARY ACTIVITY: CANCER TREATMENT SERVICES FOR RESIDENTS OF PRINCE

GEORGE'S COUNTY

DIRECT CONTROLLING ENTITY: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

CENTER, INC.

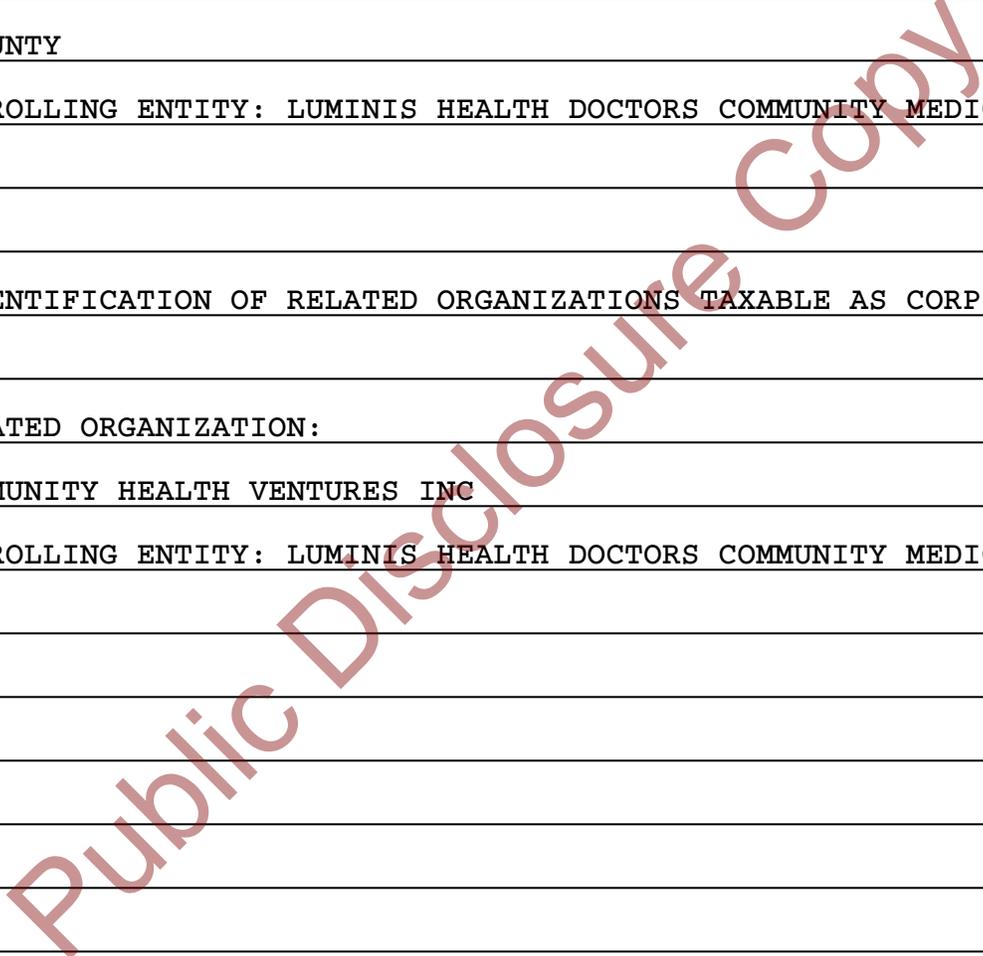
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

DOCTORS COMMUNITY HEALTH VENTURES INC

DIRECT CONTROLLING ENTITY: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

CENTER, INC.



Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

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

EIN or SSN  
**52-1638026**

Name and title of officer or person subject to tax **KEVIN L. SMITH  
CFO**

## Part I Type of Return and Return Information

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

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> <u>38,070.</u>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

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

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

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

**52344321031**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **SC&H GROUP, INC.**

Date ▶ **05/11/23**

**ERO Must Retain This Form - See Instructions**

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

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

Form **8879-TE** (2021)

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

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>2000 MEDICAL PARKWAY, 606</b>  City or town, state or province, country, and ZIP or foreign postal code <b>ANNAPOLIS, MD 21401</b>	<p><b>D</b> Employer identification number <b>52-1638026</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>234,367,013.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

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

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

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

**L** The books are in care of ▶ **KEVIN L. SMITH** Telephone number ▶ **443-481-1308**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	182,285.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	182,285.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	182,285.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	182,285.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	181,285.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	38,070.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	38,070.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	38,070.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	38,070.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>	91,420.	
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>		
<input type="checkbox"/> Form 4136 .....			
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	91,420.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	53,350.
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> ▶ 53,350. <b>Refunded</b> ▶ .....		<b>11</b>	0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ .....		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here ▶ \$ .....			
Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____		CFO _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/11/23	P00370694
	Firm's name ▶ SC&H GROUP, INC.	Firm's EIN ▶ 20-5991824		
	Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152		Phone no. (410) 403-1500	

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

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CORPORATION'S NAME

IDENTIFYING NO

LUMINIS HEALTH, INC.

52-1622253

Public Disclosure Copy

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

Department of the Treasury  
Internal Revenue Service

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

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

1  
OMB No. 1545-0047

**2021**

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

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

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>1,335,320.</u>				
<b>b</b> Less returns and allowances <u>547,481.</u> <b>c</b> Balance ▶	<b>1c</b>	787,839.		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>	787,839.		787,839.
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	787,839.		787,839.

**Part II** **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>			6,762.
<b>2</b> Salaries and wages	<b>2</b>			222,697.
<b>3</b> Repairs and maintenance	<b>3</b>			
<b>4</b> Bad debts	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions <u>SEE STATEMENT 2</u>	<b>5</b>			6,556.
<b>6</b> Taxes and licenses	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			
<b>9</b> Depletion	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans	<b>10</b>			
<b>11</b> Employee benefit programs	<b>11</b>			36,713.
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>			
<b>13</b> Excess readership costs (Part IX)	<b>13</b>			
<b>14</b> Other deductions (attach statement) <u>SEE STATEMENT 3</u>	<b>14</b>			332,826.
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>			605,554.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			182,285.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>			182,285.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a 'Yes/No' checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income with 4 columns (A, B, C, D) and 5 rows. Includes descriptions for rent received, deductions, and total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income with 4 columns (A, B, C, D) and 11 rows. Includes descriptions for gross income, deductions, average acquisition debt, and total gross income.

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

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

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

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

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

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



FORM 990-T (A)	INTEREST PAID	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST EXPENSE		6,556.
TOTAL TO SCHEDULE A, PART II, LINE 5		6,556.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
SPACE COSTS		5,456.
SUPPLIES		322,832.
ALLOCATED MANAGEMENT COSTS - OTHER		4,538.
TOTAL TO SCHEDULE A, PART II, LINE 14		332,826.

Public Disclosure Copy

Form **5471**

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

OMB No. 1545-0123

(Rev. December 2021)

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JUL 1, 2021**, and ending **JUN 30, 2022**

Attachment  
Sequence No. **121**

Name of person filing this return <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.</b>		<b>A</b> Identifying number <b>52-1638026</b>
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) <b>2000 MEDICAL PARKWAY, 606</b>		<b>B</b> Category of filer (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/>
City or town, state, and ZIP code <b>ANNAPOLIS, MD 21401</b>		<b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period <b>25.00 %</b>
Filer's tax year beginning <b>JUL 1, 2021</b> , and ending <b>JUN 30, 2022</b>		

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

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

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

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

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

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
<b>LUMINIS HEALTH INC.</b>	<b>2000 MEDICAL PARKWAY ST 606 ANNAPOLIS MD 21401</b>	<b>52-1622253</b>	<b>X</b>		

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

<b>1a</b> Name and address of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD. P.O. BOX 10233 GRAND CAYMAN KY-1002 CAYMAN ISLANDS</b>		<b>b(1)</b> Employer identification number, if any <b>98-0464065</b>
		<b>b(2)</b> Reference ID number (see instructions) <b>FREESTATE1</b>
		<b>c</b> Country under whose laws incorporated <b>CAYMAN ISLANDS</b>
<b>d</b> Date of incorporation <b>12/14/04</b>	<b>e</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>f</b> Principal business activity code number <b>524290</b>
		<b>g</b> Principal business activity <b>OTHER INSURANCE FUND</b>
<b>h</b> Functional currency code <b>USD</b>		

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

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

<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation <b>ARTEX RISK SOLUTIONS (CAYMAN) LT P.O. BOX 10233 GRAND CAYMAN KY1-100 KY1-1002 CAYMAN ISLANDS</b>	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different
---	---

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
<b>COMMON</b>	<b>100,000</b>	<b>100,000</b>

LHA For Paperwork Reduction Act Notice, see instructions. **SEE STATEMENT 4** **SEE STATEMENT 5** Form **5471** (Rev. 12-2021)

**Schedule B Shareholders of Foreign Corporation**

**Part I U.S. Shareholders of Foreign Corporation** (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
ATLANTIC GENERAL HOSPITA 9733 HEALTHWAY DRIVE BERLIN MD 21811 52-1656507	COMMON	20,000	25,000	26.44%
CALVERT MEMORIAL HOSPITA 100 HOSPITAL ROAD PRINCE FREDERICK MD 2067 52-0619000	COMMON	20,000	25,000	29.36%
GARRETT COUNTY MEMORIAL 251 NORTH FOURTH STREET OAKLAND MD 21550 52-6002795	COMMON	20,000	25,000	4.66%
THE UNION HOSPITAL OF CE 106 BOW STREET ELKTON MD 21921 52-0607945	COMMON	20,000	0	.00%
LUMINIS HEALTH DOCTORS C 2000 MEDICAL PARKWAY ANNAPOLIS MD 21401 52-1638026	COMMON	20,000	25,000	39.54%

**Part II Direct Shareholders of Foreign Corporation** (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
ATLANTIC GENERAL HOSPITA 9733 HEALTHWAY DRIVE BERLIN MD 21811 52-1656507	COMMON	20,000	25,000
CALVERT MEMORIAL HOSPITA 100 HOSPITAL ROAD PRINCE FREDERICK MD 2067 52-0619000	COMMON	20,000	25,000
GARRETT COUNTY MEMORIAL 251 NORTH FOURTH STREET OAKLAND MD 21550 52-6002795	COMMON	20,000	25,000
THE UNION HOSPITAL OF CE 106 BOW STREET ELKTON MD 21921 52-0607945	COMMON	20,000	0
LUMINIS HEALTH DOCTORS C 2000 MEDICAL PARKWAY ANNAPOLIS MD 20706 52-1638026	COMMON	20,000	25,000

**Schedule C Income Statement**

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

		Functional Currency	U.S. Dollars
<b>Income</b>	<b>1a</b> Gross receipts or sales .....	<b>1a</b>	3,541,902.
	<b>b</b> Returns and allowances .....	<b>1b</b>	
	<b>c</b> Subtract line 1b from line 1a .....	<b>1c</b>	3,541,902.
	<b>2</b> Cost of goods sold .....	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c) .....	<b>3</b>	3,541,902.
	<b>4</b> Dividends .....	<b>4</b>	
	<b>5</b> Interest .....	<b>5</b>	627,374.
	<b>6a</b> Gross rents .....	<b>6a</b>	
	<b>b</b> Gross royalties and license fees .....	<b>6b</b>	
	<b>7</b> Net gain or (loss) on sale of capital assets .....	<b>7</b>	1,185,476.
<b>8a</b> Foreign currency transaction gain or loss - unrealized .....	<b>8a</b>		
	<b>b</b> Foreign currency transaction gain or loss - realized .....	<b>8b</b>	
<b>9</b> Other income (attach statement) .....	<b>9</b>	SEE STATEMENT 6	449,303.
<b>10</b> Total income (add lines 3 through 9) .....	<b>10</b>		5,804,055.
<b>Deductions</b>	<b>11</b> Compensation not deducted elsewhere .....	<b>11</b>	
	<b>12a</b> Rents .....	<b>12a</b>	
	<b>b</b> Royalties and license fees .....	<b>12b</b>	
	<b>13</b> Interest .....	<b>13</b>	
	<b>14</b> Depreciation not deducted elsewhere .....	<b>14</b>	
	<b>15</b> Depletion .....	<b>15</b>	
	<b>16</b> Taxes (exclude income tax expense (benefit)) .....	<b>16</b>	
	<b>17</b> Other deductions (attach statement - exclude income tax expense (benefit)) .....	<b>17</b>	SEE STATEMENT 7
<b>18</b> Total deductions (add lines 11 through 17) .....	<b>18</b>		5,804,055.
<b>Net Income</b>	<b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) .....	<b>19</b>	
	<b>20</b> Unusual or infrequently occurring items .....	<b>20</b>	
	<b>21a</b> Income tax expense (benefit) - current .....	<b>21a</b>	
	<b>b</b> Income tax expense (benefit) - deferred .....	<b>21b</b>	
<b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b) .....	<b>22</b>		
<b>Other Comprehensive Income</b>	<b>23a</b> Foreign currency translation adjustments .....	<b>23a</b>	
	<b>b</b> Other .....	<b>23b</b>	
	<b>c</b> Income tax expense (benefit) related to other comprehensive income .....	<b>23c</b>	
	<b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) .....	<b>24</b>	

Form 5471 (Rev. 12-2021)

**Schedule F Balance Sheet**

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

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	2,496,672.	2,662,730.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b	( )	( )
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement) <b>SEE STATEMENT 8</b>	5	20,505,403.	19,366,583.
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement)	7		
8 Other investments (attach statement) <b>SEE STATEMENT 9</b>	8	38,333,419.	42,606,146.
9a Buildings and other depreciable assets	9a		
b Less accumulated depreciation	9b	( )	( )
10a Depletable assets	10a		
b Less accumulated depletion	10b	( )	( )
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	( )	( )
13 Other assets (attach statement)	13		
14 Total assets	14	61,335,494.	64,635,459.
<b>Liabilities and Shareholders' Equity</b>			
15 Accounts payable	15	135,700.	156,700.
16 Other current liabilities (attach statement) <b>SEE STATEMENT 10</b>	16	1,017,587.	831,280.
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement) <b>SEE STATEMENT 11</b>	19	60,079,495.	63,544,767.
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b	100,000.	100,000.
21 Paid-in or capital surplus (attach reconciliation)	21	2,712.	2,712.
22 Retained earnings	22		
23 Less cost of treasury stock	23	( )	( )
24 Total liabilities and shareholders' equity	24	61,335,494.	64,635,459.

**Schedule G Other Information**

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

FORM 5471 AMOUNT AND TYPE OF INDEBTEDNESS OF FOREIGN CORPORATION TO THE RELATED PERSONS DESCRIBED IN REGULATIONS SECTION 1.6046-1(B)(11) STATEMENT 4

AMOUNT	DESCRIPTION
	N/A

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO THE STOCK OF THE FOREIGN CORPORATION STATEMENT 5

NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
N/A		

FORM 5471 OTHER INCOME STATEMENT 6

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNREALIZED GAIN/(LOSS) ON INVESTMENT		1.000000	449,303.
TOTAL TO 5471, SCHEDULE C, LINE 9			449,303.

FORM 5471 OTHER DEDUCTIONS STATEMENT 7

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNDERWRITING EXPENSES		1.000000	5,253,001.
ADMINISTRATIVE EXPENSES		1.000000	551,054.
TOTAL TO 5471, SCHEDULE C, LINE 17			5,804,055.

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 8

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PREMIUMS RECEIVABLE	293,599.	367,573.
INTEREST RECEIVABLE	102,276.	105,364.
CLAIMS ESCROW FUNDS	24,252.	150,739.
OUTSTANDING LOSSES RECOVERABLE	18,677,470.	18,458,962.
REINSURANCE RECEIVABLE	1,058,463.	0.
DEFERRED REINSURANCE PREMIUMS CEDED	329,741.	267,162.
DEFERRED UNDERWRITING EXPENSES	17,307.	14,023.
PREPAID EXPENSES	2,295.	2,760.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5	<u>20,505,403.</u>	<u>19,366,583.</u>

FORM 5471

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
EQUITY SECURITIES	1,973,107.	3,071,827.
FIXED INCOME SECURITIES	19,431,794.	21,004,460.
EXCHANGE TRADED FUNDS	4,267,520.	3,932,583.
NON-EXCHANGE TRADED FUNDS	12,660,998.	14,597,276.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 8	<u>38,333,419.</u>	<u>42,606,146.</u>

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 10

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
UNEARNED PREMIUMS	1,017,587.	831,280.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	<u>1,017,587.</u>	<u>831,280.</u>

FORM 5471

OTHER LIABILITIES

STATEMENT 11

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PROVISION FOR OUTSTANDING LOSSES	60,079,495.	63,544,767.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19	60,079,495.	63,544,767.

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Schedule G Other Information (continued)

	Yes	No
<b>6a</b> Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? ..... If "Yes," complete lines 6b, 6c, and 6d.		X
<b>b</b> Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) ..... ▶ \$ _____		
<b>c</b> Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ..... ▶ \$ _____		
<b>d</b> Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ..... ▶ \$ _____		
<b>7</b> During the tax year, was the foreign corporation a participant in any cost-sharing arrangement? ..... If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
<b>8</b> From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? .....		X
<b>9a</b> Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the tax year? ..... If "Yes," go to line 9b.		X
<b>b</b> Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d) (2)(B) for the tax year ..... ▶ _____		
<b>10</b> During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? ..... If "Yes," see instructions and attach statement.		X
<b>11</b> During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? ..... If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
<b>12</b> During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....		X
<b>13</b> During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? .....		X
<b>14</b> Did you answer "Yes" to any of the questions in the instructions for line 14? ..... If "Yes," enter the corresponding code(s) from the instructions and attach statement ▶ <b>STMT 12</b>	X	
<b>15</b> Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? ..... If "Yes," enter the amount ..... ▶ \$ _____		X
<b>16</b> Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? ..... If "Yes," enter the amount ..... ▶ \$ _____		X
<b>17a</b> Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)? .....		X
<b>b</b> If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)? .....		
<b>18</b> Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? .....		X
<b>19a</b> Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding three tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? .....		X
<b>b</b> If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) ..... ▶ \$ _____ (2) The amount of such related party indebtedness ..... ▶ \$ _____		

CODE	DESCRIPTION	AMOUNT
DED	DEDUCTION TAKEN INTO ACCOUNT	135,048.
EP	OTHER SUBPART INCOME	498,914.

