

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<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>235,670,593.</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>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 2022 (Part V, line 2a)	<b>5</b>	<b>1548</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>82</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>410,765.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>164,693.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>6,559,321.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>221,247,458.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>771,484.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>1,038,110.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>229,616,373.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>0.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>101,584,949.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>b</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	<b>142,187,715.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>243,772,664.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>-14,156,291.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>234,379,734.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>192,750,607.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>41,629,127.</b>

**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>STEPHANIE SCHNITTGER, 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>
	Firm's name <b>SC&amp;H GROUP, INC.</b>	Date <b>04/26/24</b>
	Firm's address <b>910 RIDGEBROOK ROAD SPARKS, MD 21152</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00370694</b>
		Firm's EIN <b>20-5991824</b>
		Phone no. <b>(410) 403-1500</b>

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: AS A CHARITABLE ORGANIZATION, LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER'S (LHDCMC) MISSION IS TO ENHANCE THE HEALTH OF THE PEOPLE WE SERVE AND ITS VISION "LIVING HEALTHIER TOGETHER." IN ADDITION TO TRADITIONAL PATIENT SERVICES LIKE DIAGNOSIS, TREATMENT AND

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

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

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

4a (Code: ) (Expenses \$ 176,285,096. including grants of \$ 0. ) (Revenue \$ 228,319,445. ) 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 176,285,096.

**Part IV Checklist of Required Schedules**

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Form 990 (2022)

52-1638026 Page 4

**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		1548
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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?	12a	
<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.	13a	
<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? <i>If "No," provide an explanation on Schedule O</i>	14b	
<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.	15	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.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

**Section A. Governing Body and Management**

		Yes	No
<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.		
	1a	14	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	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  
**STEPHANIE SCHNITTGER - 443-481-1308**  
**2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICTORIA BAYLESS LH CEO/BOARD MEMBER	1.00 40.00	X		X				0.	1,988,889.	290,314.
(2) JEFFREY GELFAND BOARD MEMBER	1.00 0.00	X						0.	1,294,095.	8,700.
(3) DENEEN RICHMOND PRESIDENT/FORMER BOARD MEMBER	40.00 1.00			X				730,856.	0.	83,581.
(4) TIMOTHY ADELMAN, ESQ. LH CHIEF COUNSEL/SECRETARY	1.00 40.00			X				0.	616,996.	89,055.
(5) KEVIN L. SMITH LH CFO/TREASURER	1.00 40.00			X				0.	611,683.	91,736.
(6) SUNIL MADAN CHIEF MEDICAL OFFICER	40.00 0.00				X			608,294.	0.	47,940.
(7) REGINA HAMPTON-COLEMAN FORMER BOARD MEMBER	0.00 1.00						X	0.	392,289.	45,491.
(8) ANGELA WILSON VP, ADMINISTRATION & SUPPORT	40.00 0.00					X		405,037.	0.	7,314.
(9) JOYCE HANSCOME FORMER VP/INTERNAL CONSULTANT	40.00 0.00						X	0.	388,345.	3,296.
(10) MELISSA YEAGER VP, CHIEF OPERATING OFFICER	40.00 0.00				X			345,560.	0.	21,843.
(11) CRYSTAL D. BECKFORD CHIEF NURSING OFFICER	40.00 0.00					X		326,193.	0.	35,959.
(12) BEVERLY R. SCRUGGS-DIGGS ADMIN NURSE SUPERVISOR	40.00 0.00					X		351,110.	0.	10,465.
(13) DAVID PRESS INTERNAL MEDICINE PHYSICIAN	40.00 0.00					X		307,721.	0.	13,319.
(14) MAFEREH Y SESAY RN TEAM LEADER	40.00 0.00					X		287,706.	0.	24,073.
(15) PAUL GRENALDO FORMER CHIEF OPERATING OFFICER	0.00 0.00						X	0.	121,156.	1,242.
(16) PHILIP DOWN FORMER CHIEF EXECUTIVE OFFICER	0.00 0.00						X	0.	102,763.	0.
(17) LEISA RUSSELL CHAIR	1.00 1.00	X		X				0.	0.	0.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Form 990 (2022)

