



April 28, 2025

Luminis Health Anne Arundel Medical
Center, Inc.
2001 Medical Parkway
Annapolis, MD 21401
Attention: Ms. Stephanie Schnittger

Dear Stephanie:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025.

FORM 990-T RETURN:

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

Form 990-T has an overpayment of \$12,459. The entire overpayment has been applied to the estimated tax payments.

No amount is due on Form 990-T.

MARYLAND FORM 500 RETURN:

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

No payment is required.

Your overpayment in the amount of \$1,876 has been applied to your Maryland estimated tax.

As a reminder, the Maryland Annual Update of Registration for the year ended June 30, 2024 will need to be completed online via Maryland OneStop on or before May 15, 2025.

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

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



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

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

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

Very Truly Yours,

Lori S. Burghauer

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

Luminis Health Anne Arundel Medical
Center, Inc.
2000 Medical Parkway 606
Annapolis, MD 21401

Prepared By:

SC&H Group, Inc.
910 Ridgebrook Road
Sparks, MD 21152

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

Luminis Health Anne Arundel Medical
Center, Inc.
2000 Medical Parkway 606
Annapolis, MD 21401

Prepared By:

SC&H Group, Inc.
910 Ridgebrook Road
Sparks, MD 21152

Amount Due or Refund:

Overpayment of \$12,459. The entire overpayment has been applied to the estimated tax payments.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**2023**Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.Name of filer **LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.**EIN or SSN
52-1169362Name and title of officer or person subject to tax **STEPHANIE SCHNITTGER
CFO****Part I Type of Return and Return Information**

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 672,149,206.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **SC&H GROUP, INC.** to enter my PIN **69362**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

52344321031

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **SC&H GROUP, INC.**Date **04/28/25****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

22090428 769024 AAMC

2023.05070 LUMINIS HEALTH ANNE ARUND AAMC__1

Form **990**Department of the Treasury
Internal Revenue Service**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 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

2000 MEDICAL PARKWAY

Room/suite

606

City or town, state or province, country, and ZIP or foreign postal code

ANNAPOLIS, MD 21401**F** Name and address of principal officer: **VICTORIA BAYLESS****SAME AS C ABOVE****D** Employer identification number**52-1169362****E** Telephone number**(443) 481-1308****G** Gross receipts \$**686,861,940.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.LUMINISHEALTH.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1902****M** State of legal domicile: **MD****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	TO ENHANCE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	3717
	6	Total number of volunteers (estimate if necessary)	6	341
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	619,095.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,733,878.	Current Year 5,547,788.
	9	Program service revenue (Part VIII, line 2g)	617,106,400.	639,366,061.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,704,665.	20,227,593.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,913,021.	7,007,764.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	652,457,964.	672,149,206.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	253,999.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	263,065,891.	249,615,793.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	374,551,783.	367,492,205.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	637,871,673.	617,366,493.
19		Revenue less expenses. Subtract line 18 from line 12	14,586,291.	54,782,713.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1018477918.	End of Year 1110093290.
	21	Total liabilities (Part X, line 26)	435,572,344.	450,275,677.
	22	Net assets or fund balances. Subtract line 21 from line 20	582,905,574.	659,817,613.

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	STEPHANIE SCHNITTGER, CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	LORI S. BURGHAUSER	LORI S. BURGHAUSER	04/28/25	P00370694
Firm's name	Firm's EIN			
	SC&H GROUP, INC.	20-5991824		
Firm's address	Phone no.			
	910 RIDGEBROOK ROAD SPARKS, MD 21152	(410) 403-1500		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Form 990 (2023)

52-1169362 Page 2

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 ANNE ARUNDEL MEDICAL
CENTER'S (LHAAMC) 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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 423,005,056. including grants of \$ 258,495.) (Revenue \$ 640,049,522.)
INPATIENT

THE LHAAMC WOMEN'S AND CHILDREN'S CENTER OFFERS MULTIGENERATIONAL
PROGRAMS TO SUPPORT A WOMAN FROM THE TIME SHE BEGINS GYNECOLOGICAL CARE
THROUGH THE CHILDBEARING YEARS AND BEYOND. WE OFFER THE MOST
COMPREHENSIVE WOMEN'S SERVICES; ALL-INCLUSIVE MATERNITY, NEWBORN AND
PEDIATRIC CARE; ADVANCED TREATMENTS FOR ANY HEALTH CHALLENGES WOMEN AND
THEIR FAMILIES MAY ENCOUNTER; AND EXTENSIVE SCREENING, PREVENTION AND
WELLNESS PROGRAMS TO HELP THEM LEAD LONGER, HEALTHIER AND MORE
FULFILLING LIVES.

LHAAMC IS KNOWN FOR EXCELLENCE IN OBSTETRICAL SERVICES, AND WE OFFER
MOMS MANY OPTIONS AS THEY MAKE INFORMED CHOICES DURING LABOR AND

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

SEE SCHEDULE O

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 423,005,056.

Form 990 (2023)

**LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.**

Form 990 (2023)

52-1169362 Page **3**

Part IV Checklist of Required Schedules

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

**LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.**

Form 990 (2023)

52-1169362 Page **4**

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	261
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.**

Form 990 (2023)

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3717
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b	13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