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**Schedule I Summary of Shareholder's Income From Foreign Corporation**

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

Name of U.S. shareholder	Identifying number	
1a Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)		1a
b Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)		1b
c Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)		1c
d Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)		1d
e Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)		1e
f Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)		1f
g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)		1g
h Other subpart F income (enter result from Worksheet A)		1h 498,914.
2 Earnings invested in U.S. property (enter the result from Worksheet B)		2
3 Reserved for future use		3
4 Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.		4
5a Section 245A eligible dividends (see instructions)		5a
b Extraordinary disposition amounts (see instructions)		5b
c Extraordinary reduction amounts (see instructions)		5c
d Section 245A(e) dividends (see instructions)		5d
e Dividends not reported on line 5a, 5b, 5c, or 5d		5e
6 Exchange gain or (loss) on a distribution of previously taxed earnings and profits		6

	Yes	No
7a Was any income of the foreign corporation blocked?		X
b Did any such income become unblocked during the tax year (see section 964(b))?		X
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

**SCHEDULE E  
(Form 5471)**

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

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

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL</b>		Identifying number <b>52-1638026</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>		EIN (if any) <b>98-0464065</b>
		Reference ID number (see instructions) <b>FREESTATE1</b>
a Separate Category (Enter code - see instructions.)		▶ <b>GEN</b>
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		▶

**Part I Taxes for Which a Foreign Tax Credit Is Allowed**

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

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

**Section 2 - Taxes Deemed Paid by Foreign Corporation**

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

Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>FREESTATE1</b>
<b>a</b> Separate Category (Enter code - see instructions.) ..... <b>▶ GEN</b>		
<b>b</b> If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... <b>▶</b>		
<b>c</b> If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ..... <b>▶</b>		

**Part II Election**

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

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

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

	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
<b>1</b>									
<b>2</b>									
<b>3</b>	In functional currency (combine lines 1 and 2) ..... <b>▶</b>								
<b>4</b>	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) ..... <b>▶</b>								

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

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

Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>FREESTATE1</b>
--	-----------------------------------	---

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

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

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

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

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**SCHEDULE H  
(Form 5471)**

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

**Current Earnings and Profits**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL</b>		Identifying number <b>52-1638026</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE CO</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instr.) <b>FREESTATE1</b>

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

<b>1</b>	Current year net income or (loss) per foreign books of account		<b>1</b>	<b>0.</b>
<b>2</b>	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):			
		Net Additions	Net Subtractions	
<b>a</b>	Capital gains or losses	<b>2a</b>	<b>449,303.</b>	
<b>b</b>	Depreciation and amortization	<b>2b</b>		
<b>c</b>	Depletion	<b>2c</b>		
<b>d</b>	Investment or incentive allowance	<b>2d</b>		
<b>e</b>	Charges to statutory reserves	<b>2e</b>		
<b>f</b>	Inventory adjustments	<b>2f</b>		
<b>g</b>	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i))	<b>2g</b>		
<b>h</b>	Foreign currency gains or losses	<b>2h</b>		
<b>i</b>	Other (attach statement) <b>SEE STATEMENT 13</b>	<b>2i</b>	<b>5,253,001.</b>	<b>3,541,902.</b>
<b>3</b>	Total net additions	<b>3</b>	<b>5,253,001.</b>	
<b>4</b>	Total net subtractions	<b>4</b>	<b>3,991,205.</b>	
<b>5a</b>	Current earnings and profits (line 1 plus line 3 minus line 4)		<b>5a</b>	<b>1,261,796.</b>
<b>b</b>	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)		<b>5b</b>	
<b>c</b>	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines		<b>5c</b>	<b>1,261,796.</b>
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(i)</b>	<b>1,261,796.</b>	
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(ii)</b>		
	(iii) Section 901(j) category:			
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(A)</b>		
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(B)</b>		
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(C)</b>		
	(D) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(D)</b>		
<b>d</b>	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))		<b>5d</b>	<b>1,261,796.</b>
<b>e</b>	Enter exchange rate used for line 5d ▶			<b>1.000000</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 13

DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
RELATED PARTY PREMIUMS		3,541,902.
REL. PAR. LOSS RES. AND CLAIMS PD	5,253,001.	
TOTAL TO 5471, SCHEDULE H, LINE 2I	5,253,001.	3,541,902.

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

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

OMB No. 1545-0123

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471 <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL</b>		Identifying number <b>52-1638026</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMP</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>FREESTATE1</b>
Separate Category (Enter code - see instructions) .....		▶ <b>GEN</b>

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income (see instructions if cost of goods sold exceed gross receipts) .....	<b>1</b>	<b>5804055.</b>		
<b>2</b> Exclusions (see instructions if cost of goods sold exceed gross receipts)				
<b>a</b> Effectively connected income .....	<b>2a</b>			
<b>b</b> Subpart F income .....	<b>2b</b>	<b>5804055.</b>		
<b>c</b> High-tax exception income per section 954(b)(4) .....	<b>2c</b>			
<b>d</b> Related party dividends .....	<b>2d</b>			
<b>e</b> Foreign oil and gas extraction income .....	<b>2e</b>			
<b>3</b> Total exclusions (combine lines 2a through 2e) .....	<b>3</b>	<b>5804055.</b>		
<b>4</b> Gross income less total exclusions (line 1 minus line 3) (see instructions) ...	<b>4</b>	<b>0.</b>		
<b>5</b> Deductions properly allocable to amount on line 4 .....	<b>5</b>			
<b>6</b> Tested income (loss) (line 4 minus line 5) .....	<b>6</b>	<b>0.</b>	<b>1.000000</b>	
<b>7</b> Tested foreign income taxes .....	<b>7</b>		<b>1.000000</b>	
<b>8</b> Qualified business asset investment (QBAI) .....	<b>8</b>		<b>1.000000</b>	
<b>9a</b> Interest expense included on line 5 .....	<b>9a</b>			
<b>b</b> Qualified interest expense .....	<b>9b</b>			
<b>c</b> Tested loss QBAI amount .....	<b>9c</b>			
<b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- .....	<b>9d</b>		<b>1.000000</b>	
<b>10a</b> Interest income included in line 4 .....	<b>10a</b>			
<b>b</b> Qualified interest income .....	<b>10b</b>			
<b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0- .....	<b>10c</b>		<b>1.000000</b>	

LHA For Paperwork Reduction Act Notice, see instructions.

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

Public Disclosure Copy

**SCHEDULE J  
(Form 5471)**

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

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

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471

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

Identifying number

**52-1638026**

Name of foreign corporation

**FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.**

EIN (if any)

**98-0464065**

Reference ID number

**FREESTATE1**

**a** Separate Category (Enter code - see instructions.) ..... ▶ **GEN**

**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶

**Part I Accumulated E&P of Controlled Foreign Corporation**

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

**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
<b>1a</b>	Balance at beginning of year (as reported on prior year Schedule J) .....	- 309,649.	-12877111.				
<b>b</b>	Beginning balance adjustments (attach statement) .....						
<b>c</b>	Adjusted beginning balance (combine lines 1a and 1b) .....	- 309,649.	-12877111.				
<b>2a</b>	Reduction for taxes unsuspending under anti-splitter rules						
<b>b</b>	Disallowed deduction for taxes suspended under anti-splitter rules .....						
<b>3</b>	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) .....	1,261,796.					
<b>4</b>	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....						
<b>5a</b>	E&P carried over in nonrecognition transaction .....						
<b>b</b>	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction .....						
<b>6</b>	Other adjustments (attach statement) .....						
<b>7</b>	Total current and accumulated E&P (combine lines 1c through 6) .....	952,147.	-12877111.				
<b>8</b>	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....	-1,261,796.					
<b>9</b>	Actual distributions .....						
<b>10</b>	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....						
<b>11</b>	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
<b>12</b>	Other adjustments (attach statement) .....						
<b>13</b>	Hovering deficit offset of undistributed post-transaction E&P (see instructions) .....						
<b>14</b>	Balance at beginning of next year (combine lines 7 through 13)	- 309,649.	-12877111.				

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

(e) Previously Taxed E&P (see instructions)					
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a					
b					
c					
2a					
b					
3					
4					
5a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

(e) Previously Taxed E&P (see instructions)				(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a				-13,186,760.
b				
c				-13,186,760.
2a				
b				
3				1,261,796.
4				
5a				
b				
6				
7				-11,924,964.
8			1,261,796.	0.
9			-782,033.	-782,033.
10				
11				
12				
13				
14			479,763.	-12,706,997.

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

**Important:** Enter amounts in functional currency.

<b>1</b>	Balance at beginning of year .....	▶	<b>1</b>	
<b>2</b>	Additions (amounts subject to future recapture) .....	▶	<b>2</b>	
<b>3</b>	Subtractions (amounts recaptured in current year) .....	▶	<b>3</b>	
<b>4</b>	Balance at end of year (combine lines 1 through 3) .....	▶	<b>4</b>	

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

Public Disclosure Copy

**SCHEDULE O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.</b>			Identifying number <b>52-1638026</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COM</b>	EIN (if any) <b>98-0464065</b>	Reference ID number <b>FREESTATE1</b>	

**Important:** Complete a separate Schedule O for each foreign corporation for which information must be reported.

**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

**Part II To Be Completed by U.S. Shareholders**

**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

**Section A - General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
<b>STMT 14</b> <b>LUMINIS HEALTH DOCTORS CO</b> <b>2000 MEDICAL PARKWAY ANNAPOLIS</b> <b>52-1638026</b>				

**Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director
<b>CHERYL NOTTINGHAM</b>	<b>10114 PEBBLE COURT</b> <b>OCEAN CITY MD 21842</b>		<b>X</b>	<b>X</b>
<b>DEAN TEAGUE</b>	<b>8420 COPPERLEAFT COURT</b> <b>OWINGS MD 20736</b>		<b>X</b>	<b>X</b>
<b>MARK BOUCOT</b>	<b>18 FREDERICK CIRCLE</b> <b>SWANTON MD 21561</b>			<b>X</b>

**Section C - Acquisition of Stock**

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively
<b>SAME AS 5471</b>	<b>COMMON</b>	<b>03/01/2021</b>	<b>DIVIDEND</b>	<b>5,000</b>		

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired
	FREESTATE HEALTHCARE INS P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS

**Section D - Disposition of Stock**

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

**Section E - Organization or Reorganization of Foreign Corporation**

(a) Name and address of transferor			(b) Identifying number (if any)	(c) Date of transfer
(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation	
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)		

**Section F - Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

5471 SCHEDULE O

GENERAL SHAREHOLDER INFORMATION

STATEMENT 14

(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE:			(C) DATE SHAREHOLD- -ER LAST FILED IN- FORMATION RTN UNDER SEC. 6046
	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	
LUMINIS HEALTH DOCTORS CO 2000 MEDICAL PARKWAY ANNAPOLIS 52-1638026				

FORM 5471 SCHEDULE O

U.S. OFFICER OR DIRECTOR OF FOREIGN CORPORATION STATEMENT 15

(A) NAME OF U.S. OFFICER OR DIRECTOR	(B) ADDRESS	(C) SOCIAL SECURITY NUMBER	(D) CHECK APPROPRIATE BOX(ES)	
			OFFI- CER	DIREC- TOR
TIM ADELMAN	8118 GOOD LUCK ROAD LANHAM MD 20706			X

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**SCHEDULE P  
(Form 5471)**

(Rev. December 2020)

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471 <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL</b>		Identifying number <b>52-1638026</b>
Name of U.S. shareholder		Identifying number
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>FREESTATE1</b>
<b>a</b> Separate Category (Enter code - see instructions.) ..... ▶ <b>GEN</b> <b>b</b> If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶		

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

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7							498,914.	498,914.
8							-271,107.	-271,107.
9								
10								
11								
12							227,807.	227,807.

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

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

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7							498,914.	498,914.
8							-271,107.	-271,107.
9								
10								
11								
12							227,807.	227,807.

**SCHEDULE Q  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**CFC Income by CFC Income Groups**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL</b>		Identifying number <b>52-1638026</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>FREESTATE1</b>

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

- A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) ..... ▶ **GEN**
- B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) .....

Complete a separate Schedule Q for U.S. source income and foreign source income.

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

Complete a separate Schedule Q for FOGEI or FORI income.

- D** If this Schedule Q is being completed for FOGEI or FORI income, check this box ..... ▶

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>a</b> Dividends, Interest, Rents, Royalties, & Annuities (Total) .....		5,804,055.	4,542,259.				
<b>(1)</b> Unit name ▶ <b>FREESTATE H</b>	CJ	5,804,055.	4,542,259.				
<b>(2)</b> Unit name ▶ .....							
<b>b</b> Net Gain From Certain Property Transactions (Total) .....							
<b>(1)</b> Unit name ▶ .....							
<b>(2)</b> Unit name ▶ .....							
<b>c</b> Net Gain From Commodities Transactions (Total) .....							
<b>(1)</b> Unit name ▶ .....							
<b>(2)</b> Unit name ▶ .....							
<b>d</b> Net Foreign Currency Gain (Total) .....							
<b>(1)</b> Unit name ▶ .....							
<b>(2)</b> Unit name ▶ .....							
<b>e</b> Income Equivalent to Interest (Total) .....							
<b>(1)</b> Unit name ▶ .....							
<b>(2)</b> Unit name ▶ .....							
<b>f</b> Foreign Base Company Sales Income (Total) .....							
<b>(1)</b> Unit name ▶ .....							
<b>(2)</b> Unit name ▶ .....							

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

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
<b>1</b>									
<b>a</b>				1,261,796.		62,985,477.			
(1)				1,261,796.		62,985,477.			
(2)									
<b>b</b>									
(1)									
(2)									
<b>c</b>									
(1)									
(2)									
<b>d</b>									
(1)									
(2)									
<b>e</b>									
(1)									
(2)									
<b>f</b>									
(1)									
(2)									

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

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Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>g</b> Foreign Base Company Services							
Income (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							
<b>h</b> Full Inclusion Foreign Base Company							
Income (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							
<b>i</b> Insurance Income (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							
<b>j</b> International Boycott Income .....							
<b>k</b> Bribes, Kickbacks, and Other Payments .....							
<b>l</b> Section 901(j) income .....							
<b>2</b> Recaptured Subpart F Income .....							
<b>3</b> Tested Income Group (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							
<b>4</b> Residual Income Group (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							
<b>5</b> Total		5,804,055.	4,542,259.				

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

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
<b>1</b>									
<b>g</b>									
(1)									
(2)									
<b>h</b>									
(1)									
(2)									
<b>i</b>									
(1)									
(2)									
<b>j</b>									
<b>k</b>									
<b>l</b>									
<b>2</b>									
<b>3</b>									
(1)									
(2)									
<b>4</b>									
(1)									
(2)									
<b>5</b>				1,261,796.		62,985,477.			

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

Public Disclosure Copy

**SCHEDULE R  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**Distributions From a Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>CENTER, INC.</b>		Identifying number <b>52-1638026</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instructions) <b>FREESTATE1</b>

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NON TAXABLE CASH DIVIDEND UNDER IRC 959	12/31/2021	271,107.	271,107.
2				
3				
4				
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24				

Public Disclosure Copy

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

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

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

Name of transferor <b>LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.</b>	Identifying number (see instructions) <b>52-1638026</b>
--	--

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

Name of partnership	EIN of partnership

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

**Part II Transferee Foreign Corporation Information** (see instructions)

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

6 Address (including country) <b>P.O. BOX 10233 GRAND CAYMAN, KY1-1002 CAYMAN ISLANDS</b>	5b Reference ID number <b>A980464065</b>
--	---

7 Country code of country of incorporation or organization  
**CJ**

8 Foreign law characterization (see instructions)  
**CORPORATION**

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

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/30/2022		59,159.		

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

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

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

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

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

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

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

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

SEE STATEMENT 16

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 25.000 % (b) After 25.000 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

Form 926 (Rev. 11-2018)

FORM 926

SUPPLEMENTAL PART III INFORMATION  
REQUIRED TO BE REPORTED

STATEMENT 16

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

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

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.  
EIN: 52-1638026  
8118 GOOD LUCK ROAD  
LANHAM, MD 20706

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

(I.): FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.  
EIN: 98-0464065  
P.O. BOX 10233 GRAND CAYMAN KY1-1002, CAYMAN ISLANDS

INCORPORATED IN THE CAYMAN ISLANDS

(II.): INSURANCE PREMIUMS RECEIVED FROM RELATED PARTIES CONSIDERED TO BE DEEMED  
CONTRIBUTIONS TO CAPITAL OF THE ABOVE CORPORATION OCCURRED ON VARIOUS DATES  
THROUGHOUT THE YEAR. THE TOTAL AMOUNT OF THE DEEMED CONTRIBUTIONS WAS \$59,159.

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

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FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR DEEMED CASH CONTRIBUTIONS TO CAPITAL OF \$59,159. THE TAXPAYER OWNED 25% OF THE STOCK OF THE TRANSFEREE CORPORATION BOTH BEFORE AND AFTER THESE TRANSFERS.

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

CASH IN THE AMOUNT OF \$59,159. (US DOLLARS)

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

NOT APPLICABLE

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

NOT APPLICABLE

Public Disclosure Copy

CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION

Luminis Health, Inc. and Subsidiaries  
Years Ended June 30, 2022 and 2021  
With Report of Independent Auditors

Public Disclosure Copy

Luminis Health, Inc. and Subsidiaries

Consolidated Financial Statements  
and Supplementary Information

Years Ended June 30, 2022 and 2021

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## Report of Independent Auditors

The Board of Trustees  
Luminis Health, Inc.