52-1638026 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RENE LAVIGNE VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(19) ALICIA WILSON VICE CHAIR (PART YEAR)	1.00 0.00	X		X				0.	0.	0.
(20) TIMOTHY J. ADAMS BOARD MEMBER (PART YEAR)	1.00 1.00	X						0.	0.	0.
(21) ALAN HYATT TREASURER	1.00 0.00	X		X				0.	0.	0.
(22) PATRICIA ARZUAGA BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(23) JAMES CHAMBERS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) LAURA CLINE BOARD MEMBER (PART YEAR)	1.00 0.00	X						0.	0.	0.
(25) JAMES ELLIOTT, MD BOARD MEMBER (PART YEAR)	1.00 1.00	X						0.	0.	0.
(26) MICHAEL P. ERRICO BOARD MEMBER (PART YEAR)	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,362,477.	5,516,216.	774,328.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,362,477.	5,516,216.	774,328.

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 268

	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 P.O. BOX 645849, CINCINNATI, OH 45264	ACUTE CARE SERVICES	1,625,530.
KEZLO GROUP, LLC P.O. BOX 419, COCHRANVILLE, PA 19330	CONSTRUCTION, ARCHITECTURE AND DES	708,292.
VISION RADIOLOGY 2825 OAK LAWN AVENUE, DALLAS, TX 75219	ACADEMIC TELERADIOLOGY	483,342.
DUMP 4 ME, LLC, 128 BASS TRACK COURT, CHESTERTOWN, MD 21620	WASTE MANAGEMENT	435,767.
D AND W CONTRACTORS 7322 GLEN ALBIN ROAD, LA PLATA, MD 20646	CONSTRUCTION	382,794.

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 12

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)





LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

Form 990 (2022)

52-1638026 Page 9

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	2,591.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,133,481.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			4,136,072.			
Program Service Revenue	<b>2 a</b> NET PATIENT REVENUE	<b>Business Code</b>	621110	228730210.	228319445.	410,765.	
	<b>b</b>						
	<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			228730210.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			930,465.		930,465.	
	<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	355,916.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		355,916.			
	<b>d</b> Net rental income or (loss)			355,916.		355,916.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<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	<b>Business Code</b>	722514	880,480.		880,480.	
	<b>b</b> SHARED SERVICES		900099	243,810.		243,810.	
	<b>c</b> ANSWERING SERVICE REV.		812900	125,865.		125,865.	
	<b>d</b> All other revenue		900099	267,775.		267,775.	
	<b>e Total.</b> Add lines 11a-11d			1,517,930.			
<b>12 Total revenue.</b> See instructions			235670593.	228319445.	410,765.	2804311.	

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

Form 990 (2022)

52-1638026 Page 10

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	1,838,073.	1,505,163.	332,910.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	90,578,461.	74,464,552.	16,113,909.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,564,813.	2,027,621.	537,192.	
9 Other employee benefits	6,561,353.	5,097,309.	1,464,044.	
10 Payroll taxes	7,020,804.	5,406,019.	1,614,785.	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,807.		2,807.	
c Accounting				
d Lobbying	3,335.		3,335.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	46,401.		46,401.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	76,907,119.	40,465,253.	36,441,866.	
12 Advertising and promotion				
13 Office expenses	4,841,820.	3,826,324.	1,015,496.	
14 Information technology	169,561.	130,562.	38,999.	
15 Royalties				
16 Occupancy	2,158,462.	1,662,016.	496,446.	
17 Travel	142,866.	109,987.	32,879.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,490,097.	2,687,375.	802,722.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,465,273.	8,828,260.	2,637,013.	
23 Insurance	3,032,042.	2,334,672.	697,370.	
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>	33,780,562.	26,011,032.	7,769,530.	
b <b>ENERGY COSTS</b>	2,245,391.	1,728,951.	516,440.	
c <b>EXCISE TAXES</b>	4,000.		4,000.	
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	246,853,240.	176,285,096.	70,568,144.	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)				

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

Form 990 (2022)