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

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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.	2,088,080.	379,779.
(2) JEFFREY GELFAND BOARD MEMBER/MEDICAL DIRECTOR	1.00 40.00	X						0.	1,285,336.	14,850.
(3) STEPHEN CATTANEO FORMER BOARD MEMBER/ PHYSICIAN	1.00 40.00						X	0.	1,064,424.	54,348.
(4) MITCHELL SCHWARTZ, M.D. CHIEF PHYSICIAN EXECUTIVE	1.00 40.00				X			0.	911,078.	42,912.
(5) SHERRY PERKINS, PHD, RN, FAAN LHAAMC PRESIDENT	1.00 40.00				X			906,196.	0.	15,077.
(6) TIMOTHY ADELMAN LH GENERAL COUNSEL/SECRETARY	1.00 40.00			X				0.	624,046.	81,824.
(7) KEVIN SMITH LH CFO/TREASURER (PART YEAR	1.00 40.00			X				0.	552,106.	68,409.
(8) ADRIAN PARK, M.D. SURGERY DIVISION CHAIR	40.00 0.00					X		562,543.	0.	39,289.
(9) STEPHEN SELINGER CHIEF MEDICAL OFFICER - LHAAMC	40.00 1.00					X		569,496.	0.	21,906.
(10) JENNIFER HARRINGTON CHIEF OPERATING OFFICER	40.00 1.00				X			457,745.	0.	54,252.
(11) CATHERINE COPERTINO VICE PRESIDENT - CANCER SERVICES	40.00 0.00					X		475,310.	0.	23,231.
(12) SOHAIL ZAIDI MEDICAL DIRECTOR - PERIOPERATIVE SER	40.00 0.00					X		394,322.	0.	48,540.
(13) CHRISTINE A FROST CHIEF NURSING OFFICER	40.00 0.00					X		365,823.	0.	24,110.
(14) MARY CLANCE, M.D. FORMER BOARD MEMBER/ PHYSICIAN	40.00 0.00						X	250,847.	0.	11,288.
(15) DOUGLAS WOMER LH CFO/TREASURER (PART YEAR	1.00 40.00			X				0.	223,930.	5,950.
(16) ROBERT REILLY FORMER CFO	0.00 0.00						X	0.	119,510.	891.
(17) LEISA C. RUSSELL CHAIR	1.00 2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RENE LAVIGNE VICE CHAIR (PART YEAR)	1.00 1.00	X		X				0.	0.	0.
(19) ALAN J. HYATT, ESQ. VICE CHAIR & TREASURER	1.00 1.00	X		X				0.	0.	0.
(20) PATRICIA ARZUAGA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) JAMES CHAMBERS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(22) KEITH GHEZZI, M.D. BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(23) ATHENA GROVES BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(24) NIELS HOLCH BOARD MEMBER	1.00 3.00	X						0.	0.	0.
(25) GLORIA LAWLAH BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(26) GARY MICHAEL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,982,282.	6,868,510.	886,656.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,982,282.	6,868,510.	886,656.

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

525

- 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*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL STAFFING OPTIONS 3805 EDWARDS RD, CINCINNATI, OH 45209	AGENCY	2,625,493.
ANESTHESIA COMPANY LLC P.O. BOX 418205, BOSTON, MD 02241	PROFESSIONAL FEES	2,085,749.
QUEST DIAGNOSTICS INC P.O. BOX 912512, PASADENA, CA 91110	LAB TESTING SERVICES	1,864,417.
BIO-MEDICAL APPLICATIONS OF MD INC, 16343 COLLECTION CENTER DR, CHICAGO, IL 60693	CONSULTING SERVICES	1,814,139.
SMPISE AND MASON LLC FKA MASON LAW GROUP, 223 DUKE OF GLOUCESTER STREET SUITE 101,	LEGAL SERVICES	1,355,300.

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

35

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII

[illegible]

Total to Part VII, Section A, line 1c

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	4,630,991.				
	e Government grants (contributions)	1e	754,846.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	161,951.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a <u>ANCILLIARY SERVICES</u>	Business Code	621500	319573961.	319573961.		
	b <u>ADMISSION/ROOM CHARGES</u>		621990	259010868.	259010868.		
	c <u>EMERGENCY ROOM CHARGES</u>		621990	60,704,911.	60704911.		
	d <u>PATIENT EDUCATION</u>		624100	76,321.	76,321.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			639366061.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,129,471.		-4,725.
4 Income from investment of tax-exempt bond proceeds				6,646,233.			6646233.
5 Royalties							
6 a Gross rents		6a	(i) Real	1,238,044.			
b Less: rental expenses ...		6b	(ii) Personal	102,907.			
c Rental income or (loss)		6c		1,135,137.			
d Net rental income or (loss)				1,135,137.			
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities	18,061,716.			
b Less: cost or other basis and sales expenses		7b	(ii) Other	14,609,827.			
c Gain or (loss)		7c		3,451,889.			
d Net gain or (loss)				3,451,889.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>CAFETERIA</u>	Business Code	624210	3,835,312.		3835312.	
	b <u>BEDSIDE PHARMACY</u>		621990	683,461.	683,461.		
	c <u>MANAGEMENT SERVICES</u>		812900	623,820.		623,820.	
	d All other revenue		900099	730,034.		730,034.	
	e Total. Add lines 11a-11d			5,872,627.			
	12 Total revenue. See instructions			672149206.	640049522.	619,095.	25932801.

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Part IX Statement of Functional Expenses