### **Opinion**

We have audited the consolidated financial statements of Luminis Health, Inc. and subsidiaries (the Company), which comprise the consolidated balance sheets as of June 30, 2022 and 2021, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, based on our audits and the report of the other auditors, the accompanying financial statements present fairly, in all material respects, the financial position of the Company at June 30, 2022 and 2021, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of Cottage Insurance Company, Ltd., a wholly owned subsidiary, which statements reflect total assets constituting 3%, of consolidated total assets as of June 30, 2022 and 2021, and total revenues constituting 1% of consolidated total revenues for the years then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Cottage Insurance Company, Ltd., is based solely on the report of the other auditors.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

## Supplementary Information

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

*Ernst + Young LLP*

October 14, 2022

Luminis Health, Inc. and Subsidiaries

Consolidated Balance Sheets

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 96,638,000	\$ 276,817,000
Short-term investments	5,279,000	3,447,000
Current portion of assets whose use is limited	15,766,000	16,241,000
Patient receivables, net	160,723,000	144,555,000
Inventories	13,580,000	23,642,000
Prepaid expenses and other current assets	25,496,000	20,310,000
Total current assets	<u>317,482,000</u>	<u>485,012,000</u>
Property and equipment	1,169,694,000	1,129,871,000
Less accumulated depreciation and amortization	(628,218,000)	(583,269,000)
Net property and equipment	<u>541,476,000</u>	<u>546,602,000</u>
Other assets:		
Investments	408,188,000	448,850,000
Investments in joint ventures	12,983,000	13,459,000
Assets whose use is limited, Funds held by trustees	45,371,000	53,033,000
Restricted collateral for interest rate swap contract	10,193,000	25,699,000
Right of use asset	43,997,000	37,528,000
Other assets	68,349,000	70,223,000
Total assets	<u>\$ 1,448,039,000</u>	<u>\$ 1,680,406,000</u>

Luminis Health, Inc. and Subsidiaries  
Consolidated Balance Sheets (continued)

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 57,745,000	\$ 55,696,000
Accrued salaries, wages, and benefits	76,529,000	76,693,000
Other accrued expenses	25,452,000	29,407,000
Current portion of long-term debt	21,699,000	21,638,000
Advances from third-party payors	73,515,000	178,155,000
Lease liability short term	7,846,000	8,187,000
Total current liabilities	262,786,000	369,776,000
Long-term debt, less current portion and unamortized original issue premium	434,739,000	449,175,000
Interest rate swap contracts	51,922,000	90,010,000
Accrued pension liability	2,643,000	2,291,000
Lease liability long term	41,580,000	30,979,000
Other long-term liabilities	50,088,000	54,044,000
Total liabilities	843,758,000	996,275,000
Net assets:		
Net assets without donor restriction	578,649,000	654,877,000
Net assets with donor restriction	21,786,000	26,412,000
Noncontrolling interest	3,846,000	2,842,000
Total net assets	604,281,000	684,131,000
Total liabilities and net assets	\$ 1,448,039,000	\$ 1,680,406,000

*See accompanying notes.*

Luminis Health, Inc. and Subsidiaries

Consolidated Statements of Operations

	<b>Year Ended June 30</b>	
	<b>2022</b>	<b>2021</b>
Operating revenue:		
Net patient service revenue	\$ 1,086,322,000	\$ 1,036,435,000
Other operating revenue	47,404,000	69,455,000
Total operating revenue	<u>1,133,726,000</u>	<u>1,105,890,000</u>
Operating expenses:		
Salaries and wages	547,725,000	508,722,000
Employee benefits	87,225,000	76,396,000
Supplies	195,967,000	189,217,000
Purchased services	302,009,000	247,676,000
Depreciation and amortization	45,164,000	46,884,000
Interest	13,152,000	14,404,000
Total operating expenses	<u>1,191,242,000</u>	<u>1,083,299,000</u>
Operating (loss) income	<u>(57,516,000)</u>	<u>22,591,000</u>
Other income (loss):		
Investment income, net	25,871,000	13,467,000
Loss from joint ventures and other, net	(1,215,000)	(93,000)
Pension expense, net	(2,062,000)	(3,446,000)
Loss on advance refunding of debt	(2,320,000)	—
Change in unrealized (losses) gains on trading securities, net	(67,344,000)	104,506,000
Realized and unrealized gains on interest rate swap contracts, net	31,095,000	20,165,000
Total other (loss) income, net	<u>(15,975,000)</u>	<u>134,599,000</u>
(Deficit) excess of revenues over expenses	<u>\$ (73,491,000)</u>	<u>\$ 157,190,000</u>

See accompanying notes.

Luminis Health, Inc. and Subsidiaries

Consolidated Statements of Changes in Net Assets

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Noncontrolling Interest</b>	<b>Total Net Assets</b>
Net assets, June 30, 2020	\$460,552,000	\$ 23,861,000	\$ 2,191,000	\$486,604,000
Excess of revenues over expenses	157,190,000	–	–	157,190,000
Pension liability adjustment	35,092,000	–	–	35,092,000
Transfers and other, net	2,043,000	(1,239,000)	651,000	1,455,000
Restricted gifts, bequests, and contributions	–	5,583,000	–	5,583,000
Restricted investment income	–	1,071,000	–	1,071,000
Net assets released from restrictions	–	(2,864,000)	–	(2,864,000)
Changes in net assets	<u>194,325,000</u>	<u>2,551,000</u>	<u>651,000</u>	<u>197,527,000</u>
Net assets, June 30, 2021	654,877,000	26,412,000	2,842,000	684,131,000
Deficit of revenues over expenses	<b>(73,491,000)</b>	–	–	<b>(73,491,000)</b>
Pension liability adjustment	<b>1,165,000</b>	–	–	<b>1,165,000</b>
Transfers and other, net	<b>(3,902,000)</b>	<b>(3,636,000)</b>	<b>1,004,000</b>	<b>(6,534,000)</b>
Restricted gifts, bequests, and contributions	–	<b>4,139,000</b>	–	<b>4,139,000</b>
Restricted investment income	–	<b>(486,000)</b>	–	<b>(486,000)</b>
Net assets released from restrictions	–	<b>(4,643,000)</b>	–	<b>(4,643,000)</b>
Changes in net assets	<u><b>(76,228,000)</b></u>	<u><b>(4,626,000)</b></u>	<u><b>1,004,000</b></u>	<u><b>(79,850,000)</b></u>
Net assets, June 30, 2022	<u><b>\$578,649,000</b></u>	<u><b>\$ 21,786,000</b></u>	<u><b>\$ 3,846,000</b></u>	<u><b>\$604,281,000</b></u>

See accompanying notes.

# Luminis Health, Inc. and Subsidiaries

## Consolidated Statements of Cash Flows

	<b>Year Ended June 30</b>	
	<b>2022</b>	<b>2021</b>
<b>Operating activities</b>		
(Decrease) increase in net assets	\$ (79,850,000)	\$ 197,527,000
Adjustments to reconcile (decrease) increase in net assets to net cash (used in) provided by operating activities:		
Change in unrealized losses (gains) on trading securities, net	67,344,000	(104,506,000)
Realized and unrealized gains on interest rate swap contracts, net	(31,094,000)	(20,165,000)
Loss on defeasance of debt	2,320,000	–
Pension liability adjustment	(1,290,000)	(35,092,000)
Equity in earnings of joint ventures	(672,000)	(578,000)
Restricted contributions and pledges, net	(4,139,000)	(5,583,000)
Depreciation and amortization	45,683,000	46,884,000
Restricted investment income	(674,000)	(1,071,000)
Increase in investments – trading	(28,514,000)	(7,440,000)
Increase in assets whose use is limited, net – trading	(10,034,000)	(10,926,000)
Net change in operating assets and liabilities	(119,244,000)	5,858,000
Net cash (used in) provided by operating activities	<u>(160,164,000)</u>	<u>64,908,000</u>
<b>Investing activities</b>		
Purchases of property and equipment	(40,038,000)	(33,813,000)
Payments on interest rate swaps	(6,994,000)	(6,861,000)
Return of collateral on swap	15,506,000	–
Distributions received from joint ventures	1,148,000	1,143,000
Net cash used in investing activities	<u>(30,378,000)</u>	<u>(39,531,000)</u>
<b>Financing and fundraising activities</b>		
Repayments of long-term debt	(16,120,000)	(18,059,000)
Retirement of long-term debt	(218,654,000)	–
Proceeds from refinancing of long-term debt	221,560,000	–
Borrowings on line of credit	17,000,000	–
Repayments of line of credit	(17,000,000)	–
Payment of deferred financing costs	(655,000)	–
Proceeds from capital lease	2,137,000	–
Restricted contributions received and other	5,132,000	6,746,000
Restricted income received	674,000	1,071,000
Net cash used in financing and fundraising activities	<u>(5,926,000)</u>	<u>(10,242,000)</u>
Net (decrease) increase in cash and cash equivalents	(196,468,000)	15,135,000
Cash, cash equivalents, and restricted cash at beginning of year	320,963,000	305,828,000
Cash, cash equivalents, and restricted cash at end of year	<u>\$ 124,495,000</u>	<u>\$ 320,963,000</u>
Cash and cash equivalents	\$ 96,638,000	\$ 276,817,000
Restricted cash, included in restricted collateral and assets whose use is limited	27,857,000	44,146,000
Cash, cash equivalents, and restricted cash at end of year	<u>\$ 124,495,000</u>	<u>\$ 320,963,000</u>

Luminis Health, Inc. and Subsidiaries

Consolidated Statements of Cash Flows (continued)

	<b>Year Ended June 30</b>	
	<b>2022</b>	<b>2021</b>
<b>Changes in operating assets and liabilities</b>		
Increase (decrease) in operating assets:		
Patient receivables, net	\$ (16,168,000)	\$ (25,674,000)
Inventories	10,062,000	(1,853,000)
Prepaid expenses and other	(4,914,000)	859,000
Other assets	2,529,000	(6,539,000)
	<u>(8,491,000)</u>	<u>(33,207,000)</u>
Decrease (increase) in operating liabilities:		
Accounts payable	2,052,000	15,255,000
Accrued salaries, wages, and benefits	(164,000)	23,255,000
Other accrued expenses	(3,955,000)	(3,572,000)
Advances from third-party payors	(104,640,000)	(4,542,000)
Other long-term liabilities	(4,046,000)	8,669,000
	<u>(110,753,000)</u>	<u>39,065,000</u>
Net change in operating assets and liabilities	<u>\$ (119,244,000)</u>	<u>\$ 5,858,000</u>

See accompanying notes.

# Luminis Health, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements

June 30, 2022

### 1. Organization and Basis of Presentation

Luminis Health, Inc. (Luminis Health or the System), formerly known as Anne Arundel Health System, Inc. (AAHS), is a Maryland not-for-profit corporation. Luminis Health has the following wholly owned subsidiaries: Luminis Health Anne Arundel Medical Center, Inc. (the Hospital or LHAAMC), and its subsidiaries; Luminis Health Pathways, Inc. (Pathways), J. Kent McNew Family Medical Center, Inc. (McNew), and Luminis Health Anne Arundel Medical Center Foundation, Inc. (the Foundation); Anne Arundel Medical Center Collaborative Care Network, LLC, Anne Arundel Medical Center Collaborative Care Network, LLC, Luminis Health Clinical Enterprise, Inc. and its subsidiaries; Luminis Health Imaging, Inc. (LHI), Luminis Health Research Institute, Inc. (RI), Physician Enterprise, LLC (PE) and its subsidiaries; Luminis Health Medical Group, LLC, Orthopedic Physicians of Annapolis, LLC, LHMG Physical Therapy, LLC, Luminis Health Care Services, Inc. (LHCS), and Luminis Health Community Clinics, LLC; Luminis Health Ventures, LLC and its subsidiaries; Cottage Insurance Company, Ltd. (Cottage), Luminis Health Real Estate Holding Company, Inc. (the Real Estate Company), and its subsidiaries; Pavilion Park, Inc. (PPI); Annapolis Exchange, LLC; and Blue Building, LLC.

LHAAMC is a private, not-for-profit corporation that operates a 397-licensed bed acute care hospital.

On July 1, 2019, Luminis Health and LHDCMC, formerly known as Doctors Community Hospital and subsidiaries executed an affiliation agreement (the Agreement) providing for an affiliation between Luminis Health and LHDCMC and subsidiaries.

LHDCMC is a nonprofit corporation wholly owned that operates an acute care general hospital facility licensed for 200 beds. LHDCMC's wholly owned subsidiaries include; Doctors Community Medical Group, LLC, Doctors Community Healthcare Programs, LLC; Doctors Community Hospital Clinic, LLC, Doctors Community Health Ventures, Inc. (DCHV); and Luminis Health Doctors Community Hospital Foundation, Inc.

As part of the Agreement, Luminis Health committed approximately \$138,000,000 over a five-year period in strategic investments to LHDCMC to expand health care services. As of June 30, 2022, Luminis Health has contributed approximately \$61,900,000 to LHDCMC to meet the capital commitment.

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

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Basis of Presentation (continued)

##### COVID-19 Pandemic and CARES Act Funding

On March 11, 2020, the World Health Organization designated the Coronavirus Disease 2019 (COVID-19) outbreak as a global pandemic. In response to the pandemic, the Governor of the State of Maryland proclaimed a state of emergency and catastrophic health emergency on March 5, 2020, and effective March 16, 2020, all Maryland hospitals were ordered by the Maryland Department of Health to cease all elective and non-urgent medical procedures for the duration of the catastrophic health emergency. Effective May 7, 2020, the Maryland Department of Health allowed resumption of elective and non-urgent medical procedures, and effective May 15, 2020, major provisions of the Governor's stay-at-home order were rescinded.

As of June 30, 2022, the System has reactivated all aspects of its health care operations. The success of such reactivation is subject to many factors external to Luminis Health, including potential new government-mandated prohibitions of non-essential health care procedures; the willingness of patients to resume preventive and elective care; availability of personal protection equipment and other supplies and drugs; and changes in clinical care and patient and caregiver safety protocols and processes required by the Centers for Disease Control and Prevention, the Occupational Health and Safety Administration, states' departments of public health and other government bodies.

Despite this, the pandemic had and continues to have an impact on Luminis Health's patient volumes and revenues for most services.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed into law on March 27, 2020. The CARES Act authorized funding to hospitals and other health care providers to be distributed through the Public Health and Social Services Emergency Fund (Provider Relief Fund). Payments from the Provider Relief Fund are to be used to prevent, prepare for, and respond to coronavirus, and shall reimburse the recipient for health care-related expenses or lost revenues/margins attributable to coronavirus and are not required to be repaid, except where Provider Relief Funds received exceed the actual amounts of eligible health care related expenses and/or lost revenues as defined by the U.S. Department of Health and Human Services (HHS), provided the recipients attest to and comply with the terms and conditions.

# Luminis Health, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### 1. Organization and Basis of Presentation (continued)

The outbreak of COVID-19, a respiratory disease caused by a novel strain coronavirus, has and will continue to have significant adverse impacts on the operations and financial condition of health care providers generally. Due to the evolving nature of the pandemic, the ultimate impact to Luminis Health's operating results, including costs that may be incurred in the future and the level of utilization of services and resulting impact on net patient service revenue reported in the future, and its financial condition is presently unknown.

### 2. Summary of Significant Accounting Policies

#### Principles of Consolidation

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

The accompanying consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

#### Cash and Cash Equivalents

Cash and cash equivalents include cash held in checking and savings accounts, money market accounts, and short-term certificates of deposit with original maturities of 90 days or less, excluding those held in short-term investments and those classified as long-term investments. Cash balances are principally uninsured and are subject to normal credit risks. At June 30, 2022 and 2021, and at various times during the year, the System maintained cash-in-bank balances in excess of the \$250,000 federally insured limits.

#### Derivative Instruments

On May 10, 2006, LHAAMC entered into a forward variable-to-fixed interest rate swap agreement with an effective date of November 1, 2008. This contract was entered into in an effort to reduce the risk of variable interest rate debt and has a term through July 1, 2048. Under Accounting Standards Codification (ASC) 815, *Derivatives and Hedging*, LHAAMC has recognized its derivative instruments as either assets or liabilities on the accompanying consolidated balance sheets at fair value. As these derivative instruments are not designated as hedges, the unrealized gain or loss on these contracts has been recognized on the accompanying consolidated statements

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

of operations as realized and unrealized gains on interest rate swap contracts, net. The fair market values of the derivative instruments include a credit valuation adjustment (CVA) as required by ASC 820, *Fair Value Measurement*. When applying the CVA, the valuation of the variable-to-fixed interest rate swap contract was decreased by \$3,424,000 and \$4,145,000 as of June 30, 2022 and 2021, respectively.

In an effort to reduce the amount of restricted cash pledged as collateral with the original counterparty, LHAAMC entered into a new novation agreement with another counterparty on February 10, 2021. Immediately prior to the novation agreement, the System modified the existing swap to bifurcate the remaining swap into a ten-year swap with the remainder into a 2031 through 2048 swap. The terms of the bifurcated swap remain identical to the original swap other than a modification of the London Interbank Offered Rate (LIBOR). The novation agreement resulted in the return of \$64,000,000 of collateral during 2021.

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

<u>Description of Derivative Instrument</u>	<u>Fair Value Liability</u>	
	<u>2022</u>	<u>2021</u>
Variable-to-fixed interest rate swap contract (maturity date March 2031)	\$ (30,064,000)	\$ (36,790,000)
Variable-to-fixed interest rate swap contract (maturity date July 2048)	<u>(21,858,000)</u>	<u>(53,220,000)</u>
	<u>\$ (51,922,000)</u>	<u>\$ (90,010,000)</u>

The change in unrealized gains recognized in (deficit) excess of revenues over expenses for the years ended June 30, 2022 and 2021, were \$38,089,000 and \$27,026,000, respectively.