52-1638026 Page 11

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	9,986.	<b>1</b>	8,786.
	<b>2</b> Savings and temporary cash investments .....	24,922,907.	<b>2</b>	2,028,876.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	44,709,023.	<b>4</b>	36,211,917.
	<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 .....	5,534,904.	<b>8</b>	4,675,350.
	<b>9</b> Prepaid expenses and deferred charges .....	432,942.	<b>9</b>	3,242,759.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 177,571,409.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 33,898,389.	<b>10c</b>	143,673,020.
	<b>11</b> Investments - publicly traded securities .....	19,062,409.	<b>11</b>	20,493,464.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	290,202.	<b>12</b>	601,960.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	-33,893,941.	<b>13</b>	-33,039,106.
	<b>14</b> Intangible assets .....	4,100,000.	<b>14</b>	4,100,000.
	<b>15</b> Other assets. See Part IV, line 11 .....	48,348,729.	<b>15</b>	31,684,099.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	234,379,734.	<b>16</b>	213,681,125.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	21,839,367.	<b>17</b>	21,715,229.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	25,875,364.	<b>19</b>	14,937,807.
	<b>20</b> Tax-exempt bond liabilities .....	113,434,472.	<b>20</b>	107,790,728.
	<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 .....	31,601,404.	<b>25</b>	38,249,893.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	192,750,607.	<b>26</b>	182,693,657.
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 .....	41,476,903.	<b>27</b>	28,708,307.
	<b>28</b> Net assets with donor restrictions .....	152,224.	<b>28</b>	2,279,161.
	<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 .....	41,629,127.	<b>32</b>	30,987,468.
	<b>33</b> Total liabilities and net assets/fund balances .....	234,379,734.	<b>33</b>	213,681,125.

Form 990 (2022)



**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	235,670,593.
2	Total expenses (must equal Part IX, column (A), line 25)	2	246,853,240.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,182,647.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,629,127.
5	Net unrealized gains (losses) on investments	5	-695,864.
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	1,236,852.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,987,468.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  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? \_\_\_\_\_  
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- 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 \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2022)



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		



**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

**2022**

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 <b>52-1638026</b>
--	---

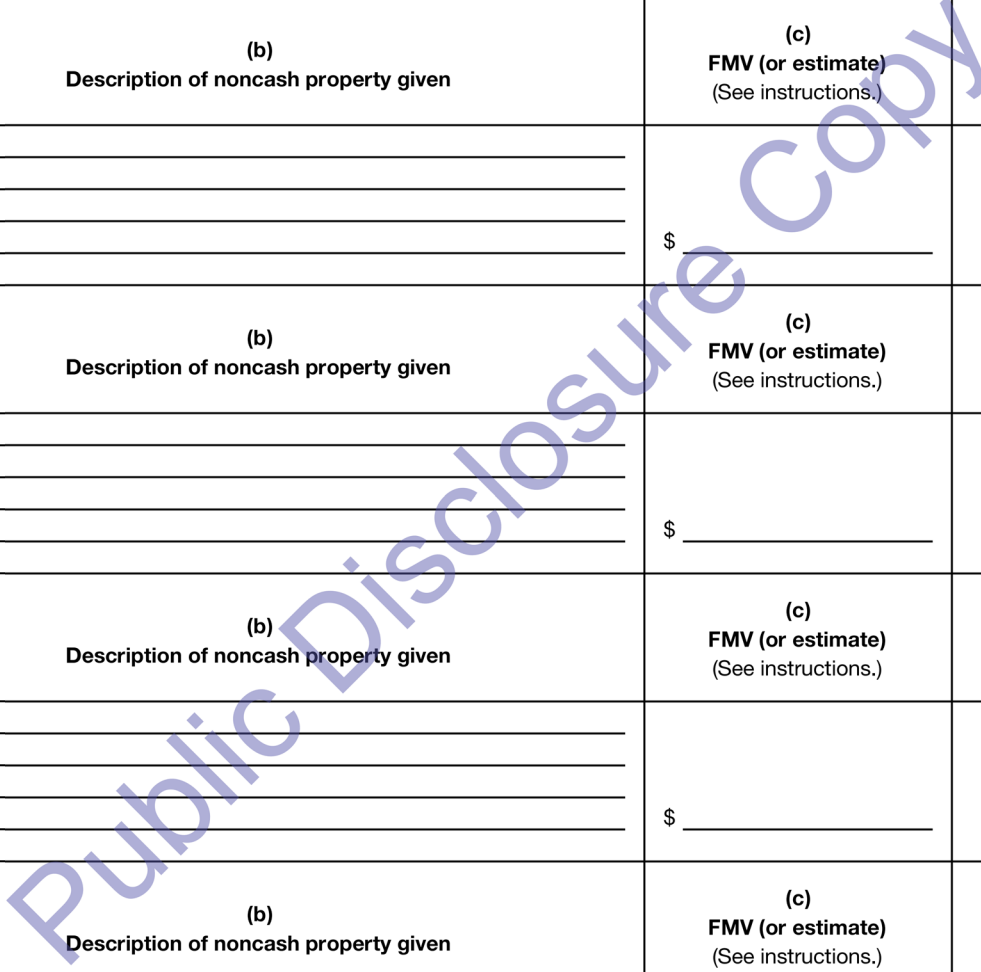
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,731,001.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>861,519.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>447,270.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,000,000.</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.)
_____	_____ _____ _____	\$ _____	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>
--	---