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

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

☒ **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	258,495.	258,495.		
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	1,433,270.	1,089,285.	343,985.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	262,135.	199,223.	62,912.	
7 Other salaries and wages	210,753,543.	160,172,693.	50,580,850.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,749,452.	5,129,584.	1,619,868.	
9 Other employee benefits	14,282,600.	10,854,776.	3,427,824.	
10 Payroll taxes	16,134,793.	12,262,443.	3,872,350.	
11 Fees for services (nonemployees):				
a Management				
b Legal	14,385.		14,385.	
c Accounting				
d Lobbying	9,016.		9,016.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	565,908.		565,908.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	196,508,489.	70,716,163.	125,792,326.	
12 Advertising and promotion	4,397.	1,363.	3,034.	
13 Office expenses	9,458,152.	7,095,135.	2,363,017.	
14 Information technology	1,117,696.	100,593.	1,017,103.	
15 Royalties				
16 Occupancy	9,610,429.	6,246,779.	3,363,650.	
17 Travel	296,653.	189,858.	106,795.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	716,056.	178,507.	537,549.	
20 Interest	9,708,241.	9,708,241.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,123,161.	19,123,161.		
23 Insurance	1,434,431.	1,420,087.	14,344.	
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 MEDICAL SUPPLIES	117,917,450.	117,775,949.	141,501.	
b LEASE EXPENSE	458,859.	458,859.		
c DUES, BOOKS, AND SUBSCR	340,882.	23,862.	317,020.	
d EXCISE AND OTHER TAXES	208,000.		208,000.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	617,366,493.	423,005,056.	194,361,437.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	9,392,679.	2	398,492.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	84,949,274.	4	86,374,492.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,035,895.	8	8,528,301.
	9 Prepaid expenses and deferred charges	4,047,805.	9	2,211,403.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 751,828,149.		
	b Less: accumulated depreciation	10b 456,286,783.	294,721,839.	10c 295,541,366.
	11 Investments - publicly traded securities	361,481,667.	11	395,764,751.
	12 Investments - other securities. See Part IV, line 11	77,716,456.	12	87,941,479.
	13 Investments - program-related. See Part IV, line 11	-215,968.	13	-2,978,122.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	178,348,271.	15	236,311,128.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1018477918.	16	1110093290.	
Liabilities	17 Accounts payable and accrued expenses	88,662,695.	17	117,568,609.
	18 Grants payable		18	
	19 Deferred revenue	26,149,622.	19	29,837,875.
	20 Tax-exempt bond liabilities	157,869,323.	20	150,735,458.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	120,120,000.	23	118,110,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	42,770,704.	25	34,023,735.
	26 Total liabilities. Add lines 17 through 25	435,572,344.	26	450,275,677.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	561,600,364.	27	638,589,818.
	28 Net assets with donor restrictions	21,305,210.	28	21,227,795.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	582,905,574.	32	659,817,613.
	33 Total liabilities and net assets/fund balances	1018477918.	33	1110093290.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	672,149,206.
2	Total expenses (must equal Part IX, column (A), line 25)	2	617,366,493.
3	Revenue less expenses. Subtract line 2 from line 1	3	54,782,713.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	582,905,574.
5	Net unrealized gains (losses) on investments	5	25,736,875.
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	-3,607,549.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	659,817,613.

Part XII Financial Statements and Reporting

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

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

Form **990** (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number
52-1169362

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>	

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Employer identification number

52-1169362

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2023)

Name of organization LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 201 W. PRESTON ST. BALTIMORE, MD 21201	\$ 6,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC. 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	\$ 4,543,491.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FEDERAL EMERGENCY MANAGEMENT AGENCY 500 C ST, S.W. WASHINGTON, DC 20024	\$ 651,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LYELL IMMUNOPHARMA INC. 201 HASKINS SOUTH SAN FRANCISCO, CA 94080	\$ 42,098.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GOCCP/VOCA 100 COMMUNITY PLACE, 1ST FLOOR CROWNSVILLE, MD 21032	\$ 96,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MURRAY FAMILY FOUNDATION P.O. BOX 227 OWINGS, MD 20736	\$ 5,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH 112 NORTH LANGLEY RD, SUITE A GLEN BURNIE, MD 21060	\$ 10,318.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	COTTAGE INSURANCE COMPANY, LTD. P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS KY1-110	\$ 87,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Employer identification number

52-1169362

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

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

Name of organization

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Employer identification number

52-1169362

Part III

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number	52-1169362
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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) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		9,016.
j Total. Add lines 1c through 1i			9,016.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION PAYS DUES TO THE MARYLAND HOSPITAL ASSOCIATION AND

ANNE ARUNDEL COUNTY CHAMBER OF COMMERCE. A PORTION OF THE DUES PAID TO

THESE ORGANIZATION'S ARE 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

2023

Open to Public
Inspection

Name of the organization **LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.**

Employer identification number
52-1169362

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.**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 d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) Unrelated organizations? _____
 (ii) Related organizations? _____

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

	Yes	No
3a(i)		
3a(ii)		
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		9,077,780.		9,077,780.
b Buildings		413,810,327.	201,725,613.	212,084,714.
c Leasehold improvements		9,214,246.	8,854,529.	359,717.
d Equipment		297,957,170.	238,346,619.	59,610,551.
e Other		21,768,626.	7,360,022.	14,408,604.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				295,541,366.

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN PREMIER		
(B) INC.	5,779,859.	END-OF-YEAR MARKET VALUE
(C) CSV OFFICERS LIFE		
(D) INSURANCE	850,300.	END-OF-YEAR MARKET VALUE
(E) CAPE AND GLOBAL		
(F) DEVELOPING MARKETS FUND	16,927,046.	END-OF-YEAR MARKET VALUE
(G) ABERDEEN US PRIVATE		
(H) EQUITY VII	5,702,925.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	87,941,479.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) LIMITED USE ASSETS	6,204,451.
(2) BENEFICIAL INTEREST IN LUMINIS HEALTH AAMC FOUNDATION,	
(3) INC.	24,943,843.
(4) RESTRICTED COLLATERAL FOR INTEREST RATE SWAP AGREEMENTS	1,852,535.
(5) RIGHT OF USE ASSET	3,644,966.
(6) OTHER LONG TERM ASSETS	26,519,805.
(7) INTERCOMPANY RECEIVABLES	173,145,528.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	236,311,128.

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) FAIR VALUE OF INTEREST RATE SWAP	
(3) DERIVATIVE CONTRACTS	30,002,023.
(4) DEFERRED DEBT ISSUE COSTS	-1,596,117.
(5) OPERATING LEASE	4,220,700.
(6) ACCRUED INTEREST ON BOND	
(7) LIABILITIES	1,397,129.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	34,023,735.

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 ... ☒

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Schedule D (Form 990) 2023

52-1169362 Page 4

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.