At June 30, 2022 and 2021, the net termination value (i.e., mark-to-market value) of the derivative instruments totaled \$58,192,000 and \$97,003,000, respectively. LHAAMC may be exposed to credit loss in the event of nonperformance by the other party to the interest rate swap agreements, the risk of which is reflected in the fair value of the instruments under ASC 820. However, LHAAMC does not anticipate nonperformance by the counterparty.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

During fiscal year 2022 and 2021, LHAAMC paid net payments under its interest rate swap program of \$6,994,000 and \$6,861,000, respectively. These amounts are included within realized and unrealized gains (losses) on interest rate swap contracts, net on the accompanying consolidated statements of operations and within investing activities on the accompanying consolidated statements of cash flows.

Under the derivative contracts, LHAAMC must transfer collateral for the benefit of the counterparty, to the extent that the termination values exceed certain limits. LHAAMC's collateral requirement for the benefit of the counterparty was approximately \$10,193,000 and \$25,699,000 at June 30, 2022 and 2021, respectively. The ongoing mark-to-market values and resulting collateral requirements of LHAAMC's interest rate swap contract are subject to variability based on market factors (primarily changes in interest rates). Collateral requirements under this interest rate swap contract are excluded from unrestricted cash and investments for purposes of determining the System's compliance with its liquidity covenants under its Maryland Health and Higher Educational Facilities Authority (MHHEFA or the Authority) revenue bond agreements and its derivative agreements. Collateral amounts are included in noncurrent assets on the accompanying consolidated balance sheets.

#### **Assets Whose Use is Limited and Investments**

Assets whose use is limited are principally composed of certain funds established to be held and invested by a trustee. These funds are related to the issuance of the LHAAMC's revenue bonds, investments held at Cottage, and certain permanently restricted endowment assets.

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

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

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

All investment balances are principally uninsured and subject to normal credit risk. Investments are classified as either current or noncurrent based on the maturity dates and the availability for current operations. Investments included in noncurrent assets consist of board-designated investment funds of \$408,188,000 and \$448,850,000 as of June 30, 2022 and 2021, respectively. Based on the System's investment policy, such amounts could be liquidated, at the discretion of the board, to satisfy short-term requirements.

Substantially all investments, other than borrowed funds required to be expended for capital projects, are classified as trading securities, with unrealized gains and losses included in excess (deficit) of revenues over expenses. Borrowed funds required to be expended for capital projects are classified as other-than-trading and are included in assets whose use is limited.

#### **Patient Receivables**

Patient receivables include charges for amounts due from all patients less price concessions relating to allowances for the excess of established charges over the payments to be received on behalf of patients covered by Medicare, Medicaid, and other insurers. The provision for price concessions is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the price concessions based upon historical experience of self-pay accounts receivable, including those balances after insurance payments and not covered by insurance. The results of this review are then used to make any modifications to the provision for price concessions. There have been no significant changes in the current year to the underlying assumptions used by Luminis to estimate the amount expected to be received. Patient accounts receivable is written off after collection efforts have been followed in accordance with System policies.

#### **Inventories**

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

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

##### Property and Equipment

Property and equipment are stated at cost; or fair value as of the acquisition date for LHDCMC property and equipment. Included in computers and software are capitalized labor costs of \$16,722,000 and \$16,340,000 as of June 30, 2022 and 2021, respectively. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method. Equipment under finance leases obligations is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization on the accompanying consolidated statements of operations. Depreciation expense is \$45,164,000 and \$46,884,000 for the years ended June 30, 2022 and 2021, respectively.

The following is a summary of property and equipment:

	<b>Estimated Useful Lives</b>	<b>June 30</b>	
		<b>2022</b>	<b>2021</b>
Land		\$ 22,823,000	\$ 22,823,000
Land improvements	20 years	24,054,000	23,854,000
Buildings and improvements	20–40 years	620,324,000	614,286,000
Fixed equipment	5–20 years	32,206,000	30,833,000
Leasehold improvements	5–10 years	62,462,000	62,591,000
Movable equipment	7–10 years	254,007,000	237,988,000
Computers and software	3–5 years	135,157,000	128,752,000
Construction-in-progress	–	18,661,000	8,744,000
		<b>\$ 1,169,694,000</b>	<b>\$ 1,129,871,000</b>

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

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

##### Investments in Joint Ventures

Luminis Health accounts for its investments in joint ventures using the equity method of accounting. During 2011, the Real Estate Company and another party formed West County, LLC, a joint venture that owns and operates a medical office building that opened in December 2012. The Real Estate Company has a 50% interest in this joint venture, with each owner's investment being \$6,491,000 and \$6,789,000 as of June 30, 2022 and 2021, respectively. The investment in West County is not consolidated into the financial statements of Luminis Health, because Luminis Health does not control the investee.

DCHV has an equity method joint venture investment in Magnolia Gardens LLC of \$5,364,000 and \$5,550,000 as of June 30, 2022 and 2021, respectively. This investment is consistent with the mission and strategic plan of LHDCMC. The investment in Magnolia Gardens LLC represents a 51% interest and is not consolidated with the financial statements of Luminis Health because DCHV does not control the investee.

Luminis Health has several other unconsolidated joint ventures for imaging, dialysis services, ambulatory surgery centers, and hospice services totaling approximately \$1,128,000 and \$1,120,000 as of June 30, 2022 and 2021, respectively.

##### Net Assets

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

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

Investment income related to net assets with donor restrictions is classified as net assets without donor restrictions based on the intent of the donor.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

##### **Net Patient Service Revenue**

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. This includes regulatory discounts allowed to Blue Cross, Medicare, Medicaid, and other third-party payors and charity care. Revenues are recorded during the period the obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over periods that average approximately 4.9 days, and revenues are recognized based on charges incurred in relation to total expected charges. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationship with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for services provided are dependent upon the terms provided by (Medicare and Medicaid) or negotiated with (managed care health plans and commercial insurance companies) the third-party payors. The payment arrangements with third-party payors for services provided to patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based on predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the contractual estimation process to incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

Luminis Health's net patient service revenues are based upon the estimated amounts that management expects to be entitled to receive from patients and third-party payors. Estimates of contractual allowances under managed care and commercial insurance plans are based upon the payment terms specified in the related contractual agreements and are recognized as explicit price concessions. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured discounts and contractual discounts). Management also records estimated implicit price concessions (based primarily on historical collection experience) related to uninsured accounts to record self-pay revenues at the estimated amounts that it expects to collect. Subsequent changes in the estimate of collectability due to a change in the financial status of a payor, for example a bankruptcy, will be recognized as bad debt expense in operating expenses, which is included in purchased services on the consolidated statements of operations.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

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

#### **Maryland Health Services Cost Review Commission**

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

Starting in January 2019, Maryland's hospitals began operating under a new ten-year contract with the federal government titled Medicare Performance Adjustment (MPA). The MPA is designed to test whether the improvements hospitals have made under the previous modernized waiver can be expanded to all health care providers. The GBR methodology will remain in place for hospital rate setting under the MPA. In addition, programs aimed to measure and reduce total health care spending for attributed Medicare patients, including pre- and post-acute care by all providers, are being introduced during this contract period.

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

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

Except as noted above, LHAAMC and LHDCMC's policy is to recognize revenue based on actual charges for services to patients in the year in which the services are performed. LHAAMC and LHDCMC's revenues may be subject to adjustment as a result of examination by government agencies or contractors, and as a result of differing interpretation of government regulations, medical diagnoses, charge coding, medical necessity, or other contract terms. The resolution of these matters, if any, often is not finalized until a subsequent period than when the services were rendered.

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

	<b>Year Ended June 30</b>	
	<b>2022</b>	<b>2021</b>
Gross patient service revenue	<b>\$ 1,419,534,000</b>	\$ 1,330,212,000
Revenue deductions:		
Charity care	<b>(14,873,000)</b>	(11,708,000)
Contractual and other allowances	<b>(318,339,000)</b>	(282,069,000)
Net patient service revenue	<b><u>\$ 1,086,322,000</u></b>	<b><u>\$ 1,036,435,000</u></b>

During 2022 and 2021, approximately 30% and 37%, respectively, of net patient service revenue was received under the Medicare program, 25% and 24% from Blue Cross, 35% and 33% from contracts with other third parties, 6% and 3% from Medicaid, and 4% and 3% from other sources, including self-pay.

The System's revenues also may be subject to adjustment as a result of examination by government agencies or contractors and as a result of differing interpretation of government regulations, medical diagnosis, charge coding, medical necessity, or other contract terms. Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreements with the payor, correspondence from the payor and the System's historical settlement activity, including an assessment to ensure it is probable a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

audits, reviews, and investigations. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections; business and economic conditions; trends in federal, state, and private employer health care coverage; and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of the System's revenues and patient receivable as a primary source of information in estimating the collectability of patient receivable.

Luminis Health employs physicians in several hospital-based specialties (including, but not limited to, obstetrics, intensive care, and hospitalists). Net physician revenue is recognized when the services are provided and recorded at the estimated net realizable amount based on the contractual arrangements with third-party payors and the expected payments from the third-party payors and the patients. The difference between the billed charges and the estimated net realizable amounts are recorded as a reduction in physician revenue when the services are provided. The System recognized net physician revenue of \$176,656,000 and \$162,841,000 for the years ended June 30, 2022 and 2021, respectively, which is included in net patient service revenue. At June 30, 2022 and 2021, \$14,997,000 and \$22,126,000, respectively, of net physician accounts receivable are included in patient receivables on the accompanying consolidated balance sheets.

#### **Charity Care**

Luminis Health provides charity care to patients who meet certain criteria established under its charity care guidelines. The amounts reported as charity care represent the costs of rendering such services and are calculated by applying a ratio of operating expenses over gross patient charges to the charity care provided at established rates. Because members of Luminis Health do not pursue the collection of amounts determined to qualify as charity care, these amounts are deducted from gross revenues on the accompanying consolidated statements of operations. The total benefits associated with providing this care, at cost, are \$14,873,000 and \$11,708,000 for the years ended June 30, 2022 and 2021, respectively.

#### **Other Operating Revenue**

Other operating revenue is composed of grant revenue, cafeteria revenue, net assets released from restrictions for operating purposes, and other miscellaneous items.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

A variety of federal, state, and local efforts have been initiated in response to the COVID-19 crisis, including the Provider Relief Fund under the CARES Act discussed previously. Payments received from the Provider Relief Fund shall reimburse the recipient for health care-related expenses or lost revenues attributable to the COVID-19 pandemic and are not required to be repaid, provided the recipients attest to and comply with the terms and conditions.

The System has received and recognized approximately \$7,056,000 and \$36,524,000 in stimulus funding for the years ended June 30, 2022 and 2021, respectively that has been recorded within other revenue in the accompanying consolidated statements of operations. The System recognized these amounts based on its evaluation of the terms and conditions prescribed by the U.S. Department of Health and Human Services. The System will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the impact of the pandemic on revenues and expenses. If the System is unable to attest to or comply with current or future terms and conditions, its ability to retain some or all of the distributions received may be impacted. The System believes that it meets all the requirements for recognition.

In addition, the System has received and recognized approximately \$6,100,000 of funds from Federal Emergency Management Agency (FEMA) for the year ended June 30, 2022 that has been recorded in other revenue in the accompanying consolidated statements of operations.

#### **Advances From Third-Party Payors**

To enhance liquidity, the Centers for Medicare & Medicaid Services (CMS) expanded and streamlined the process for its Accelerated and Advance Payment Program, pursuant to which providers could receive advance Medicare payments. This program allowed eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers.

On April 10, 2020, the System received \$151,767,000 from the Centers for Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program. This program provides hospitals with working capital advances that begin to become payable 120 days from the date of receipt of the funds, starting in April 2021 through an automatic reduction of claims receipts from CMS. The funds will be repaid by October 2022. These funds, which represent contract liabilities as defined in ASC 606, have been recorded within advances from third-party payors on the accompanying consolidated balance sheets. The balance due to Medicare was \$34,916,000 and \$135,178,000 as of June 30, 2022 and 2021, respectively. The remaining amount of advances from third-party payors are in the ordinary course of business and due to various payors on demand.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

##### Donations and Bequests

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

Scheduled payments for pledges receivable for the years ending June 30 are as follows:

2023	\$ 611,000
2024	451,000
2025	407,000
2026	379,000
2027 and thereafter	1,157,000
Less:	
Impact of discounting pledges receivable to net present value	(375,000)
Allowance for uncollectible pledges	(649,000)
Net pledges receivable	<u>\$ 1,981,000</u>

Pledges receivable are discounted using rates between 1.2% and 2.5% and are included in prepaids and other current assets and other assets.

##### (Deficit) Excess of Revenues Over Expenses

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

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

##### Other Assets

Other assets consists of the following:

	June 30	
	2022	2021
Investment in Premier	\$ 11,972,000	\$ 11,680,000
LHAAMC pension assets	16,160,000	14,428,000
Deferred compensation plans	13,595,000	14,732,000
Insurance recoverable	18,434,000	20,250,000
Other	8,188,000	9,133,000
	\$ 68,349,000	\$ 70,223,000

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

The System received 309,580 Class B units that were earned in seven separate tranches over an 85-month period ending October 31, 2020.

##### Income Tax Status

Luminis Health, LHAAMC, the Foundation, Pathways, McNew, LHI, PE, and RI have received determination letters from the Internal Revenue Service (IRS) stating that they are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code). The Real Estate Company has received a determination letter from the IRS stating that it is exempt from federal income taxes under Section 501(c)(2) of the Code. LHDCMC and the Doctors Community Hospital Foundation are exempt from federal income tax under Section 501(c)(3) of the Code as public charities. These entities are entitled to rely on this determination as long as there are no substantial changes in their character, purposes, or methods of operation. Management has concluded that there have been no such changes, and therefore the status of the various entities as public charities exempt from federal income taxation remain in effect.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

The state in which the various entities operate also provides a general exemption from state income taxation for organizations that are exempt from federal income taxation. However, these entities are subject to federal and state income taxation at corporate tax rates on unrelated business income.

Exemption from other state and local taxes, such as real and personal property taxes is separately determined. The various entities had no unrecognized tax benefits or such amounts were immaterial during the periods presented. For tax periods with respect to which unrelated business income was recognized, a tax return was filed in order to report any unrelated business income as well as any taxes due.

LHCS, PPI and DCHV are subject to federal and state income taxes. These income taxes are immaterial to the accompanying consolidated financial statements.

Certain limited liability companies within the consolidated group are not subject to income taxes. Taxable income or loss is passed through to and reportable by the members individually.

Under the Cayman Islands Tax Concessions Law (Revised), the Governor-in-Cabinet issued an undertaking regarding Cottage on November 29, 2005, exempting it from all local income, profit, or capital gains taxes. The undertaking has been issued for a period of 20 years and, at the present time, no such taxes are levied in the Cayman Islands. Accordingly, no provision for taxes is made in these consolidated financial statements.

Doctor's Regional Cancer Center (a controlled subsidiary of LHDCMC) is a Maryland limited liability company that has not elected to be taxed as a corporation under current Treasury regulations and is owned by more than one member. DRCC is subject to the partnership tax rules under Subchapter K of the Internal Revenue Code of 1986 (IRC), as amended. Under these rules DRCC is not subject to federal or state income tax, but must file annual information returns indicating their gross and taxable income to determine the tax results to their members.

Deferred income taxes are provided for all significant timing differences between revenues and expenses reported for financial statement and for tax purposes. Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements. Accounting principles generally accepted in the United States require management to evaluate uncertain tax positions taken by the System. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the Internal Revenue

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

Service. Management has concluded that as of June 30, 2022 and 2021, there are no uncertain positions taken or expected to be taken. Luminis Health has recognized no interest or penalties related to uncertain tax positions. Luminis Health is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### Use of Estimates

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

#### New Accounting Standards

In August 2018, the FASB issued Accounting Standards Update (ASU) 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software (Subtopic 350-40): Customer’s Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract*. The amendments help entities evaluate the accounting for implementation costs paid by a customer in a cloud computing arrangement by providing guidance for determining when the service contract includes a software license. This guidance Luminis Health adopted this standard for the year ended June 30, 2022. This did not have a material impact on the System for 2022.

The FASB has amended certain guidance related to various disclosures in ASU 2018-14, *Compensation – Retirement Benefits – Defined Benefit Plans – General (Subtopic 715-20) – Disclosure Framework – Changes to the Disclosure Requirements for Defined Benefit Plans*. The guidance in ASU 2018-14 requires all sponsors of defined benefit plans to provide certain new disclosures: the weighted-average interest crediting rate for cash balance plans and other plans with promised interest crediting rates and an explanation of the reasons for significant gains and losses related to changes in the benefit obligation for the period. Among other changes, ASU 2018-14 eliminates the required disclosure for all sponsors of defined benefit plans to disclose the amounts in accumulated other comprehensive income expected to be recognized as components of net periodic benefit cost over the next fiscal year. ASU 2018-14 is effective for fiscal years ending after December 15, 2021. Luminis Health adopted this standard for the year ended June 30, 2022. This did not have a material impact on the System for 2022.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This ASU changes the presentation and disclosure requirements for not-for-profit entities to increase transparency about contributed nonfinancial assets. The ASU is effective for annual periods beginning after June 15, 2021, and interim periods within annual periods beginning after June 15, 2022, with early adoption permitted. Luminis Health adopted this standard for the year ended June 30, 2022. This did not have a material impact on the System for 2022.