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

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





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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

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) 2022

LHA

232041 11-08-22

**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.

<b>Limits on Lobbying Expenditures</b> (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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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					

**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)).**

	(a)		(b)
	Yes	No	Amount
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
<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	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		3,335.
<b>j</b> Total. Add lines 1c through 1i			3,335.
<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 expenditures 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 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 for instructions and the latest information.

OMB No. 1545-0047

2022

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: \$. Rows include: 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. 1b 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) 2022

**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? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,274,060.		9,274,060.
b Buildings		109,676,889.	15,739,189.	93,937,700.
c Leasehold improvements		1,622,350.	641,853.	980,497.
d Equipment		32,187,837.	12,732,632.	19,455,205.
e Other		24,810,273.	4,784,715.	20,025,558.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				143,673,020.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL  
CENTER, INC.

Schedule D (Form 990) 2022

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	16,174,945.
(2) LIFE INSURANCE	4,027,486.
(3) OTHER RECEIVABLES	9,010,136.
(4) OTHER LONG-TERM ASSETS	2,471,532.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	31,684,099.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ROU LIABILITY	17,144,702.
(3) DEFERRED COMPENSATION AND IBNRS	4,027,486.
(4) PENSION OBLIGATION	2,296,095.
(5) MARK TO MARKET LIABILITY	4,656,351.
(6) INTERCOMPANY	10,114,259.
(7) OTHER LONG-TERM LIABILITIES	11,000.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	38,249,893.

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) 2022

**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, 2023, AND 2022, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE ORGANIZATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.





**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

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

OMB No. 1545-0047

**2022**

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<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)			11564488.		11564488.	4.68%
<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			11564488.		11564488.	4.68%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			2690640.		2690640.	1.09%
<b>f</b> Health professions education (from Worksheet 5)			1595131.		1595131.	.65%
<b>g</b> Subsidized health services (from Worksheet 6)			13926614.		13926614.	5.64%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			731,085.		731,085.	.30%
<b>j Total.</b> Other Benefits			18943470.		18943470.	7.68%
<b>k Total.</b> Add lines 7d and 7j			30507958.		30507958.	12.36%





**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) 2022

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) 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**

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's 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) 2022

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: THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED WITH PRINCE GEORGE'S COUNTY COMMUNITY LEADERS. THESE LEADERS DRAW FROM A DIVERSE RANGE OF BACKGROUNDS AND PERSPECTIVES ON THE HEALTH OF THE COMMUNITY. KEY INFORMANT INTERVIEWS WERE CONDUCTED TO INCLUDE A DIVERSE PERSPECTIVE FROM THE POPULATION THAT MIGHT HAVE BEEN UNDER-REPRESENTED THROUGH OTHER COLLECTION METHODS. THESE INDIVIDUALS INCLUDED VETERANS, SENIORS, INDIVIDUALS EXPRESSING HOMELESSNESS OR HOUSING INSECURITIES, IMMIGRANTS, AND HISPANIC AND FILIPINO 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

GUY MERRITT - DEPARTMENT OF CORRECTIONS

ANNA CAZES - FORT WASHINGTON MEDICAL CENTER

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.