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

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

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

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

Part XIII Supplemental Information

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

PART X, LINE 2:

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE SYSTEM. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS CONCLUDED THAT AS OF JUNE 30, 2024 AND 2023, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE ORGANIZATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

[illegible]

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

332421 04-01-23

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Employer identification number

52-1169362

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		13195855
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FUNDRAISING		0.
3 a Subtotal	0	0			13195855
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			13195855

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

Schedule F (Form 990) 2023

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.**

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Schedule F (Form 990) 2023

52-1169362 Page 4

Part IV Foreign Forms

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

Schedule F (Form 990) 2023

Part V

Supplemental Information

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

SCHEDULE F, PART I, LINE 3

THE ORGANIZATION RECEIVED \$87,500 IN MONETARY SUPPORT FROM COTTAGE
INSURANCE COMPANY, LTD, A RELATED ENTITY, FOR TECHNOLOGY ASSISTED
PATIENT SAFETY INITIATIVES, PATIENT EXPERIENCE INITIATIVES, STAFF
WELL-BEING, AND STAFF EDUCATION AND EVIDENCE BASED PRACTICE SUPPORT.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number	52-1169362
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			3947359.		3947359.	.64%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			3947359.		3947359.	.64%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6737963.		6737963.	1.09%
f Health professions education (from Worksheet 5)			17992466.		17992466.	2.91%
g Subsidized health services (from Worksheet 6)			50897285.		50897285.	8.24%
h Research (from Worksheet 7)			616,058.		616,058.	.10%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			7063469.		7063469.	1.14%
j Total. Other Benefits			83307241.		83307241.	13.48%
k Total. Add lines 7d and 7j			87254600.		87254600.	14.12%

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(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	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENT

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENT

	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?	17	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?	19		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?	21	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)			

Schedule H (Form 990) 2023

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 ANNE ARUNDEL MEDICAL CENT**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2023

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 ANNE ARUNDEL MEDICAL CENTER:

PART V, SECTION B, LINE 5: SEE STATEMENT FOR PART VI, LINE 2 ON PAGE 59
FOR SUPPORTING NARRATIVE.

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE CHNA WAS A JOINT UNDERTAKING, LED BY THE
ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, LUMINIS HEALTH, INC. AND
UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER. THE RESEARCH
AND SURVEY DATA WERE SOURCED BY PRIMARY DATA PROFILES, SECONDARY DATA
PROFILES, KEY INFORMANT SURVEYS AND FOCUS GROUPS.

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER:

PART V, SECTION B, LINE 6B: ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH
ANNE ARUNDEL COUNTY PARTNERSHIP FOR CHILDREN YOUTH AND FAMILIES
ANNE ARUNDEL MENTAL HEALTH AGENCY
ANNE ARUNDEL DEPARTMENT OF AGING
ANNE ARUNDEL COUNTY OFFICE OF THE COUNTY EXECUTIVE

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE CHNA IDENTIFIED 31 COMMUNITY HEALTH
NEEDS. THE CHNA DATA WAS COMPILED FROM SECONDARY DATA SOURCES AND
QUALITATIVE INFORMATION OBTAINED FROM KEY INFORMANT INTERVIEWS AND SEVERAL
FOCUS GROUPS OF DIVERSE COMMUNITY MEMBERS. IT OUTLINED 31 HEALTH NEEDS IN

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.

THE ANNE ARUNDEL COUNTY COMMUNITY. WHILE A SINGULAR ENTITY OR HOSPITAL DOES NOT HAVE THE CAPACITY OR RESOURCES TO ADDRESS ALL OF THE NEEDS, LHAAMC INTENDS TO COLLABORATE WITH PARTNERS AND ADDRESS MANY OF THE NEEDS TO BETTER THE HEALTH OF THE COMMUNITY. LHAAMC'S SENIOR LEADERSHIP AND SELECT PATIENT ADVISORS PRIORITIZED AND CATEGORIZED THE NEEDS. THE RESULTS AND CORRELATING ACTION PLANS ARE INCLUDED BELOW.

CHRONIC DISEASE: REDUCE INCIDENCE AND MORTALITY FROM CANCER BY IMPROVING RISK FACTORS AND SCREENING RATES. REDUCE MORTALITY FROM HEART DISEASE BY PROVIDING EDUCATION RELATED TO HEART DISEASE AND RISK FACTORS. IMPROVE ACCESS TO CARDIOLOGISTS TO REDUCE UTILIZATION.

OBESITY/DIABETES PREVENTION: INCREASE EDUCATION ABOUT LIFESTYLE RISK FACTORS TO REDUCE OBESITY. INCREASE ACCESS TO SCREENINGS AND PREVENTION PROGRAMS TO REDUCE INCIDENCE OF DIABETES. THE MOBILE HEALTH CLINIC TO PROVIDE FREE SCREENING TO VULNERABLE RESIDENTS ACROSS THE COUNTY. THE MOBILE HEALTH CLINIC FOCUSES ON LOW-INCOME, IMMIGRANT, AND MINORITY NEIGHBORHOODS TO IMPROVE HEALTH AWARENESS, ACCESS TO CARE, AND HEALTH OUTCOMES. HELD 22 COMMUNITY MOBILE HEALTH CLINICS IN ANNE ARUNDEL COUNTY IN 2024. REACHED 187 PATIENTS THROUGH SCREENINGS FOR BLOOD PRESSURE, A1C, RANDOM BLOOD GLUCOSE, AND CHOLESTEROL IN 2024.

BEHAVIORAL HEALTH: INCREASE THE COMMUNITY'S AWARENESS OF PROGRAMS. INCREASE ACCESS TO BEHAVIORAL HEALTH TREATMENT FOR CHILDREN, TEENS, AND ADULTS. AA COUNTY- INCREASED AWARENESS OF PROGRAMS OFFERED THROUGH THE HEALTH ANNE ARUNDEL COALITION, AA COUNTY HEALTH DEPARTMENT. CONTINUED TO PARTNER WITH ARUNDEL LODGE TO OFFER SPACE FOR THE BEHAVIORAL HEALTH URGENT

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.