#### **New Accounting Standards Not Yet Adopted**

In June 2016, the FASB issued ASU 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. ASU 2016-13 requires financial assets measured at amortized cost to be presented at the net amount expected to be collected. The measurement of expected credit losses is based on relevant information about past events, including historical experience, current conditions, and reasonable and supportable forecasts that affect the collectability of the reported amounts. An entity must use judgment in determining the relevant information and estimation methods that are appropriate in its circumstances. ASU 2016-13 is effective for annual reporting periods beginning after December 15, 2022, and a modified retrospective approach is required, with a cumulative-effect adjustment to net assets as of the beginning of the first reporting period in which the guidance is effective. Management is currently evaluating the impact of adopting this new accounting guidance.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **3. Regulatory Environment**

##### **Medicare and Medicaid**

The Medicare and Medicaid reimbursement programs represent a substantial portion of Luminis Health's revenues. Luminis Health's operations are subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Over the past several years, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs, together with the imposition of fines and penalties, as well as repayments for patient services previously billed. Compliance with fraud and abuse standards and other government regulations can be subject to future government review and interpretation. Also, future changes in federal and state reimbursement funding mechanisms and related government budgeting constraints could have an adverse effect on Luminis Health.

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

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**4. Investments**

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

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
Assets whose use is limited:		
Endowment assets:		
Cash and cash equivalents	\$ 1,898,000	\$ 2,206,000
Equity mutual funds	10,347,000	13,139,000
Fixed income mutual funds	5,154,000	5,079,000
	<u>17,399,000</u>	<u>20,424,000</u>
Amounts held by trustee:		
Cash and cash equivalents	10,810,000	12,538,000
U.S. Government obligations	–	7,000
	<u>10,810,000</u>	<u>12,545,000</u>
Amounts held by Cottage:		
Cash and cash equivalents	4,956,000	3,703,000
Exchange traded funds	7,187,000	7,953,000
Equity mutual funds	7,862,000	14,636,000
Fixed income mutual funds	12,923,000	10,013,000
	<u>32,928,000</u>	<u>36,305,000</u>
Total assets whose use is limited	<u>61,137,000</u>	<u>69,274,000</u>
Less current portion	<u>15,766,000</u>	<u>16,241,000</u>
	<u>\$ 45,371,000</u>	<u>\$ 53,033,000</u>

Amounts held by the trustee are broken down as follows:

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
Lease escrow	\$ 1,463,000	\$ –
Bond indenture	9,347,000	12,545,000
	<u>\$ 10,810,000</u>	<u>\$ 12,545,000</u>

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**4. Investments (continued)**

Other investments:

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
Cash and cash equivalents	\$ 22,317,000	\$ 24,277,000
Equity mutual funds	206,920,000	230,711,000
Fixed income mutual funds	114,781,000	129,989,000
Alternative investments	69,449,000	67,320,000
	<b>413,467,000</b>	<b>452,297,000</b>
Less short-term investments	5,279,000	3,447,000
Investments	<b>\$ 408,188,000</b>	<b>\$ 448,850,000</b>

The components of investment income, net are as follows:

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
Interest and dividend income, net	\$ 6,003,000	\$ 767,000
Realized (losses) gains, net	19,868,000	12,700,000
	<b>\$ 25,871,000</b>	<b>\$ 13,467,000</b>

Environmental, social and governance (ESG) issues can impact investment risk and returns and therefore should be integrated into our investment decision processes. We integrate ESG consideration into our investment process and take steps to manage them appropriate to the asset class and the materiality of the investment. We review ESG integration of our external managers both on selection and as part of the regular review process. We monitor our portfolios for material ESG issues and take steps to manage them appropriate to each asset class.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 5. Fair Value Measurements

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

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

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

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

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**5. Fair Value Measurements (continued)**

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

	June 30, 2022			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Assets</b>				
Trading securities and assets whose use is limited:				
Cash and cash equivalents	\$ 39,975,000	\$ 39,975,000	\$ —	\$ —
Equity securities	232,317,000	224,455,000	7,862,000	—
Fixed income securities	132,858,000	119,935,000	12,923,000	—
Total	<u>405,150,000</u>	<u>384,365,000</u>	<u>20,785,000</u>	<u>—</u>
Pledges receivable	1,981,000	—	—	1,981,000
Collateral for interest rate swap:				
Cash and cash equivalents	10,193,000	10,193,000	—	—
Total assets at fair value	<u>417,324,000</u>	<u>\$ 394,558,000</u>	<u>\$ 20,785,000</u>	<u>\$ 1,981,000</u>
Assets at NAV	69,449,000			
Total assets	<u>\$ 486,773,000</u>			
<b>Liabilities</b>				
Derivative instruments	\$ (51,922,000)	\$ —	\$ (51,922,000)	\$ —
Total liabilities at fair value	<u>\$ (51,922,000)</u>	<u>\$ —</u>	<u>\$ (51,922,000)</u>	<u>\$ —</u>

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Fair Value Measurements (continued)

	June 30, 2021			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Assets</b>				
Trading securities and assets whose use is limited:				
Cash and cash equivalents	\$ 42,739,000	\$ 42,739,000	\$ —	\$ —
Equity securities	260,811,000	250,798,000	10,013,000	—
Fixed income securities	149,362,000	134,726,000	14,636,000	—
U.S. Government obligation securities	7,000	7,000	—	—
Total	452,919,000	428,270,000	24,649,000	
Pledges receivable	2,974,000	-	-	2,974,000
Collateral for interest rate swap:				
Cash and cash equivalents	25,699,000	25,699,000	—	—
Less investments included in other assets	4,200,000	4,200,000	—	—
Total assets at fair value	477,392,000	\$ 449,769,000	\$ 24,649,000	\$ 2,974,000
Assets at NAV	67,320,000			
Total assets	\$ 544,712,000			
<b>Liabilities</b>				
Derivative instruments	\$ (90,010,000)	\$ —	\$ (90,010,000)	\$ —
Total liabilities at fair value	\$ (90,010,000)	\$ —	\$ (90,010,000)	\$ —

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

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 5. Fair Value Measurements (continued)

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

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

LHAAMC's alternative investments consist of the following: a fund focused in North American midstream, listed and energy infrastructure and renewables markets, with a focus on income-oriented securities (30 day liquidity) venture capital fund-of-funds taking a globally diversified approach targeting multiple venture capital investment types, stages, sectors and geographies, a private equity fund-of-funds focused exclusively on the lower middle-market segment in the U.S. and consisting of both fund commitments and co-investments, a private equity fund with a focus on long-term fundamental value creation by investing in businesses that can grow profitably over time and sustain value through volatile conditions and strategic healthcare venture fund investing in healthcare information technology and services and medical devices and diagnostics. The private equity and venture capital funds totaling approximately \$35,000,000 at June 30, 2022 are subject to lock-up of greater than one year. Unfunded commitments as of June 30, 2022 are approximately \$8,100,000.

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

Luminis Health also has pledges receivable, which are measured at fair value on a nonrecurring basis and are discounted to the net present value upon receipt using an appropriate risk-free discount rate based on the term of the receivable. Since these inputs are not observable, pledges receivable would be considered Level 3 fair value measurements upon their initial recording. Pledges receivable are recorded net of an allowance for uncollectible pledges. The following table

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**5. Fair Value Measurements (continued)**

provides a reconciliation of the beginning and ending balances of pledges receivable that used significant unobservable inputs.

	<b>Year Ended June 30</b>	
	<b>2022</b>	<b>2021</b>
Balance at July 1	\$ 2,974,000	\$ 4,137,000
New pledges	469,000	342,000
Collections of pledges	(970,000)	(1,451,000)
Write-off of pledges	(244,000)	(5,000)
Change in reserves	(248,000)	(49,000)
Balance at June 30	<u>\$ 1,981,000</u>	<u>\$ 2,974,000</u>

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**6. Long-Term Debt and Line of Credit**

Long-term debt consists of the following:

	Interest Rate	Maturity Dates	June 30	
			2022	2021
Maryland Health and Higher Educational Facilities Authority Revenue Bonds (MHHEFA) – Series 2022A	Variable	2040-2043	\$ 60,220,000	\$ –
Series 2022B	2.52%	2024-2035	49,100,000	–
Series 2022C	2.27%	2026-2040	108,895,000	–
Series 2017	2.0%–5.0%	2018–2043	52,595,000	54,690,000
Series 2014	2.0%–5.0%	2015–2040	8,475,000	111,463,000
Series 2012	2.0%–5.0%	2013–2035	3,150,000	54,137,000
Series 2009B	Variable	2041–2044	–	60,000,000
Series 2017B Bond	2.18%	2024	15,020,000	19,645,000
Series 2016A	2.57%	2030	31,141,000	31,560,000
Series 2017A	5.00%	2031-2038	64,165,000	64,165,000
Kent Island bank term loan	Variable	2021	4,831,000	5,217,000
Real estate loan	Variable	2028	48,565,000	52,231,000
			<b>446,157,000</b>	<b>453,108,000</b>
Less current portion of long-term debt			<b>21,699,000</b>	21,638,000
Less deferred debt issue costs			<b>1,369,000</b>	3,249,000
Unamortized original issue premium, net			<b>11,650,000</b>	20,954,000
Long-term debt			<b>\$ 434,739,000</b>	<b>\$ 449,175,000</b>

These debt instruments are secured by the receipts of the Luminis Health obligated group and substantially all of the property and equipment of the consolidated group.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 6. Long-Term Debt and Line of Credit (continued)

Principal payments due under all debt instruments as of June 30, 2022, are as follows:

2023	\$ 21,699,000
2024	17,857,000
2025	18,827,000
2026	19,602,000
2027	20,407,000
Thereafter	347,765,000
	<u>\$ 446,157,000</u>

#### Series 2022 Bonds

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

- a) 2022A Variable Rate Tax-Exempt Bonds refunded \$60,000,000 2009B Series Revenue Bonds and extended the committed period of this issuance to 2032. Interest, at BSBY plus a credit spread, is payable monthly and principal is due annually on July 1.
- b) 2022B Fixed Rate Taxable issuance, which refunded \$49,100,000 of the 2012 Series Revenue Bonds. Interest is payable monthly at a stated rate of 2.52% and principal is due annually on July 1. On the call date, July 1, 2022, the issuance was converted to tax-exempt rate at 1.99%.
- c) 2022C Fixed Rate Taxable issuance, which refunded \$108,895,000 of the 2014 Series Revenue Bonds. Interest is payable semi-annually at a stated rate of 2.27% and principal is due annually on July 1. On the call date, July 1, 2024, the issuance is expected to be converted to tax-exempt rate at 1.79%.

In connection with the issuance of the 2022 Bonds, deferred financing costs and premiums related to the 2009B, 2012 and 2014 Series Bonds were written-off as loss on early extinguishment of bonds in the amount of \$2,320,000.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **6. Long-Term Debt and Line of Credit (continued)**

##### **Series 2017 Revenue Bonds**

In November 2017, LHAAMC entered into a loan agreement with the MHHEFA for the issuance of the Series 2017 A&B Revenue Bonds (the “2017 A&B Bonds”). The proceeds of the 2017 A&B Bonds were used to advance refund the Series 2010 Bonds previously issued by MHHEFA. The refunded Series 2010 Bonds were originally issued to finance the expansion of the parking garage for LHAAMC’s acute care pavilion, and costs related to the issuance. The 2017 A&B Bonds provide for annual principal payments each July 1 from 2022 through 2043. Interest is payable semi-annually on each January 1 and July 1. The 2017 A&B Bonds bear interest at rates between 2.00% and 5.00% and were originally issued at a premium of \$4,590,000, which is amortized over the life of the bonds using the straight-line method, which approximates the effective interest method.

##### **Series 2014 Revenue Bonds**

In November 2014, LHAAMC entered into a loan agreement with the MHHEFA for the issuance of the Series 2014 Revenue Bonds (the “2014 Bonds”). The proceeds of the 2014 Bonds were used to advance refund the Series 2009A Bonds previously issued by MHHEFA. The refunded Series 2009A Bonds were originally issued to finance a portion of the costs of construction for an eight-story patient care building, two parking garages, and costs related to the issuance. The 2014 Bonds provide for annual principal payments each July 1 from 2022 through 2024. Interest is payable semiannually each January 1 and July 1. The 2014 Bonds bear interest at rates of 4.00% and were originally issued at a premium of \$7,520,000, which is amortized over the life of the bonds using the straight-line method, which approximates the effective interest method. The amount outstanding of the Series 2014 Revenue Bonds was reduced to \$8,475,000 through the issuance of the Series 2022C Bonds.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **6. Long-Term Debt and Line of Credit (continued)**

##### **Series 2012 Revenue Bonds**

In October 2012, LHAAMC entered into a loan agreement with MHHEFA for the issuance of the Series 2012 Revenue Bonds (the “2012 Bonds”). The proceeds of the 2012 Bonds were used to refund the Series 2004A Bonds and 1998 Bonds previously issued by the Authority. The refunded bonds were originally issued to finance a new replacement hospital (Series 1998 Bonds) and to finance major renovations to LHAAMC’s Cancer Center and land acquisition (Series 2004A Bonds). The 2012 Bonds provide for annual principal payments each July 1 through 2022. Interest is payable semiannually on each January 1 and July 1. The 2012 Bonds bear interest at rates of 5.00% and were originally issued at a premium of \$6,746,000. The remaining outstanding amount of the 2012 Revenue Bonds was repaid on July 1, 2022.

##### **Series 2009 Revenue Bonds**

In 2009, LHAAMC entered into a loan agreement with the MHHEFA for the issuance of \$60,000,000 of Series 2009B Revenue Bonds (“2009B Bonds”). The proceeds of the 2009B Bonds together with the Series 2009A Bonds were used to finance a portion of the costs of construction of an eight-story patient care building, two new parking garages, and certain costs relating to the issuance. These bonds were fully refunded with the issuance of the Series 2022A bonds.

##### **Series 2016A and 2017B Revenue Bonds**

On June 28, 2016, MHHEFA issued \$73,445,000 principal amount of Revenue Bonds, Doctor’s Community Hospital Series 2016A Bonds (\$31,945,000), and Series 2016B Taxable Bonds (\$41,500,000). The proceeds of these bonds were used to retire the Series 2007A Bonds and Series 2010 Bonds (partial) previously issued by the Authority. On March 23, 2017, the Series 2016B Bonds were converted to Series 2017B Bonds as planned. The 2016A Bonds provide for monthly principal and interest payments through July 1, 2030. The 2017B Bonds provide for monthly principal and interest payments through October 1, 2024. The 2016A Bonds and 2017B Bonds bear interest at a rates of 2.53% and 2.18%, respectively.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 6. Long-Term Debt and Line of Credit (continued)

##### Series 2017A Revenue Bonds

On February 8, 2017, MHHEFA issued \$64,165,000 principal amount of Revenue Bonds, Doctor's Community Hospital Series 2017A. The proceeds of these bonds were used to retire the remainder of the Series 2010 Bonds previously issued by the Authority. The 2017A Bonds provide for annual principal payments each July 1 from 2031 through 2038. Interest is payable semiannually on each January 1 and July 1. The 2012 Bonds bear stated interest rates of 5.00% and were issued at a premium of \$4,144,000.

The effective interest for the years ended June 30, 2022 and 2021 is 2.84% and 3.01%, respectively.

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

##### Bank Line of Credit and Real Estate Loan

LHAAMC maintains a line of credit with a bank providing available credit of \$50,000,000, which is reviewed annually for renewal. Interest on any borrowings accrues at the one-month LIBOR plus 0.75%. At June 30, 2022 and 2021, LHAAMC had no balance outstanding on the line of credit. In February 2022, LHDCMC entered into a \$17,000,000 line of credit agreement and immediately drew upon this line to accomplish certain purposes related to the 2022 Series Bond issuance. Interest on any borrowing accrues at the SOFR plus 0.80%. At June 30, 2022, LHDCMC had no outstanding balance on this line of credit.

On October 17, 2018, the Real Estate Company secured a real estate loan from the bank through a wholly owned subsidiary and the proceeds were used to pay off the 2008 Term Loan and 2008 Construction Loan previously provided by the bank. The loans being refinanced were originally obtained to finance certain medical office buildings owned by the Real Estate Company. The new loan requires flat monthly principal payments (amortized over 17 years) plus interest at one-month LIBOR plus 1.10% from 2018 through 2028 with a balloon payment due October 5, 2028, of \$25,800,000.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 6. Long-Term Debt and Line of Credit (continued)

##### Kent Island Term Loan

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

On May 9, 2017, KIMA refinanced the term loan with a \$6,567,000 promissory note. The promissory note provides for monthly principal and interest payments and has a final maturity of December 2022. The promissory note bears interest at a variable rate, based on the 30-day LIBOR plus 1.20%.