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:

(1) METABOLIC SYNDROME PREVENTION - EXPAND DIABETES PREVENTION PROGRAMS VIA CDC PARTNERSHIP; INCREASE PARTNER PARTICIPATION, DEVELOP HEALTH



**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.

EDUCATION MATERIALS; CONTINUE/EXPAND SCREENINGS AND SERVICES PROVIDED BY THE WELL-MOBILE CLINIC TO PROVIDE FREE SCREENING TO VULNERABLE RESIDENTS ACROSS THE COUNTY. THE WELL-MOBILE CLINIC FOCUSES ON LOW-INCOME, IMMIGRANT, AND MINORITY NEIGHBORHOODS TO IMPROVE HEALTH AWARENESS, ACCESS TO CARE, AND HEALTH OUTCOMES. THROUGH THESE PROGRAMS, LHDCMC CAN PROVIDE PREVENTATIVE INTERVENTIONS THAT REDUCE THE PREVALENCE OF CHRONIC DISEASE IN OUR COMMUNITY.

(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. THESE CANCER-PREVENTATIVE PROGRAMS AIM TO ADDRESS THE DISPARITIES FACED AMONG THE BLACK AND BROWN POPULATIONS AS RELATED TO CANCER MORTALITY RATES, THROUGH EARLY DETECTION. TOBACCO CESSATION PROGRAMS ARE CONDUCTED TO IMPROVE THE HEALTH AND WELLNESS OF LHDCMC'S COMMUNITY.

(3) BEHAVIORAL HEALTH - LHDCMC RECENTLY OPENED AN INPATIENT PSYCHIATRIC UNIT TO PROVIDE A SPECIALIZED 24 HOUR TREATMENT CENTER FOR ADULTS WHO NEED INTENSE MENTAL HEALTH SERVICE AND CRITICAL PSYCHIATRIC CARE. THIS HAS PROVIDED A MUCH NEEDED SERVICE TO THE COMMUNITY. IN COLLABORATION WITH PRINCE GEORGE'S GOVERNMENT, INITIATE PLANNING FOR BEHAVIORAL HEALTH PROGRAMS TO PROVIDE ENHANCED SERVICES THAT ADDRESS NEEDS THROUGH THE LHDCMC 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

**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.

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  
Y=EN](https://www.luminishealth.org/en/locations/lhdcmc?language_content_entity=EN)

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

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

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

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2022-11/2022-PRINCES-G  
EORGES-COUNTY-CHA-LUMINIS.PDF](https://www.luminishealth.org/sites/default/files/2022-11/2022-princes-g<br/>EORGES-COUNTY-CHA-LUMINIS.PDF)

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

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2022-06/DCMC-CHNA-IP.P  
DF](https://www.luminishealth.org/sites/default/files/2022-06/dcmc-chna-ip.p<br/>DF)

PART V, LINE 16A, FAP WEBSITE:

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

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

**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, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2023-11/LH-FINANCIAL-ASSISTANCE-BROCHURE.PDF](https://www.luminishealth.org/sites/default/files/2023-11/LH-FINANCIAL-ASSISTANCE-BROCHURE.PDF)

Public Disclosure Copy



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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:

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

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



**Part VI** Supplemental Information (Continuation)

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

PART I, LINE 7G:

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

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:

Part VI Supplemental Information (Continuation)

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

PART III, LINE 2:

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

PART III, LINE 3:

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

PART III, LINE 4:

SEE FOOTNOTE #2 OF AUDITED FINANCIAL STATEMENTS - PAGES 15-17.

PART III, LINE 8:

**Part VI** Supplemental Information (Continuation)

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 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.

**Part VI** Supplemental Information (Continuation)

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

[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](https://www.luminishealth.org/sites/default/files/2022-11/2022-prince-georg)

[ES-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.

**Part VI** Supplemental Information (Continuation)

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

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

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

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

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

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

PART VI, LINE 4:

THE HOSPITAL SERVES RESIDENTS OF PRINCE GEORGE'S COUNTY, MARYLAND. 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



**Part VI** Supplemental Information (Continuation)

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  
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  
2023, 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. UNDERSERVED COMMUNITIES ARE TARGETED TO ADDRESS  
THE DISPARITIES FACED WITHIN THESE COMMUNITIES.

DIABETES:

**Part VI** Supplemental Information (Continuation)

THE DIABETES EDUCATION PREVENTION INITIATIVE FOCUSED ON IMPLEMENTING DIABETES PREVENTION PROGRAMS. AS A RESULT, TWO NEW COHORTS WERE STARTED DURING FY2023.