CARE ON LHAAMC CAMPUS. PARTICIPATED ON RECOVERY ANNE ARUNDEL. COMPLETED A BROADNECK HIGH SCHOOL PRESENTATION TO SADD (STUPENTS AGAINST DESTRUCTIVE DECISIONS). KOLMAC TREATMENT CENTER TOURED PATHWAYS. OUTREACH TOURED PASCAL CENTER, DELIVERED RACK CARDS TO 10 LH PRIMARY CARE OFFICES AND MET WITH MOSAIC PEER, ROBIN W. AT LHAAMC ED.

SOCIAL DETERMINANTS OF HEALTH (SDOH): CREATE HEALTH SYSTEM ADVISORY COUNCILS TO IDENTIFY HOW TO IMPROVE SOCIAL DETERMINANTS OF HEALTH. PILOT STRATEGIES TO ADDRESS FOOD INSECURITY AND LIMIT DISEASE BURDEN (CANCER, HEART DISEASE, DIABETES).

SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA THAT ARE NOT BEING ADDRESSED INCLUDE LACK OF AFFORDABLE HOUSING AS WELL AS ACCESS TO TRANSPORTATION AND HEALTHY FOODS. LACK OF AFFORDABLE HOUSING WAS MENTIONED BY MANY PARTICIPANTS. IT IS NON-EXISTENT IN MOST PARTS OF THE COUNTY CREATING STRESS, AND WORST OF ALL EXPERIENCING HOMELESSNESS AMONG LOW-INCOME FAMILIES. ACCESS TO TRANSPORTATION ALSO CONTINUES TO BE A HUGE ISSUE, ESPECIALLY FOR LOW-INCOME RESIDENTS AND SENIORS LIVING IN AREAS OF NORTH AND SOUTH COUNTY. EXPANDED ACCESS TO HEALTHY FOODS IN LOW-INCOME NEIGHBORHOODS WAS ALSO IDENTIFIED AS A SIGNIFICANT NEED. LHAAMC CANNOT ADEQUATELY ADDRESS THESE NEEDS AS THEY REQUIRE INTERVENTION FROM PUBLIC SERVICES AND LOCAL GOVERNMENT.

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER:

PART V, SECTION A, FACILITY INFORMATION:

[HTTPS://WWW.LUMINISHEALTH.ORG/EN/LOCATIONS/LHAAMC?LANGUAGE_CONTENT_ENTIT](https://www.luminishealth.org/en/locations/lhaamc?language_content_entity)

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.

Y=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://STATIC1.SQUARESPACE.COM/STATIC/60EDC5E386EE0A080F500E40/T/63C0597A021EA81230E6A76E/1673550209729/CHNA+2022.PDF](https://static1.squarespace.com/static/60EDC5E386EE0A080F500E40/T/63C0597A021EA81230E6A76E/1673550209729/CHNA+2022.PDF)

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

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

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.LUMINISHEALTH.ORG/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-uniform-financial-assistance-application_0.pdf)

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

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

Part 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.

PART I, LINE 7A, COLUMN (D) AND LINE 7F, COLUMNS (C) AND (D): MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND

Part VI Supplemental Information (Continuation)

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

PART I, LINE 7G:

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

THE HOSPITAL MAINTAINS 24/7 INPATIENT COVERAGE WITH THE HOSPITALIST PROGRAM AND PHYSICIAN COVERAGE FOR BEHAVIORAL HEALTH AT ED, FIRST ASSISTS, RADIATION ONCOLOGY, BREAST CENTER FOR EXCELLENCE, ADULT HOSPITALISTS, INTENSIVIST SERVICE, PEDIATRIC HOSPITALIST, ACUTE CARE SURGERY, OB HOSPITALIST, RETINOPATHY SERVICES, WOMENS CTR/PELVIC HEALTH, HEMATOLOGY-ONCOLOGY SPECIAL, ANNAPOLIS THORACIC, ANNAPOLIS SURGICAL ONCOLOGY, GYN ONCOLOGY CENTER, PALLIATIVE CARE SERVICE, MICROVASCULAR SURGERY, SURVIVORSHIP PROGRAM, PAIN MANAGEMENT AND ANNAPOLIS ONCOLOGY AT A COST INCLUDED IN PART I, LINE 7G OF \$50,897,285. THIS COVERAGE PROVIDES AND GUARANTEES ROUND THE CLOCK ACCESS FOR PATIENTS TO NEEDED SERVICES.

PHYSICIAN RECRUITMENT, PARTICULARLY PRIMARY CARE RECRUITMENT, CONTINUES TO BE A MAJOR INITIATIVE FOR THE ORGANIZATION. WHILE THE UNINSURED AND

Part VI Supplemental Information (Continuation)

UNDERSERVED POPULATION CAN ACCESS CARE THROUGH THE COMMUNITY CLINICS OPERATED BY PHYSICIAN ENTERPRISE, LLC, SPECIALTY CARE REMAINS A CHALLENGE. THEREFORE, LHAAMC FINANCIALLY SUBSIDIZES SPECIALISTS WHO TAKE ON THE CARE OF THE UNDERSERVED/UNINSURED FROM THE CLINICS. THIS INCENTIVE ALLOWS FOR ADDITIONAL CARE FOR THE UNDERSERVED. SINCE HEALTHCARE SYSTEM NAVIGATION IS A CHALLENGE, A CARE MANAGER IN THE CLINICS ASSISTS WITH PLACING THESE PATIENTS IN APPROPRIATE SPECIALTY CARE. LHAAMC CONTINUES TO MONITOR AND ADDRESS THE PROBLEMS ASSOCIATED WITH CARE FOR THE UNINSURED AND UNDERSERVED.