#### 7. Retirement Plans

##### Anne Arundel Medical Center Plan

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**7. Retirement Plans (continued)**

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

	June 30	
	2022	2021
Accumulated benefit obligation	<b>\$ 102,284,000</b>	\$ 126,360,000
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	<b>\$ 126,360,000</b>	\$ 138,148,000
Service cost	—	—
Interest cost	<b>3,118,000</b>	3,147,000
Actuarial loss	<b>(17,470,000)</b>	(3,989,000)
Benefits paid	<b>(2,602,000)</b>	(2,503,000)
Settlements paid	<b>(7,158,000)</b>	(8,443,000)
Projected benefit obligation at end of year	<b>102,248,000</b>	126,360,000
Change in plan assets:		
Fair value of plan assets at beginning of year	<b>140,788,000</b>	115,397,000
Actual return on plan assets	<b>(15,020,000)</b>	25,828,000
Employer contribution	<b>2,400,000</b>	10,509,000
Benefits paid	<b>(2,602,000)</b>	(2,503,000)
Settlements paid	<b>(7,158,000)</b>	(8,443,000)
Fair value of plan assets at end of year	<b>118,408,000</b>	140,788,000
Net asset recognized in other assets	<b>\$ 16,160,000</b>	\$ 14,428,000
Net amounts recognized on the consolidated balance sheets consist of:		
Prepaid pension costs	<b>\$ 16,160,000</b>	\$ 14,428,000
Amounts recognized in net assets without donor restrictions that have not been recognized in net periodic benefit costs consist of:		
Net actuarial loss	<b>\$ 64,444,000</b>	\$ 65,689,000

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**7. Retirement Plans (continued)**

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

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
Discount rate	4.50%	2.55%
Rate of compensation increase	N/A	N/A

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

	<b>Year Ended June 30</b>	
	<b>2022</b>	<b>2021</b>
Discount rate	2.58%	2.38%
Expected return on plan assets	5.50%	6.00%
Rate of compensation increase	N/A	N/A

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

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
Service cost	\$ —	\$ —
Interest cost	3,118,000	3,147,000
Expected return on plan assets	(7,250,000)	(7,425,000)
Recognized net actuarial loss	1,856,000	2,260,000
Loss recognized from partial settlement of projected benefit obligation	4,188,000	4,931,000
Net periodic cost	<u>\$ 1,912,000</u>	<u>\$ 2,913,000</u>

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 7. Retirement Plans (continued)

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

LHAAMC's target asset allocation percentages as of June 30, 2022, were as follows: 65% fixed income, 10% international equity, 12% large cap domestic stocks, 3% small cap domestic stocks, and 10% alternative investments and exchange-traded notes.

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

	June 30, 2022			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Assets</b>				
Cash and cash equivalents	\$ 1,630,000	\$ —	\$ 1,630,000	\$ —
Mutual funds:				
Equity	17,275,000	17,275,000	—	—
Corporate bonds	76,673,000	76,673,000	—	—
International equity	5,936,000	5,936,000	—	—
Closed-end funds ETF	6,068,000	6,068,000	—	—
Assets measured at fair value	<u>107,582,000</u>	<u>\$ 105,952,000</u>	<u>\$ 1,630,000</u>	<u>\$ —</u>
Assets at NAV	<u>10,826,000</u>			
Total assets	<u><u>\$ 118,408,000</u></u>			

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**7. Retirement Plans (continued)**

	June 30, 2021			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Assets</b>				
Cash and cash equivalents	\$ 8,875,000	\$ —	\$ 8,875,000	\$ —
Mutual funds:				
Equity	23,528,000	23,528,000	—	—
Corporate bonds	80,640,000	80,640,000	—	—
International equity	9,608,000	9,608,000	—	—
Closed-end funds ETF	6,484,000	6,484,000	—	—
Assets measured at fair value	129,135,000	\$ 120,260,000	\$ 8,875,000	\$ —
Assets at NAV	11,653,000			
Total assets	<u>\$ 140,788,000</u>			

Level 1 securities primarily consist of exchange-traded mutual funds. Level 2 securities primarily consist of money market funds. Methods consistent with those discussed in Note 5 are used to estimate the fair values of these securities.

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

LHAAMC currently does not intend to make voluntary contributions to the defined benefit pension plan in fiscal year 2023.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 7. Retirement Plans (continued)

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

2023	\$ 6,727,000
2024	6,491,000
2025	6,553,000
2026	7,979,000
2027	6,447,000
2028–2032	33,699,000

In addition to the noncontributory defined benefit pension plan, LHAAMC also offers an employee defined contribution plan. Participation in the plan is voluntary. Substantially all full-time employees of LHAAMC are eligible to participate. Employees may elect to contribute a minimum of 1% of compensation, and a maximum amount as determined by Sections 403(b) and 415 of the Code. Any employee making contributions to the plan is entitled to a LHAAMC contribution that will match the employee contribution at the rate of 50% to 75%, depending on the number of years of service, up to a maximum of 5% of qualified compensation.

In 2022, there were several plan amendments for the 403(b) retirement plan. The Anne Arundel Medical Center Employees' Salary Reduction Thrift Plan was renamed the Luminis Health Retirement Plan. Additional amendments to the 403(b) plan included allowing LHDCMC participants to participate in the plan as well as naming Luminis Health (formerly AAMC) as the employer of record for all participants in the plan.

Matching contributions under this defined contribution 403(b) plan were \$9,928,000 and \$0 in fiscal years 2022 and 2021, respectively.

#### Doctors Community Hospital Plan

LHDCMC froze the defined benefit pension plan that it sponsors (the LHDCMC Plan) in 2011, which covered substantially all employees. The decision to terminate the LHDCMC Plan has not been made by the board of directors. The benefits are based on years of service and employee compensation during years of employment. LHDCMC's funding policy is to make sufficient contributions to the LHDCMC Plan to comply with the minimum funding provisions of the Employee Retirement Income Security Act of 1974 (ERISA). LHDCMC does not expect to contribute to the LHDCMC Plan during 2023 to keep the funding levels at the ERISA requirements. The measurement date of the LHDCMC Plan is June 30.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**7. Retirement Plans (continued)**

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

	June 30	
	2022	2021
Accumulated benefit obligation	<u>\$ 18,412,000</u>	<u>\$ 21,988,000</u>
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 21,988,000	\$ 23,049,000
Service cost	—	—
Interest cost	476,000	448,000
Settlement loss	(3,000)	(41,000)
Actuarial loss	(2,837,000)	(252,000)
Benefits paid	(152,000)	(137,000)
Settlements paid	(1,060,000)	(1,079,000)
Projected benefit obligation at end of year	<u>18,412,000</u>	<u>21,988,000</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	19,787,000	16,524,000
Actual return on plan assets	(3,054,000)	3,246,000
Employer contribution	248,000	1,233,000
Benefits paid	(152,000)	(137,000)
Settlements paid	(1,060,000)	(1,079,000)
Fair value of plan assets at end of year	<u>15,769,000</u>	<u>19,787,000</u>
Net liability recognized	<u>\$ (2,643,000)</u>	<u>\$ (2,201,000)</u>
Net amounts recognized on the consolidated balance sheets consist of:		
Accrued pension costs	<u>\$ (2,643,000)</u>	<u>\$ (2,201,000)</u>
Amounts recognized in net assets without donor restrictions that have not been recognized in net periodic benefit costs consist of:		
Net actuarial loss	<u>\$ 6,549,000</u>	<u>\$ 6,009,000</u>

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**7. Retirement Plans (continued)**

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

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
Discount rate	4.25%	2.30%
Rate of compensation increase	N/A	N/A

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

	<b>Year Ended June 30</b>	
	<b>2022</b>	<b>2021</b>
Discount rate	2.30%	2.05%
Expected return on plan assets	6.00%	6.00%
Rate of compensation increase	N/A	N/A

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

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
Interest cost	\$ 476,000	\$ 448,000
Expected return on plan assets	(1,121,000)	(968,000)
Recognized net actuarial loss	419,000	758,000
Effect of settlement	377,000	295,000
Net periodic cost	<u>\$ 151,000</u>	<u>\$ 533,000</u>

LHDCMC's target asset allocation percentages as of June 30, 2022, were as follows: 65% fixed income, 5% international equity, 15% large cap domestic stocks, and 15% small cap domestic stocks.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**7. Retirement Plans (continued)**

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

	<b>June 30, 2022</b>			
	<b>Total</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
<b>Assets</b>				
Mutual funds:				
U.S. common stock	\$ 6,332,000	\$ 6,332,000	\$ —	\$ —
Corporate bonds	8,624,000	8,624,000	—	—
International equity	813,000	813,000	—	—
Assets measured at fair value	<u>15,769,000</u>	<u>\$ 15,769,000</u>	<u>\$ —</u>	<u>\$ —</u>
Assets at NAV	—			
Total assets	<u><u>\$ 15,769,000</u></u>			
	<b>June 30, 2021</b>			
	<b>Total</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
<b>Assets</b>				
Mutual funds:				
U.S. common stock	\$ 6,458,000	\$ 6,458,000	\$ —	\$ —
Corporate bonds	10,920,000	10,920,000	—	—
International equity	1,169,000	1,169,000	—	—
Assets measured at fair value	<u>18,547,000</u>	<u>\$ 18,547,000</u>	<u>\$ —</u>	<u>\$ —</u>
Assets at NAV	1,240,000			
Total assets	<u><u>\$ 19,787,000</u></u>			

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 7. Retirement Plans (continued)

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

2023	\$ 1,851,000
2024	1,275,000
2025	1,305,000
2026	1,398,000
2027	1,360,000
2028–2032	5,632,000

LHDCMC has a 403(b) defined contribution plan (the contribution plan) covering substantially all its employees. The contribution plan is employee and employer contributory. LHDCMC contributed a match of \$0.50 for every \$1.00 of elective deferrals for a plan year for eligible employees up to 4% of base compensation. Defined contribution plan expense amounted to \$1,694,000 and \$0 for 2022 and 2021, respectively.

LHDCMC has a deferred compensation plan that permits certain executives to defer receiving a portion of their compensation. The deferred amounts are included in other assets in the accompanying consolidated balance sheets. The associated liability of an equal amount is included in other liabilities on the accompanying consolidated balance sheets. The liability recorded regarding the deferred compensation was \$3,694,000 and \$3,832,000 as of June 30, 2022 and 2021, respectively.

LHDCMC is the beneficiary of split dollar life insurance policies in place for certain executives. The amounts that could be realized by LHDCMC under the insurance contracts are approximately \$9,000,000 as of June 30, 2022 and 2021, are included in other assets on the consolidated balance sheets.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 8. Concentrations of Credit Risk

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

	June 30	
	2022	2021
Medicare	23%	25%
Medicaid	4	3
Blue Cross	15	21
Commercial, HMO, PPO, and other	39	39
Patients	19	12
	100%	100%

#### 9. Malpractice Insurance Costs and Self-Insured Professional Liability

Until August 1, 1998, LHAAMC and certain subsidiaries maintained insurance coverage for general and professional liability claims on a claims-made basis. The professional liability coverage included a per-case deductible of \$250,000, up to a maximum out-of-pocket amount of \$750,000 annually. Effective August 1, 1998, the group changed its professional liability coverage to a full coverage claims-made policy with no annual deductibles. This policy included tail coverage for claims incurred prior to August 1, 1998, but reported subsequently. Effective August 1, 2002, LHAAMC changed its professional liability coverage back to a claims-made policy with a per-case deductible of \$250,000, up to a maximum out-of-pocket amount of \$750,000 annually. Also, LHAAMC did not purchase tail coverage for claims incurred prior to August 1, 2002, which were not yet reported.

Effective March 1, 2004, LHAAMC changed its professional liability coverage to a self-insurance trust with annual exposure limits of \$2,000,000 per claim and \$11,000,000 in the aggregate. LHAAMC carried an excess liability insurance policy for claims above these limits.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 9. Malpractice Insurance Costs and Self-Insured Professional Liability (continued)

Effective July 1, 2005, Cottage was formed as a captive insurer to provide professional liability insurance for LHAAMC. Cottage is a wholly owned subsidiary of LHAAMC, which was formed in the Cayman Islands. The primary layer of professional and general liability insurance coverage is self-insured through Cottage and the secondary layer is fully reinsured through several highly rated commercial carriers.

For the period from July 1, 2005 to June 30, 2009, Cottage issued claims-made policies covering LHAAMC professional liability (including employed physicians) and on an occurrence basis, comprehensive general liability risks of LHAAMC and certain affiliates. Policy limits were \$2,000,000 per claim with a \$9,000,000 policy aggregate. Effective July 1, 2005, Cottage assumed existing liabilities from LHAAMC's self-insured trust discussed above on a claims-made basis. Effective July 1, 2009, Cottage issued a claims-made policy providing \$2,000,000 per claim for LHAAMC professional liability coverage and \$1,000,000 per claim for comprehensive general liability coverage, subject to a consolidated annual aggregate limit of \$10,000,000. Effective July 1, 2018, policy limits were increased to \$5,000,000 per claim with a \$25,000,000 policy aggregate.

For the period from July 1, 2005 to June 30, 2008, Cottage also issued an excess umbrella coverage policy (covering LHAAMC professional liability) with limits of \$20,000,000 per claim with a policy aggregate. For claims reported on and subsequent to July 1, 2008, the coverage limit provided is \$30,000,000 per claim with a policy aggregate. These excess limits are in excess of the primary policy, and the umbrella policies are 100% reinsured with highly rated third-party commercial reinsurers.

The provision for estimated professional liability claims, general liability claims, and workers' compensation claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. As of June 30, 2022 and 2021, the balance for outstanding claims reserves recorded at Cottage is \$42,785,000 and \$45,278,000, respectively, which is included in other long-term liabilities and reinsurance receivable is \$11,309,000 and \$11,585,000, respectively, which is included in other assets. The remaining tail liability for claims incurred but not reported is \$16,363,000 and \$13,366,000 as of June 30, 2022 and 2021, respectively, are included in other accrued expenses, with \$14,553,000 and \$11,737,000 of the 2022 and 2021 liability, respectively, recorded at LHAAMC. The remainder of the liability is recorded at PE. The group has employed an independent actuary to estimate the ultimate settlement of such claims. In management's opinion, the amounts recorded provide an adequate reserve for loss contingencies. However, changes in circumstances affecting professional liability claims could cause these estimates to change by material amounts in the short term.

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **9. Malpractice Insurance Costs and Self-Insured Professional Liability (continued)**

On March 1, 2022, LHDCMC obtained professional and general liability insurance through Cottage. A provision for remaining tail liability for claims incurred but not reported was recorded of \$2,457,000 at June 30, 2022.

LHDCMC maintained coverage for professional and general liabilities on a claims-made basis from Freestate Healthcare Insurance Company, Ltd. (Freestate), a group captive formed by several Maryland hospitals through February 28, 2022. LHDCMC owned 20% interest in the captive and accounts for it using the cost method. This ownership terminated on February 28, 2022. Premiums were expensed as incurred and are established based on the LHDCMC historical experience supplemented as necessary with industry experience. The total premium is allocated to each of the shareholders based on their experience. Retrospective premium assessments and credits are calculated based on the aggregate experience of all named insureds under the policy. Each named insured's assessment of credit is based on the percentage of their actual exposure to the actual exposure of all named insureds. In management's opinion, the assets of Freestate are sufficient to meet its obligations as of June 30, 2022. If the financial condition of Freestate were to materially deteriorate in the future, and Freestate was unable to pay its claim obligations, the responsibility to pay those claims would return to the member hospitals. The captive is responsible for claims up to \$1,000,000 for each and every loss event. Additional coverage has been purchased by the captive for all claims in excess of \$1,000,000 to a limit of \$6,000,000 effective March 1, 2006, \$10,000,000 effective March 1, 2012, and \$15,000,000 effective March 1, 2019. The estimated unpaid loss liability reserved by the captive for LHDCMC was \$7,125,000 and \$8,664,000 at June 30, 2022 and 2021, respectively. These amounts are included in long-term liabilities and the related anticipated insurance recoveries were reported in noncurrent assets on the accompanying consolidated balance sheets. The liability for all claims incurred but not reported for LHDCMC was \$916,000 at June 30, 2021.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**10. Commitments and Contingencies**

**Leases**

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

<b>Component of Lease Balances</b>	<b>Classification in Consolidated Balance Sheet</b>	<b>June 30</b>	
		<b>2022</b>	<b>2021</b>
<b>Assets</b>			
Operating lease assets	Right-of-use asset long term	<b>\$ 43,997,000</b>	\$ 37,528,000
Total leased assets		<b>\$ 43,997,000</b>	\$ 37,528,000
<b>Liabilities</b>			
Operating lease liabilities:			
Current	Lease liability short term	<b>\$ 7,846,000</b>	\$ 8,187,000
Long term	Lease liability long term	<b>41,580,000</b>	30,979,000
Total operating lease liabilities		<b>\$ 49,426,000</b>	\$ 39,166,000

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

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

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 10. Commitments and Contingencies (continued)

Real estate leases may include one or more options to renew that can extend the lease term from five to ten years. The exercise of lease renewal options is at Luminis Health's sole discretion. In general, Luminis Health does not consider renewal options to be reasonably likely to be exercised; therefore, renewal options are generally not recognized as part of Luminis Health's right-of-use assets and lease liabilities. Certain equipment leases also include options to purchase the leased equipment. The useful life of assets and leasehold improvements are limited by the expected lease term unless there is a transfer of title or purchase option reasonably certain of exercise. Luminis Health currently does not have any leases whereby there is a transfer of title or a purchase option that is reasonably certain to be exercised; hence, all of Luminis Health's leases are depreciated over the lease term.