**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 THAT OPENED IN SPRING 2023 AND AN 8-BED RESIDENTIAL SUBSTANCE USE TREATMENT PROGRAM THAT OPENED LATER IN THE 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:

**Part VI** Supplemental Information (Continuation)

-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. THIS YEAR AND MOVING FORWARD, DCMC 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 VOLUMETRIC IMAGING AT OUR LANHAM AND BOWIE LOCATIONS.

**Part VI** Supplemental Information (Continuation)

OUR RADIATION ONCOLOGY SERVICES INCLUDE:

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

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

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

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

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

**Part VI** Supplemental Information (Continuation)

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

Public Disclosure Copy



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2022**

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) 2022

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

52-1638026

Page 2

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VICTORIA BAYLESS LH CEO/BOARD MEMBER	(i) 0. (ii) 1,205,852.	0. 478,758.	0. 304,279.	0. 290,064.	0. 250.	0. 2,279,203.	0. 200,600.
(2) JEFFREY GELFAND BOARD MEMBER	(i) 0. (ii) 1,273,595.	0. 0.	0. 20,500.	0. 8,700.	0. 0.	0. 1,302,795.	0. 0.
(3) DENEEN RICHMOND PRESIDENT/FORMER BOARD MEMBER	(i) 528,396. (ii) 0.	165,004. 0.	37,456. 0.	62,524. 0.	21,057. 0.	814,437. 0.	11,666. 0.
(4) TIMOTHY ADELMAN, ESQ. LH CHIEF COUNSEL/SECRETARY	(i) 0. (ii) 451,357.	0. 139,501.	0. 26,138.	0. 61,251.	0. 27,804.	0. 706,051.	0. 0.
(5) KEVIN L. SMITH LH CFO/TREASURER	(i) 0. (ii) 463,815.	0. 137,573.	0. 10,295.	0. 60,894.	0. 30,842.	0. 703,419.	0. 0.
(6) SUNIL MADAN CHIEF MEDICAL OFFICER	(i) 0. (ii) 442,557.	0. 117,354.	0. 48,383.	0. 9,150.	0. 38,790.	0. 656,234.	0. 0.
(7) REGINA HAMPTON-COLEMAN FORMER BOARD MEMBER	(i) 0. (ii) 391,789.	0. 500.	0. 0.	0. 8,700.	0. 36,791.	0. 437,780.	0. 0.
(8) ANGELA WILSON VP, ADMINISTRATION & SUPPORT	(i) 0. (ii) 160,988.	0. 57,725.	0. 186,324.	0. 3,610.	0. 3,704.	0. 412,351.	0. 0.
(9) JOYCE HANSCOME FORMER VP/INTERNAL CONSULTANT	(i) 0. (ii) 171,592.	0. 62,290.	0. 154,463.	0. 2,299.	0. 997.	0. 391,641.	0. 0.
(10) MELISSA YEAGER VP, CHIEF OPERATING OFFICER	(i) 0. (ii) 254,519.	0. 65,312.	0. 25,729.	0. 2,835.	0. 19,008.	0. 367,403.	0. 0.
(11) CRYSTAL D. BECKFORD CHIEF NURSING OFFICER	(i) 0. (ii) 240,646.	0. 65,348.	0. 20,199.	0. 8,053.	0. 27,906.	0. 362,152.	0. 0.
(12) BEVERLY R. SCRUGGS-DIGGS ADMIN NURSE SUPERVISOR	(i) 0. (ii) 225,501.	0. 120,743.	0. 4,866.	0. 8,458.	0. 2,007.	0. 361,575.	0. 0.
(13) DAVID PRESS INTERNAL MEDICINE PHYSICIAN	(i) 0. (ii) 301,380.	0. 500.	0. 5,841.	0. 3,520.	0. 9,799.	0. 321,040.	0. 0.
(14) MAFEREH Y SESAY RN TEAM LEADER	(i) 0. (ii) 194,680.	0. 92,958.	0. 68.	0. 7,604.	0. 16,469.	0. 311,779.	0. 0.
(15) PAUL GRENALDO FORMER CHIEF OPERATING OFFICER	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
(16) PHILIP DOWN FORMER CHIEF EXECUTIVE OFFICER	(i) 0. (ii) 0.	0. 0.	121,156. 0.	0. 0.	1,242. 0.	122,398. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	102,763. 0.	0. 0.	0. 0.	102,763. 0.	0. 0.