PART I, LN 7 COL(F):

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER (LHAAMC) PROMOTES ACCESS TO ALL MEDICALLY NECESSARY SERVICES REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY. LHAAMC 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:

SUPPORT SYSTEMS ENHANCEMENT INCLUDES EMERGENCY MANAGEMENT ACTIVITIES, ALTERNATE CARE SITE NAVAL SUPPORT ACTIVITY, OTHER DRILLS AND REAL TIME ACTIVITIES. THE HOSPITAL HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS RESPONSIBLE FOR STAFF TRAINING, COORDINATING DISASTER DRILLS AND KEEPING THE HOSPITAL'S DISASTER PREPAREDNESS INVENTORY UP TO DATE.

COALITION BUILDING INCLUDES HOSPITAL REPRESENTATION TO COMMUNITY COALITIONS, COLLABORATIVE PARTNERSHIPS WITH COMMUNITY GROUPS TO IMPROVE

Part VI Supplemental Information (Continuation)

COMMUNITY HEALTH, COMMUNITY MEETING COSTS, VISIONING SESSIONS AND COSTS FOR TASK FORCE SPECIFIC PROJECTS AND INITIATIVES. THE HOSPITALS ONGOING WORK WITH COMMUNITY GROUPS AND PARTICIPATION IN ADVISORY COMMITTEES AND COUNCILS CREATE A CONTINUOUS COMMUNICATIONS PROCESS, BRINGING NEW IDEAS FROM ANNE ARUNDEL COUNTY RESIDENTS AND ORGANIZATIONS INTO THE HOSPITAL'S COMMUNITY BENEFIT PLANNING PROCESS.

LHAAMC IS COMMITTED TO ADDRESSING THE MOST SIGNIFICANT HEALTH NEED IN THE COUNTY WHICH IS BEHAVIORAL HEALTH. LHAAMC RUNS AN OUTPATIENT MENTAL HEALTH CLINIC WITH MENTAL HEALTH SERVICES FOR PATIENTS AGE 13 AND OLDER. LUMINIS HEALTH J. KENT MCNEW FAMILY MEDICAL CENTER, INC. OPENED IN MAY 2020 WITH 16 MENTAL HEALTH, IN-PATIENT BEDS.

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER ENHANCES WORK DEVELOPMENT EFFORTS THROUGH LEARNING HOURS THROUGH HOSPITAL RESIDENTS PROGRAMS AND HEALTH PROFESSION EDUCATION OPPORTUNITIES.

PART III, LINE 2:

SEE PART III, LINE 3 FOR EXPLANATION

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

Part VI Supplemental Information (Continuation)

DETERMINED BY USING A COST TO CHARGE RATIO. THE BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED BY SPECIFIC IDENTIFICATION REVIEWING BAD DEBT RECORDS AND DETERMINING WHO WOULD HAVE BECOME ELIGIBLE FOR CHARITY CARE IF ALL INFORMATION HAD BEEN OBTAINED FROM THE PATIENTS.

PART III, LINE 4:

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

PART III, LINE 8:

COMMUNITY BENEFIT QUESTION IS NOT APPLICABLE IN MARYLAND AS MARYLAND HOSPITALS 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 LHAAMC'S MEDICARE COST REPORT FILING.

PART III, LINE 9B:

EACH LHAAMC 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 PATIENT'S FINANCIAL CIRCUMSTANCES IN DETERMINING THE APPROPRIATE AGREEMENT. SHOULD THE PATIENT CONTACT PATIENT FINANCIAL SERVICES CUSTOMER SERVICE UNIT REGARDING INABILITY TO PAY, FINANCIAL ASSISTANCE IS OFFERED, THE AMOUNT OF WHICH IS BASED ON THE FINANCIAL ASSISTANCE SCREENING PROCESS.

IF THERE IS NO INDICATION FROM THE PATIENT OR A REPRESENTATIVE THAT THEY

Part VI Supplemental Information (Continuation)

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 LHAAMC'S 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 IN DETERMINATION OF ULTIMATE AMOUNT TO BE PAID.

PART VI, LINE 2:

THE SUMMATIVE (QUANTITATIVE) DATA CONTAINED IN THIS NEEDS ASSESSMENT WAS GATHERED FROM A VARIETY OF LOCAL, STATE AND NATIONAL SOURCES. POPULATION AND SOCIO-ECONOMIC STATISTICS WERE COMPILED USING DATA FROM THE UNITED STATES (U.S.) CENSUS BUREAU'S POPULATION ESTIMATES PROGRAM AND THE AMERICAN COMMUNITY SURVEY 1-YEAR AND 5 YEAR ESTIMATES. THESE DATA SHOULD BE CONSIDERED LESS RELIABLE DUE TO THE GAP OF TEN YEARS SINCE THE LAST FULL CENSUS. ALL DATA HERE ARE BASED ON CENSUS ESTIMATES EXCEPT FOR 2020 CENSUS POPULATION DATA. BIRTH AND DEATH DATA FILES WERE OBTAINED FROM THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, VITAL STATISTICS ADMINISTRATION. THE EMERGENCY DEPARTMENT AND INPATIENT HOSPITAL DISCHARGE DATA FILES WERE OBTAINED FROM THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION FOR TOPICS LIKE BIRTH, MORTALITY AND HOSPITAL UTILIZATION. OTHER DATA SOURCES USED FOR THIS REPORT WERE: MARYLAND VITAL STATISTICS ANNUAL REPORTS, MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S ANNUAL CANCER REPORTS, BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), CENTERS FOR DISEASE CONTROL AND PREVENTION'S CDC WONDER ONLINE DATABASE, CENTERS FOR MEDICARE AND MEDICAID SERVICES, NATIONAL VITAL STATISTICS REPORTS AND COUNTY HEALTH RANKINGS, AND A VARIETY OF LOCAL DATABASES. THE

Part VI Supplemental Information (Continuation)

SPECIFIC DATA SOURCES ARE LISTED THROUGHOUT THE REPORT.