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

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

Luminis Health also elected the practical expedient package not to reassess at adoption (i) expired or existing contracts for whether they are or contain a lease, (ii) the lease classification of any existing leases, or (iii) initial indirect costs for existing leases.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**10. Commitments and Contingencies (continued)**

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

	<b>Year Ended June 30</b>	
	<b>2022</b>	<b>2021</b>
Operating lease expense	<b>\$ 11,405,000</b>	\$ 11,600,000
Finance lease expense:		
Amortization of leased assets	<b>176,000</b>	27,000
Interest on lease liabilities	<b>24,000</b>	1,000
Total finance lease expense	<b>200,000</b>	28,000
Variable lease expense	<b>60,000</b>	527,000
Short-term lease expense	—	—
Total lease expense	<b>\$ 11,665,000</b>	\$ 12,155,000

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

	<b>June 30</b>	
	<b>2022</b>	<b>2021</b>
Weighted average remaining lease term (years):		
Operating leases	<b>8.5</b>	8.0
Finance leases	<b>6.7</b>	1.0
Weighted average discount rate:		
Operating leases	<b>3.5%</b>	3.0%
Finance leases	<b>2.6%</b>	1.8%

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

	<b>Year Ended June 30</b>	
	<b>2022</b>	<b>2021</b>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash outflows from operating leases	<b>\$ 20,803,000</b>	\$ 21,854,000
Operating cash outflows from finance leases	<b>23,000</b>	1,000
Financing cash inflows from finance leases	<b>2,137,000</b>	—
Financing cash outflows from finance leases	<b>147,000</b>	27,000

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 10. Commitments and Contingencies (continued)

The following table summarizes the maturity lease obligations as of June 30, 2022:

	<b>Operating Leases</b>	<b>Finance Leases</b>	<b>Total</b>
2023	\$ 7,335,000	\$ 511,000	\$ 7,846,000
2024	6,486,000	504,000	6,990,000
2025	4,739,000	518,000	5,257,000
2026	4,661,000	531,000	5,192,000
2027	4,357,000	545,000	4,902,000
Thereafter	20,007,000	944,000	20,951,000
Total lease payments	47,585,000	3,553,000	51,138,000
Less: Imputed interest	1,402,000	310,000	1,712,000
Total lease liabilities	<u>\$ 46,183,000</u>	<u>\$ 3,243,000</u>	<u>\$ 49,426,000</u>

#### Contingencies

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

Luminis Health's revenues may be subject to adjustment as a result of examination by government agencies or contractors, based upon differing interpretations of government regulations, medical diagnoses, charge coding, medical necessity, or other contract terms. The resolution of these matters, if any, often is not finalized until subsequent to the period during which the services were rendered. Section 302 of the Tax Relief and Health Care Act of 2006 authorized a permanent program involving the use of third-party recovery audit contractors (RACs) to identify Medicare overpayments and underpayments made to providers. Management has established protocols to respond to RAC requests and payment denials. Payment recoveries resulting from RAC reviews are appealable through administrative and judicial processes, and management intends to pursue the reversal of adverse determinations where appropriate. In addition to overpayments that are not reversed on appeal, management will incur additional costs to respond to requests for records and pursue the reversal of payment denials. As of June 30, 2022 and 2021, Luminis Health has

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 10. Commitments and Contingencies (continued)

recorded an estimated reserve regarding the Medicare overpayments. In the opinion of the Luminis Health's management, the ultimate settlement of this matter will not have a material adverse effect on the consolidated financial position of Luminis Health.

During the year ended June 30, 2020, LHDCMC recorded an accrual related to a billing error that was self-reported to the Department of Health and Human Services. LHDCMC is working with the U.S. Government to come to a resolution on this matter. It is possible that other regulatory conditions may be part of the final resolution. Based on consultation with legal counsel, management believes the final resolution will not have a material adverse effect on the June 30, 2022 consolidated financial statements.

#### 11. Functional Expenses

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

	Health Care Services	General and Administrative	Total
<b>Year ended June 30, 2022</b>			
Salaries and wages	\$ 477,259,000	\$ 70,466,000	\$ 547,725,000
Employee benefits	27,332,000	59,893,000	87,225,000
Supplies	183,770,000	12,197,000	195,967,000
Purchased services	151,074,000	150,935,000	302,009,000
Depreciation and amortization	16,275,000	28,889,000	45,164,000
Interest	13,152,000	–	13,152,000
Total operating expenses	<u>\$ 868,862,000</u>	<u>\$ 322,380,000</u>	<u>\$ 1,191,242,000</u>
<b>Year ended June 30, 2021</b>			
Salaries and wages	\$ 436,725,000	\$ 71,997,000	\$ 508,722,000
Employee benefits	65,400,000	10,996,000	76,396,000
Supplies	182,201,000	7,016,000	189,217,000
Purchased services	114,908,000	132,768,000	247,676,000
Depreciation and amortization	19,885,000	26,999,000	46,884,000
Interest	14,404,000	–	14,404,000
Total operating expenses	<u>\$ 833,523,000</u>	<u>\$ 249,776,000</u>	<u>\$ 1,083,299,000</u>

## Luminis Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 12. Net Assets

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

	June 30	
	2022	2021
Hospital capital additions	\$ 6,631,000	\$ 7,057,000
Hospital operating programs	15,155,000	19,355,000
	<u>\$ 21,786,000</u>	<u>\$ 26,412,000</u>

#### 13. Liquidity and Availability

Financial assets available for general expenditure within one year of the balance sheet date comprise the following as of June 30, 2022:

##### Assets

Current assets:

Cash and cash equivalents	\$ 96,638,000
Short-term investments	5,279,000
Patient receivables, net	160,723,000
Investments*	408,188,000
Total financial assets	<u>\$ 670,828,000</u>

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

Luminis Health's bond covenant requires Luminis Health to maintain unrestricted cash and marketable securities on hand to meet 70 days of normal operating expenses. The Luminis Health obligated group was compliant with all financial covenants as of June 30, 2022 and 2021.

#### 14. Subsequent Events

Luminis Health has evaluated the impact of subsequent events through October 14, 2022, representing the date at which the accompanying consolidated financial statements were issued.

No events have occurred that require disclosure in or adjustments to the accompanying consolidated financial statements.

## Supplementary Information

Public Disclosure Copy

Luminis Health, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet  
(Amounts Expressed in Thousands of U.S. Dollars)

June 30, 2022

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries	Luminis Health Care Enterprises, Inc. and Subsidiaries	Luminis Health Ventures, LLC and Subsidiaries	Eliminations	Consolidated
<b>Assets</b>							
Current assets:							
Cash and cash equivalents	\$ (5,744)	\$ 65,078	\$ 26,402	\$ 5,063	\$ 5,839	\$ —	\$ 96,638
Short-term investments	—	5,662	(383)	—	—	—	5,279
Current portion of assets whose use is limited	—	10,808	—	—	4,958	—	15,766
Patient receivables, net	(616)	95,459	44,709	20,179	992	—	160,723
Inventories	584	7,014	5,535	447	—	—	13,580
Prepaid expenses and other current assets	6,169	10,425	6,124	1,543	1,235	—	25,496
Intercompany receivables/(payables)	(102,658)	23,584	(27,384)	74,673	31,785	—	—
Total current assets	(102,265)	218,030	55,003	101,905	44,809	—	317,482
Property and equipment	58	813,699	147,734	66,249	141,954	—	1,169,694
Less accumulated depreciation and amortization	—	(477,351)	(26,871)	(49,354)	(74,642)	—	(628,218)
Net property and equipment	58	336,348	120,863	16,895	67,312	—	541,476
Other assets:							
Investments	—	387,281	19,062	—	1,845	—	408,188
Investments in joint ventures	—	—	—	781	12,202	—	12,983
Assets whose use is limited	—	17,399	—	—	27,972	—	45,371
Restricted collateral for interest rate swap contract	—	10,193	—	—	—	—	10,193
Right of use asset long term	—	4,759	15,611	14,795	8,832	—	43,997
Investment in subsidiaries	735,824	—	—	—	—	(735,824)	(0)
Other assets	—	28,934	24,932	1,391	13,092	—	68,349
Total assets	\$ 633,617	\$ 1,002,944	\$ 235,471	\$ 135,767	\$ 176,064	\$ (735,824)	\$ 1,448,039

Luminis Health, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet (continued)

(Amounts Expressed in Thousands of U.S. Dollars)

June 30, 2022

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries	Luminis Health Care Enterprises, Inc. and Subsidiaries	Luminis Health Ventures, LLC and Subsidiaries	Eliminations	Consolidated
<b>Liabilities and net assets</b>							
Current liabilities:							
Accounts payable	\$ 2,152	\$ 39,168	\$ 9,558	\$ 5,214	\$ 1,653	\$ —	\$ 57,745
Accrued salaries, wages, and benefits	32,181	23,802	7,296	13,278	(28)	—	76,529
Other accrued expenses	(14)	17,236	5,190	2,504	536	—	25,452
Current portion of long-term debt	—	8,025	5,200	—	8,474	—	21,699
Advances from third-party payors	(806)	43,592	26,446	3,901	382	—	73,515
Lease liability short term	—	2,437	1,483	2,522	1,404	—	7,846
Total current liabilities	33,513	134,260	55,173	27,419	12,421	—	262,786
Long-term liabilities:							
Long-term debt, less current portion and unamortized original issue premium	—	276,471	113,434	—	44,834	—	434,739
Interest rate swap contract	—	51,922	—	—	—	—	51,922
Accrued pension liability	—	—	2,643	—	—	—	2,643
Lease liability long term	—	5,917	15,139	12,758	7,766	—	41,580
Other long-term liabilities	—	—	7,136	167	42,785	—	50,088
Total liabilities	33,513	468,570	193,525	40,344	107,806	—	843,758
Net assets:							
Without donor restrictions	577,394	512,503	40,663	95,423	64,412	(711,746)	578,649
With donor restrictions	22,709	21,871	1,283	—	—	(24,078)	21,785
Noncontrolling interest	—	—	—	—	3,846	—	3,846
Total net assets	600,104	534,374	41,946	95,423	68,258	(735,824)	604,280
Total liabilities and net assets	\$ 633,617	\$ 1,002,944	\$ 235,471	\$ 135,767	\$ 176,064	\$ (735,824)	\$ 1,448,039

Luminis Health, Inc. and Subsidiaries

Supplementary Consolidating Statement of Operations  
(Amounts Expressed in Thousands of U.S. Dollars)

Year Ended June 30, 2022

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries	Luminis Health Care Enterprises, Inc. and Subsidiaries	Luminis Health Ventures, LLC and Subsidiaries	Eliminations	Consolidated
Operating revenue:							
Net patient service revenue	\$ –	\$ 650,370	\$ 221,233	\$ 207,455	\$ 7,264	\$ –	\$ 1,086,322
Other operating revenue	–	22,812	7,699	54,406	34,873	(72,386)	47,404
Total operating revenue	–	673,182	228,932	261,861	42,137	(72,386)	1,133,726
Operating expenses:							
Salaries and wages	57,045	219,671	84,668	184,934	1,407	–	547,725
Employee benefits	9,497	36,737	17,219	23,490	282	–	87,225
Supplies	732	132,167	37,610	25,214	246	(2)	195,967
Purchased services	59,939	167,855	62,240	57,228	26,948	(72,201)	302,009
Foundation transfer	–	165	–	–	–	(165)	(0)
Depreciation and amortization	–	26,954	11,594	2,775	3,841	–	45,164
Interest	53	7,931	4,381	–	805	(18)	13,152
Shared services	(127,266)	100,692	26,574	–	–	–	–
Total operating expenses	–	692,172	244,286	293,641	33,529	(72,386)	1,191,242
Operating income (loss)	–	(18,990)	(15,354)	(31,780)	8,608	–	(57,516)
Other income (loss):							
Investment income (loss), net	(115)	24,704	382	–	900	–	25,871
Gain (loss) from joint ventures and other, net	(76,800)	(543)	(1,247)	973	(357)	76,759	(1,215)
Pension expense	–	(1,911)	(151)	–	–	–	(2,062)
Loss on advance refunding of debt	–	(2,320)	–	–	–	–	(2,320)
Change in unrealized losses on trading securities, net	–	(61,907)	(551)	–	(4,886)	–	(67,344)
Realized and unrealized gains on trading securities, net	–	31,095	–	–	–	–	31,095
Total other income (loss), net	(76,915)	(10,882)	(1,567)	973	(4,343)	76,759	(15,975)
(Deficit) excess of revenues over expenses	\$ (76,915)	\$ (29,872)	\$ (16,921)	\$ (30,807)	\$ 4,265	\$ 76,759	\$ (73,491)

Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet  
(Amounts Expressed in Thousands of U.S. Dollars)

June 30, 2022

	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Pathways, Inc.	Luminis Health J Kent McNew Family Medical Center, Inc.	Luminis Health Anne Arundel Medical Center Foundation, Inc.	Eliminations	Luminis Health Anne Arundel Medical Center Inc. and Subsidiaries
<b>Assets</b>						
Current assets:						
Cash and cash equivalents	\$ 59,130	\$ 58	\$ (65)	\$ 5,955	\$ –	\$ 65,078
Short-term investments	5,223	–	–	439	–	5,662
Current portion of assets whose use is limited	10,808	–	–	–	–	10,808
Patient receivables, net	94,459	52	948	–	–	95,459
Inventories	7,014	–	–	–	–	7,014
Prepaid expenses and other current assets	8,143	–	11	2,271	–	10,425
Intercompany receivables/(payables)	59,982	140	(27,541)	(8,997)	–	23,584
Total current assets	244,759	250	(26,647)	(332)	–	218,030
Property and equipment	773,087	9,723	28,623	2,266	–	813,699
Less accumulated depreciation and amortization	(469,323)	(5,590)	(2,213)	(225)	–	(477,351)
Net property and equipment	303,764	4,133	26,410	2,041	–	336,348
Other assets:						
Investments	385,607	–	–	1,674	–	387,281
Assets whose use is limited	7	–	–	17,392	–	17,399
Beneficial interest in net assets of Anne Arundel Medical Center Foundation, Inc.	20,960	–	–	–	(20,960)	(0)
Restricted collateral for interest rate swap contract	10,193	–	–	–	–	10,193
Right of use asset long term	4,759	–	–	–	–	4,759
Investment in subsidiaries	3,569	–	–	–	(3,569)	(0)
Other assets	28,310	–	–	624	–	28,934
Total assets	\$ 1,001,928	\$ 4,383	\$ (237)	\$ 21,399	\$ (24,529)	\$ 1,002,944

Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet (continued)

(Amounts Expressed in Thousands of U.S. Dollars)

June 30, 2022

	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Pathways, Inc.	Luminis Health J Kent McNew Family Medical Center, Inc.	Luminis Health Anne Arundel Medical Center Foundation, Inc.	Eliminations	Luminis Health Anne Arundel Medical Center Inc. and Subsidiaries
<b>Liabilities and net assets</b>						
Current liabilities:						
Accounts payable	\$ 38,926	\$ 11	\$ 218	\$ 13	\$ –	\$ 39,168
Accrued salaries, wages, and benefits	23,347	205	141	109	–	23,802
Other accrued expenses	16,918	1	–	317	–	17,236
Current portion of long-term debt	8,025	–	–	–	–	8,025
Advances from third-party payors	43,592	–	–	–	–	43,592
Lease liability short term	2,437	–	–	–	–	2,437
Total current liabilities	133,245	217	359	439	–	134,260
Long-term liabilities:						
Long-term debt, less current portion	276,471	–	–	–	–	276,471
Interest rate swap contract	51,922	–	–	–	–	51,922
Lease liability long term	5,917	–	–	–	–	5,917
Total liabilities	467,555	217	359	439	–	468,570
Net assets:						
Without donor restrictions	514,126	4,166	(596)	(207)	(4,986)	512,503
With donor restrictions	20,247	–	–	21,167	(19,543)	21,871
Noncontrolling interest	–	–	–	–	–	–
Total net assets	534,373	4,166	(596)	20,960	(24,529)	534,374
Total liabilities and net assets	\$ 1,001,928	\$ 4,383	\$ (237)	\$ 21,399	\$ (24,529)	\$ 1,002,944

Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Statement of Operations

(Amounts Expressed in Thousands of U.S. Dollars)

Year Ended June 30, 2022

	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Pathways, Inc.	Luminis Health J Kent McNew Family Medical Center, Inc.	Luminis Health Anne Arundel Medical Center Foundation, Inc.	Eliminations	Luminis Health Anne Arundel Medical Center Inc. and Subsidiaries
Operating revenue:						
Net patient service revenue	\$ 639,614	\$ 4,150	\$ 6,606	\$ –	\$ –	\$ 650,370
Other operating revenue	19,865	647	672	4,767	(3,139)	22,812
Total operating revenue	659,479	4,797	7,278	4,767	(3,139)	673,182
Operating expenses:						
Salaries and wages	209,521	4,197	4,490	1,463	–	219,671
Employee benefits	34,901	785	776	275	–	36,737
Supplies	131,505	393	246	24	(1)	132,167
Purchased services	162,740	729	2,853	1,540	(7)	167,855
Foundation transfer	–	–	–	3,297	(3,132)	165
Depreciation and amortization	25,510	436	956	52	–	26,954
Interest	7,931	–	–	–	–	7,931
Shared services	100,692	–	–	–	–	100,692
Total operating expenses	672,800	6,540	9,321	6,652	(3,140)	692,172
Operating income (loss)	(13,321)	(1,743)	(2,043)	(1,884)	1	(18,990)
Other income (loss):						
Investment income (loss), net	24,867	–	–	(163)	–	24,704
Gain (loss) from joint ventures and other, net	(4,328)	–	–	–	3,785	(543)
Pension expense	(1,911)	–	–	–	–	(1,911)
Loss on advance refunding of debt	(2,320)	–	–	–	–	(2,320)
Change in unrealized losses on trading securities, net	(61,907)	–	–	–	–	(61,907)
Realized and unrealized gains on trading securities, net	31,095	–	–	–	–	31,095
Total other income (loss), net	(14,504)	–	–	(163)	3,785	(10,882)
(Deficit) excess of revenues over expenses	\$ (27,825)	\$ (1,743)	\$ (2,043)	\$ (2,047)	\$ 3,786	\$ (29,872)

Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet  
(Amounts Expressed in Thousands of U.S. Dollars)

June 30, 2022

	<b>Luminis Health Doctors Community Medical Center, Inc.</b>	<b>Doctors Community Health Ventures, Inc.</b>	<b>Luminis Health Doctors Community Medical Center Foundation, Inc.</b>	<b>Eliminations</b>	<b>Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries</b>
<b>Assets</b>					
Current assets:					
Cash and cash equivalents	\$ 24,933	\$ —	\$ 1,469	\$ —	\$ 26,402
Short-term investments	(383)	—	—	—	(383)
Patient receivables, net	44,709	—	(0)	—	44,709
Inventories	5,535	—	—	—	5,535
Prepaid expenses and other current assets	5,394	206	524	—	6,124
Intercompany receivables/(payables)	7,617	(33,490)	(1,511)	—	(27,384)
Total current assets	87,805	(33,284)	482	—	55,003
Property and equipment	147,734	—	—	—	147,734
Less accumulated depreciation and amortization	(26,871)	—	—	—	(26,871)
Net property and equipment	120,863	—	—	—	120,863
Other assets:					
Investments	19,062	—	—	—	19,062
Beneficial interest in net assets of Foundation	163	—	—	(163)	(0)
Right of use asset long term	15,611	—	—	—	15,611
Investment in subsidiaries	(34,056)	—	—	34,056	(0)
Other assets	24,932	—	—	—	24,932
Total assets	\$ 234,380	\$ (33,284)	\$ 482	\$ 33,893	\$ 235,471

Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet  
(Amounts Expressed in Thousands of U.S. Dollars)

June 30, 2022

	<b>Luminis Health Doctors Community Medical Center, Inc.</b>	<b>Doctors Community Health Ventures, Inc.</b>	<b>Luminis Health Doctors Community Medical Center Foundation, Inc.</b>	<b>Eliminations</b>	<b>Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries</b>
<b>Liabilities and net assets</b>					
Current liabilities:					
Accounts payable	\$ 9,359	\$ 201	\$ (2)	\$ –	\$ 9,558
Accrued salaries, wages, and benefits	7,292	–	4	–	7,296
Other accrued expenses	5,190	–	–	–	5,190
Current portion of long-term debt	5,200	–	–	–	5,200
Advances from third-party payors	25,875	571	–	–	26,446
Lease liability short term	1,483	–	–	–	1,483
Total current liabilities	54,399	772	2	–	55,173
Long-term liabilities:					
Long-term debt, less current portion	113,434	–	–	–	113,434
Accrued pension liability	2,643	–	–	–	2,643
Lease liability long term	15,139	–	–	–	15,139
Other long-term liabilities	7,136	–	–	–	7,136
Total liabilities	192,751	772	2	–	193,525
Net assets:					
Without donor restrictions	41,477	(34,056)	(661)	33,903	40,663
With donor restrictions	152	–	1,141	(10)	1,283
Noncontrolling interest	–	–	–	–	–
Total net assets	41,629	(34,056)	480	33,893	41,945
Total liabilities and net assets	\$ 234,380	\$ (33,284)	\$ 482	\$ 33,893	\$ 235,471

Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Statement of Operations  
(Amounts Expressed in Thousands of U.S. Dollars)

Year Ended June 30, 2022

	<b>Luminis Health Doctors Community Medical Center, Inc.</b>	<b>Doctors Community Health Ventures, Inc.</b>	<b>Luminis Health Doctors Community Medical Center Foundation, Inc.</b>	<b>Eliminations</b>	<b>Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries</b>
Operating revenue:					
Net patient service revenue	\$ 221,233	\$ –	\$ –	\$ –	\$ 221,233
Other operating revenue	7,699	–	94	(94)	7,699
Total operating revenue	228,932	–	94	(94)	228,932
Operating expenses:					
Salaries and wages	84,403	–	265	–	84,668
Employee benefits	17,182	–	37	–	17,219
Supplies	37,606	–	4	–	37,610
Purchased services	61,695	–	545	–	62,240
Foundation transfer	–	–	94	(94)	–
Depreciation and amortization	11,594	–	–	–	11,594
Interest	4,381	–	–	–	4,381
Shared services	26,574	–	–	–	26,574
Total operating expenses	243,435	–	945	(94)	244,286
Operating income (loss)	(14,503)	–	(851)	(0)	(15,354)
Other income (loss):					
Investment income, net	348	34	–	–	382
Gain (loss) from joint ventures and other, net	(1,212)	(120)	–	85	(1,247)
Pension expense	(151)	–	–	–	(151)
Change in unrealized losses on trading securities, net	(551)	–	–	–	(551)
Total other income (loss), net	(1,566)	(86)	–	85	(1,567)
(Deficit) excess of revenues over expenses	\$ (16,069)	\$ (86)	\$ (851)	\$ 85	\$ (16,921)

## Luminis Health Obligated Group

### Supplementary Combining Balance Sheet (Amounts Expressed in Thousands of U.S. Dollars)

June 30, 2022

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Imaging, Inc.	Luminis Health Doctors Community Medical Center, Inc.	Eliminations	Luminis Health Obligated Group
<b>Assets</b>						
Current assets:						
Cash and cash equivalents	\$ (5,744)	\$ 59,130	\$ 472	\$ 24,933	\$ –	\$ 78,791
Short-term investments	–	5,223	–	(383)	–	4,840
Current portion of assets whose use is limited	–	10,808	–	–	–	10,808
Patient receivables, net	(616)	94,459	3,147	44,709	–	141,699
Inventories	584	7,014	–	5,535	–	13,133
Prepaid expenses and other current assets	6,169	8,143	254	5,394	–	19,960
Intercompany receivables/(payables)	(102,658)	59,982	103,458	7,617	–	68,399
<b>Total current assets</b>	<b>(102,265)</b>	<b>244,759</b>	<b>107,331</b>	<b>87,805</b>	<b>–</b>	<b>337,630</b>
Property and equipment	58	773,087	33,378	147,734	–	954,257
Less accumulated depreciation and amortization	–	(469,323)	(27,985)	(26,871)	–	(524,179)
<b>Net property and equipment</b>	<b>58</b>	<b>303,764</b>	<b>5,393</b>	<b>120,863</b>	<b>–</b>	<b>430,078</b>
Other assets:						
Investments	–	385,607	–	19,062	–	404,669
Assets whose use is limited	–	7	–	–	–	7
Beneficial interest in net assets of the Foundation	–	20,960	–	163	–	21,123
Restricted collateral for interest rate swap contract	–	10,193	–	–	–	10,193
Right of use asset long term	–	4,759	694	15,611	–	21,064
Investment in subsidiaries	735,824	3,569	–	(34,056)	(686,537)	18,800
Other assets	–	28,310	–	24,932	–	53,242
<b>Total assets</b>	<b>\$ 633,617</b>	<b>\$ 1,001,928</b>	<b>\$ 113,418</b>	<b>\$ 234,380</b>	<b>\$ (686,537)</b>	<b>\$ 1,296,806</b>

## Luminis Health Obligated Group

### Supplementary Combining Balance Sheet (continued)

*(Amounts Expressed in Thousands of U.S. Dollars)*

June 30, 2022

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Imaging, Inc.	Luminis Health Doctors Community Medical Center, Inc.	Eliminations	Luminis Health Obligated Group
<b>Liabilities and net assets</b>						
Current liabilities:						
Accounts payable	\$ 2,152	\$ 38,926	\$ 1,653	\$ 9,359	\$ –	\$ 52,090
Accrued salaries, wages, and benefits	32,181	23,347	535	7,292	–	63,355
Other accrued expenses	(14)	16,918	–	5,190	–	22,094
Current portion of long-term debt	–	8,025	–	5,200	–	13,225
Advances from third-party payors	(806)	43,592	–	25,875	–	68,661
Lease liability short term	–	2,437	33	1,483	–	3,953
<b>Total current liabilities</b>	<b>33,513</b>	<b>133,245</b>	<b>2,221</b>	<b>54,399</b>	<b>–</b>	<b>223,378</b>
Long-term liabilities:						
Long-term debt, less current portion	–	276,471	–	113,434	–	389,905
Interest rate swap contract	–	51,922	–	–	–	51,922
Accrued pension liability	–	–	–	2,643	–	2,643
Lease liability long term	–	5,918	649	15,139	–	21,706
Other long-term liabilities	–	–	–	7,136	–	7,136
<b>Total liabilities</b>	<b>33,513</b>	<b>467,555</b>	<b>2,870</b>	<b>192,751</b>	<b>–</b>	<b>696,689</b>
Net assets:						
Without donor restrictions	577,394	514,126	110,548	41,477	(662,459)	581,086
With donor restrictions	22,710	20,247	–	152	(24,078)	19,031
Noncontrolling interest	–	–	–	–	–	–
<b>Total net assets</b>	<b>600,104</b>	<b>534,373</b>	<b>110,548</b>	<b>41,629</b>	<b>(686,537)</b>	<b>600,117</b>
<b>Total liabilities and net assets</b>	<b>\$ 633,617</b>	<b>\$ 1,001,928</b>	<b>\$ 113,418</b>	<b>\$ 234,380</b>	<b>\$ (686,537)</b>	<b>\$ 1,296,806</b>

## Luminis Health Obligated Group

### Supplementary Combining Statement of Operations (Amounts Expressed in Thousands of U.S. Dollars)

Year Ended June 30, 2022

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc.	Luminis Health Imaging, Inc.	Luminis Health Doctors Community Medical Center, Inc.	Eliminations	Luminis Health Obligated Group
Operating revenue:						
Net patient service revenue	\$       –	\$ 639,614	\$ 30,800	\$ 221,233	\$       –	\$ 891,647
Other operating revenue	–	19,865	70	7,699	–	27,634
Total operating revenue		659,479	30,870	228,932	–	919,281
Operating expenses:						
Salaries and wages	57,045	209,521	6,553	84,403	–	357,522
Employee benefits	9,497	34,901	1,304	17,182	–	62,884
Supplies	732	131,505	1,438	37,606	–	171,281
Purchased services	59,939	162,740	14,485	61,695	–	298,859
Depreciation and amortization	–	25,510	650	11,594	–	37,754
Interest	53	7,931	–	4,381	–	12,365
Shared services	(127,266)	100,692	–	26,574	–	–
Total operating expenses	–	672,800	24,430	243,435	–	940,665
Operating income (loss)	–	(13,321)	6,440	(14,503)	–	(21,384)
Other income (loss):						
Investment income (loss), net	(115)	24,867	–	348	–	25,100
Gain (loss) from joint ventures and other, net	(76,800)	(4,328)	–	(1,212)	43,555	(38,785)
Pension expense	–	(1,911)	–	(151)	–	(2,062)
Loss on advance refunding of debt	–	(2,320)	–	–	–	(2,320)
Change in unrealized gains on trading securities, net	–	(61,907)	–	(551)	–	(62,458)
Realized and unrealized gains on swap, net	–	31,095	–	–	–	31,095
Total other income (loss), net	(76,915)	(14,504)	–	(1,566)	43,555	(49,430)
(Deficit) excess of revenues over expenses	\$ (76,915)	\$ (27,825)	\$ 6,440	\$ (16,069)	\$ 43,555	\$ (70,814)

## Luminis Health, Inc. and Subsidiaries

### Supplementary Description of Consolidating and Eliminating Entries

June 30, 2022

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

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Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

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

EIN or SSN  
**52-1638026**

Name and title of officer or person subject to tax **KEVIN L. SMITH  
CFO**

## Part I Type of Return and Return Information

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

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input checked="" type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> <u>2,966.</u>
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

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

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

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

**52344321031**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **SC&H GROUP, INC.**

Date ▶ **05/11/23**

**ERO Must Retain This Form - See Instructions**

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

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

Form **8879-TE** (2021)

Form **4720**

# Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No. 1545-0047

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

For calendar year 2021 or other tax year beginning **JUL 1**, 2021, and ending **JUN 30**, 2022

Name of organization, entity, or person subject to tax  
**LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.**

EIN or SSN  
**52-1638026**

Amended return

Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address)  
**2000 MEDICAL PARKWAY, 606**

Check box for type of annual return:  
 Form 990     Form 990-EZ  
 Form 990-PF     Other  
 Form 5227

City or town, state or province, country, and ZIP or foreign postal code  
**ANNAPOLIS, MD 21401**

	Yes	No
<b>A</b> Is the organization a foreign private foundation within the meaning of section 4948(b)? Show conversion rate to U.S. dollars. See instructions		<b>X</b>
<b>B</b> Entity (other than the organization) or person subject to tax: Are you required to file Form 4720 with respect to more than one organization in the current tax year? See instructions If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year.		<b>X</b>

## Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1 Tax on undistributed income - Schedule B, line 4	1	
2 Tax on excess business holdings - Schedule C, line 7	2	
3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f)	3	
4 Tax on taxable expenditures - Schedule E, Part I, column (h)	4	
5 Tax on political expenditures - Schedule F, Part I, column (f)	5	
6 Tax on excess lobbying expenditures - Schedule G, line 4	6	
7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8 Tax on premiums paid on personal benefit contracts	8	
9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10 Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12	
13 Tax on excess executive compensation - Schedule N	13	2,966.
14 Tax on net investment income of private colleges and universities - Schedule O	14	
15 Total (add lines 1 - 14)	15	2,966.

## Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person

(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code	Employer identification number
1 Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1
2 Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2
3 Tax on taxable expenditures - Schedule E, Part II, column (d)	3
4 Tax on political expenditures - Schedule F, Part II, column (d)	4
5 Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5
6 Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6
7 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7
8 Tax on taxable distributions - Schedule K, Part II, column (d)	8
9 Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9
10 Total - Add lines 1 through 9	10

## Part III Tax Payments

1 Total tax (Part I, line 15 or Part II, line 10)	1	2,966.
2 Total payments including amount paid with Form 8868 (see instructions)	2	4,000.
3 Tax due. If line 1 is larger than line 2, enter amount owed (see instructions)	3	
4 Overpayment. If line 1 is smaller than line 2, enter the difference. This is your refund	4	1,034.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 4720 (2021)

**SCHEDULE A - Initial Taxes on Self-Dealing** (Section 4941)

<b>Part I Acts of Self-Dealing and Tax Computation</b>					
(a) Act number	(b) Date of act	(c) Correction made?		(d) Description of act	
		Yes	No		
1					
2					
3					
4					
5					
(e) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VIII, applicable to the act			(f) Amount involved in act	(g) Initial tax on self-dealer (10% of col. (f))	(h) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (f))

<b>Part II Summary of Tax Liability of Self-Dealers and Proration of Payments</b>			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE B - Initial Tax on Undistributed Income** (Section 4942)

1	Undistributed income for years before 2020 (from Form 990-PF for 2021, Part XII, line 6d)	1
2	Undistributed income for 2020 (from Form 990-PF for 2021, Part XII, line 6e)	2
3	Total undistributed income at end of current tax year beginning in 2021 and subject to tax under section 4942 (add lines 1 and 2)	3
4	Tax - Enter 30% of line 3 here and on Part I, line 1	4

**SCHEDULE C - Initial Tax on Excess Business Holdings** (Section 4943)

**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number ..... ▶  
Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) ..... ▶

	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)	Yes	No
1 Foundation holdings in business enterprise .....	1				
2 Permitted holdings in business enterprise .....	2				
3 Value of excess holdings in business enterprise .....	3				
4 Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement) .....	4				
5 Taxable excess holdings in business enterprise - line 3 minus line 4 .....	5				
6 Tax - Enter 10% of line 5 .....	6				
7 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 .....	7				
8 Did the organization dispose of excess holdings subject to tax reported on line 6? .....					

Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken.

**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose** (Section 4944)

**Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Correction made?		(d) Description of investment	(e) Amount of investment	(f) Initial tax on foundation (10% of col. (e))	(g) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (e))
		Yes	No				
1							
2							
3							
4							
5							
<b>Total</b> - Column (f). Enter here and on Part I, line 3 .....							
<b>Total</b> - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below .....							

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE E - Initial Taxes on Taxable Expenditures** (Section 4945)

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Name and address of recipient
			Yes	No	
1					
2					
3					
4					
5					
(f) Description of expenditure and purposes for which made			(g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure		(h) Initial tax imposed on foundation (20% of col. (b))
<b>Total</b> - Column (h). Enter here and on Part I, line 4					
<b>Total</b> - Column (i). Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (i), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c) (see instructions))

**SCHEDULE F - Initial Taxes on Political Expenditures** (Section 4955)

<b>Part I Expenditures and Computation of Tax</b>							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Description of political expenditure	(f) Initial tax imposed on organization or foundation (10% of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
			Yes	No			
1							
2							
3							
4							
5							
<b>Total</b> - Column (f). Enter here and on Part I, line 5							
<b>Total</b> - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

<b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b>			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c) (see instructions))

**SCHEDULE G - Tax on Excess Lobbying Expenditures** (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures** (Section 4912)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c) (see instructions))

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958)

Part I Excess Benefit Transactions and Tax Computation				
(a) Transaction number	(b) Date of transaction	(c) Correction made?		(d) Description of transaction
		Yes	No	
1				
2				
3				
4				
5				
(e) Amount of excess benefit		(f) Initial tax on disqualified persons (25% of col. (e))		(g) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (e))





**SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds** (Section 4967).

See the instructions.

<b>Part I Prohibited Benefits and Tax Computation</b>		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

<b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments</b>			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Fund Managers and Proration of Payments</b>			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

**Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs  
Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

<b>Part I Failures to Meet Section 501(r)(3)</b>				
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

<b>Part II Computation of Tax</b>	
1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) ..... <b>1</b>
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 ..... <b>2</b>

**SCHEDULE N - Tax on Excess Executive Compensation** (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1	SEE STATEMENT 1			
2				
3				
4				
5				
6	Attachment, if necessary. See instructions .....			
<b>Total</b> (add column (e) items 1 - 6) .....				<b>14,126.</b>
<b>Tax.</b> Enter 21% of the amount above here and on Part I, line 13 .....				<b>2,966.</b>

**SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities**  
(Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary .....					
6	<b>Total</b> .....					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14 .....					

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

**Sign Here**

Signature of officer or trustee	CFO	Title	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person			Date

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

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/11/23		P00370694
Firm's name ▶ SC&H GROUP, INC.			Firm's EIN ▶	20-5991824
Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152			Phone no.	(410) 403-1500

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FORM 4720

SCHEDULE N - TAX ON EXECUTIVE COMPENSATION

STATEMENT 1

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE	(C) EXCESS REMUNERATION	(D) EXCESS PARACHUTE PAYMENT	(E) TOTAL
1	PHILLIP DOWN	14,126.		14,126.
TOTAL EXCESS EXECUTIVE COMPENSATION				14,126.

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