Schedule J (Form 990) 2022

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

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 1A:

LUMINIS HEALTH, INC., THE PARENT CORPORATION, MADE THESE PAYMENTS FOR CALENDAR YEAR 2022.

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 \$ 121,156

JOYCE HANSCOME \$ 124,519

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

**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.

ANGELA WILSON \$ 173,176

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

VICTORIA BAYLESS \$277,014

DENEEN RICHMOND \$ 62,524

TIMOTHY ADELMAN \$ 52,551

KEVIN SMITH \$ 52,194

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

VICTORIA BAYLESS \$215,140

DENEEN RICHMOND \$ 16,007

**SCHEDULE K  
(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

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

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MAYLAND HEALTH AND A HIGHER EDUCATION 2016A	52-0936091	574218Y98	06/28/16	31945000.	REFINANCE 2007A AND PARTIAL 2010					X	X
MAYLAND HEALTH AND B HIGHER EDUCATION 2017A	52-0936091	574218Y98	02/23/17	68309000.	REFINANCE BOND 2010					X	X
MAYLAND HEALTH AND C HIGHER EDUCATION 2017B	52-0936091	5742158L6	03/23/17	41500000.	REFINANCE BOND 2010					X	X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		1,705,000.				30,765,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		31,945,000.		68,309,000.		41,500,000.		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			398,892.			561,722.		
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		31,546,108.		67,145,668.		40,938,278.		
12 Other unspent proceeds								
13 Year of substantial completion		2016		2017		2017		

14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?										X	X
16 Has the final allocation of proceeds been made?											
17 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.

Schedule K (Form 990) 2022



**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X			
<b>b</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			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		
<b>d</b> 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		
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....	X		X		X			
<b>b</b> Exception to rebate? .....		X		X		X		
<b>c</b> No rebate due? .....		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> 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? .....		X		X		X		
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....								
<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  
 ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION 2016A  
 DATE THE REBATE COMPUTATION WAS PERFORMED : 6/30/2021  
 ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION 2017A  
 DATE THE REBATE COMPUTATION WAS PERFORMED: 10/13/2021  
 ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION 2017A  
 DATE THE REBATE COMPUTATION WAS PERFORMED: 9/24/2020



LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Schedule N (Form 990) 2022

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>4b</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>6b</b> Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year 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	06/30/23	176,285,096. COST		APPLIEDFOR	SEE SUPPLEMENTAL NARRATIVE 2000 MEDICAL PARKWAY, # 606 ANNAPOLIS, MD 21401	501(C)(3)

2	Yes	No
<b>a</b> 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

**2022**

Open to Public  
Inspection

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

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

REHABILITATION, THIS VISION IS ACCOMPLISHED BY ENSURING THAT HEALTH AND WELLNESS ARE FUNDAMENTAL TO EVERYONE, THAT WORKING SIDE-BY-SIDE WITH OUR COMMUNITY AND PATIENTS TO EMPOWER THEM TO TAKE CONTROL OF THEIR HEALTH, THAT PARTNERSHIPS AND CONNECTIVITY FORM THE FOUNDATION OF CARE, THAT EVIDENCE-BASED CARE IS CENTERED AROUND PEOPLE AND FAMILY, THAT ACCESS TO CARE SHOULD BE REFRESHINGLY EASY, AND THAT LUMINIS HEALTH WILL GENERATE A POSITIVE IMPACT FOR ALL.

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.

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

Schedule O (Form 990) 2022

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

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

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

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

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

ALL CONFLICT OF INTEREST ATTESTATION FORMS SHALL BE REVIEWED BY THE CHIEF COMPLIANCE OFFICER OR HIS/HER DESIGNEE TO DETERMINE IF A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS. IF THE CHIEF COMPLIANCE OFFICER OR HIS/HER DESIGNEE DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF

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

INTEREST EXIST, THE MATTER SHALL BE REFERRED TO THE CEO OF LUMINIS HEALTH FOR REVIEW. THE CEO OF LUMINIS HEALTH SHALL PRESENT THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE CHAIR OF THE BOARD OF TRUSTEES FOR REVIEW AND CONSIDERATION. THE CHAIR OF THE BOARD OF TRUSTEES AND THE CEO MAY DETERMINE THAT A CONFLICT OF INTEREST EXISTS OR THEY MAY PRESENT THE MATTER TO THE BOARD.

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

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