THE FY2022 CHNA DRAWS ON QUALITATIVE DATA GATHERED FROM 11 KEY INFORMANTS AND 16 FOCUS GROUPS. FOCUS GROUP AREAS INCLUDED EMERGENCY DEPARTMENT PERSONNEL, BEHAVIORAL HEALTH PROVIDERS, HISPANIC RESIDENTS AND ADVOCATES. A FULL LIST OF FOCUS GROUPS AND KEY INFORMANTS CAN BE FOUND BELOW. INTERVIEWS AND CONVERSATIONS WERE RECORDED, WITH THE PERMISSION OF PARTICIPANTS, AND TRANSCRIBED VERBATIM. THE AUTHOR THANKS LISA KOVACS, ADMINISTRATIVE COORDINATOR AT THE ANNE ARUNDEL COUNTY PARTNERSHIP FOR CHILDREN, YOUTH AND FAMILIES, FOR THE HOURS OF TRANSCRIPTION TIME SPENT ENSURING THIS CHNA ACCURATELY REPRESENTS THE VOICES OF OUR COMMUNITY. THE DATA WAS READ AND REREAD UNTIL DOMINANT THEMES EMERGED WHICH BECAME THE SUBTEXT OF THE REPORT. ALL PARTICIPANTS GAVE PERMISSION FOR THEIR WORDS TO BE USED IN THE FINAL REPORT, ALTHOUGH THEIR IDENTITIES ARE PROTECTED. THE FY2022 CHNA DRAWS ON QUALITATIVE DATA GATHERED FROM 11 KEY INFORMANTS AS FOLLOWS:

PRESIDENT, LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER (LHAAMC)
CEO, UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER
ANNE ARUNDEL COUNTY HEALTH OFFICER
EXECUTIVE DIRECTOR, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY
DIRECTOR, ANNE ARUNDEL COUNTY CRISIS RESPONSE
CLINICAL DIRECTOR, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY
SCHOOLS SUPERINTENDENT
PRIMARY CARE DOCTOR
COUNTY EXECUTIVE
FAITH LEADER
PUBLIC HOUSING RESIDENT

Part VI Supplemental Information (Continuation)

SIXTEEN FOCUS GROUPS CONTRIBUTED TO THE REPORT AS FOLLOWS:

LHAAMC AND UMBWMC EMERGENCY DEPARTMENT AND EMERGENCY RESPONSE (6)

BEHAVIORAL HEALTH PROVIDERS (20)

BEHAVIORAL HEALTH CO-OCCURRING COMMITTEE (10)

DISABLED RESIDENTS (PROVIDERS AND CLIENTS) (8)

SENIORS (PROVIDERS AND CLIENTS) (10)

CHILDCARE PROVIDERS AND EARLY CHILDHOOD EDUCATORS (15)

HUMAN SERVICES TEAM (10)

PUPIL PERSONNEL WORKERS (12)

ANNE ARUNDEL COUNTY HEALTH DEPARTMENT SENIOR STAFF (12)

PUBLIC HOUSING PROVIDERS (2)

NOT FOR PROFIT LEADERS (30)

SOUTH COUNTY STAKEHOLDERS (24)

NORTH COUNTY STAKEHOLDERS (28)

WEST COUNTY STAKEHOLDERS (12)

ANNAPOLIS STAKEHOLDERS (25)

THE CHNA CAN BE ACCESSED ONLINE VIA

[HTTPS://WWW.LUMINISHEALTH.ORG/SITES/DEFAULT/FILES/2022-10/CHNA-2022-ANNE-ARUNDEL-CO1_0.PDF](https://www.luminishealth.org/sites/default/files/2022-10/CHNA-2022-ANNE-ARUNDEL-CO1_0.PDF)

PART VI, LINE 3:

PUBLIC NOTICE AND INFORMATION REGARDING THE LUMINIS HEALTH ANNE ARUNDEL
MEDICAL CENTER'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 GAZETTE.

Part VI Supplemental Information (Continuation)

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

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

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

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

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

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

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

PART VI, LINE 4:

ANNE ARUNDEL COUNTY IS THE FIFTH LARGEST COUNTY IN THE STATE COVERING 415 SQUARE MILES. IT HAS 534 MILES OF NATURAL SHORELINE. MOST RECENT

Part VI Supplemental Information (Continuation)

HOUSEHOLD MEDIAN INCOME ESTIMATES STAND AT \$113,125 (US CENSUS ESTIMATES, 2022.) THE UNEMPLOYMENT RATE (MARYLAND GOVERNMENT, 2022) IS 2.8 PERCENT, LOWER THAN THE STATE AVERAGE OF 3.2 PERCENT. HOWEVER, THERE ARE 32,000 ANNE ARUNDEL COUNTY RESIDENTS (5.4 PERCENT) LIVING BELOW THE POVERTY LEVEL COMPARED TO THE STATE AVERAGE OF 9.6 PERCENT (US CENSUS ESTIMATES, 2022.) IN 2022, THE RATE OF POVERTY FOR CHILDREN IS MUCH HIGHER, AT 6.3 PERCENT. ALTHOUGH ANNE ARUNDEL COUNTY HAS A HIGH STANDARD OF LIVING OVERALL, ECONOMIC DISTRESS IS SPREAD UNEQUALLY THROUGHOUT THE COUNTY WITH POCKETS OF LOW INCOME AND POVERTY LEVEL FAMILIES CLUSTERED IN NORTH AND SOUTH COUNTY AREAS AND IN ANNAPOLIS. AS A RESULT, SOCIAL DETERMINANTS OF HEALTH ARE A CONSIDERABLE FACTOR FOR INDIVIDUALS AND FAMILIES LIVING IN POVERTY. ACCESS TO HEALTHY FOOD, EMOTIONAL STABILITY, THE CLEANLINESS AND SAFETY OF THE ENVIRONMENT, TRANSPORTATION, AND ACCESS TO HEALTH SERVICES ALL IMPACT HEALTH AND WELLNESS. THE GAP BETWEEN RICH AND POOR CONTINUES TO WIDEN. THE NUMBER OF RESIDENT HOUSEHOLDS WITH AN INCOME ABOVE \$200,000 HAS GROWN BY 47 PERCENT WHILE THOSE HOUSEHOLDS WITH AN INCOME BELOW \$25,000 HAVE SHRUNK.

THE WHITE CAUCASIAN POPULATION IS 71.4 PERCENT OF THE POPULATION AND THE BLACK POPULATION MAKES UP 19.8 PERCENT OF THE POPULATION. THE HISPANIC POPULATION IS GROWING MORE SIGNIFICANTLY THAN ALL RACES/ETHNICITIES AND IS NOW AT 9.4 PERCENT. THE COUNTY HAS THE FOURTH LARGEST HISPANIC POPULATION BY PERCENTAGE AMONG MARYLAND COUNTIES. THE DISTRIBUTION OF THE POPULATION IS UNEVEN IN THE COUNTY WITH A HIGH OF 22.8 PERCENT HISPANIC IN THE CITY OF ANNAPOLIS. THE LARGEST SECTOR OF THE HISPANIC POPULATION IS FROM CENTRAL AMERICAN COUNTRIES, INCLUDING A GROWING POPULATION FROM EL SALVADOR. THIS IS SIGNIFICANTLY DIFFERENT FROM THE OVERALL U.S. HISPANIC POPULATION, WHICH IS OVERWHELMINGLY MEXICAN (63 PERCENT.)

Part VI Supplemental Information (Continuation)

THE NUMBER OF OLDER MARYLANDERS IS INCREASING. OF THE NEARLY 6.1 MILLION PEOPLE IN MARYLAND IN 2020, 22.62 PERCENT WERE AGED 60 OR OVER. THIS PERCENTAGE IS EXPECTED TO INCREASE TO 26.57 PERCENT BY THE YEAR 2040. INDIVIDUALS 85 AND OVER ARE THE FASTEST GROWING SEGMENT OF THE POPULATION. IN 2020, 62.8 PERCENT OF MARYLAND'S OLDER ADULTS (60+) RESIDE IN BALTIMORE CITY AND IN ANNE ARUNDEL, BALTIMORE, MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN 2035, THESE WILL REMAIN THE JURISDICTIONS WITH THE LARGEST NUMBER OF INDIVIDUALS OVER 60 (MARYLAND DEPARTMENT OF AGING, 2021). THE ANNE ARUNDEL COUNTY 60+ POPULATION IS EXPECTED TO RISE OVER 27 PERCENT BETWEEN 2020 AND 2045, FROM 129,440 TO 164,524.

INFANT MORTALITY AND LOW BIRTH WEIGHT CONTINUES TO NEGATIVELY IMPACT OUR FAMILIES. OTHER DRIVERS IN THE COUNTY INCLUDE A RISING RATE OF REPORTED DOMESTIC VIOLENCE AND HUMAN TRAFFICKING CASES. THERE IS AN EPIDEMIC RELATED TO OPIOID OVERDOSES AND DEATHS INCLUDING A LACK OF SPECIALTY PROVIDERS AND MENTAL HEALTH PROVIDERS, IN PARTICULAR SPANISH SPEAKING PROVIDERS. THE EMERGENCY ROOMS ARE OVERCROWDED AS A RESULT.

PART VI, LINE 5:

THE FOLLOWING ARE SEVERAL EXAMPLES OF HOSPITAL ACTIVITIES AND INITIATIVES:

THE HOSPITAL HAS DOCTOR ON-CALL ROTATIONS IN EVERY SPECIALTY FOR WHICH THERE MAY BE AN EMERGENCY OR INPATIENT NEED. ON-CALL COVERAGE IS PROVIDED TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS. THERE ARE NO GAPS IN AVAILABILITY OF ANY SPECIALTY FOR UNINSURED OR UNDERSERVED PATIENTS. IN ADDITION, THE HOSPITAL HAS HOSPITALIST PROGRAMS IN MEDICINE, PEDIATRICS, GENERAL SURGERY, OBSTETRICS AND AN INTENSIVIST PROGRAM. THESE PHYSICIANS

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

PROVIDE 24-HOUR IN-HOUSE COVERAGE FOR EACH OF THESE AREAS FOR ALL PATIENTS REGARDLESS OF INSURANCE STATUS. THE HOSPITAL ALSO PROVIDES SPECIALTY PROGRAMS FOR THORACIC SURGERY, NEONATAL OPHTHALMOLOGY, GYN ONCOLOGY, PALLIATIVE CARE, NEUROLOGY/STROKE, WOMEN'S PELVIC HEALTH, SURGICAL ONCOLOGY, AND THE BREAST CENTER.

THE HOSPITAL AND MANY OF ITS PHYSICIANS SUPPORT THE ANNE ARUNDEL COUNTY HEALTH DEPARTMENT'S REACH PROGRAM (RESIDENTS ACCESS TO A COALITION OF HEALTH), WHICH OFFERS ACCESS TO AFFORDABLE HEALTH SERVICES FOR LOW-INCOME UNINSURED INDIVIDUALS IN ANNE ARUNDEL COUNTY.

THE HOSPITAL CONTINUES ITS "GREEN INITIATIVE" PROGRAM IN ORDER TO IMPROVE AND PROTECT THE HEALTH OF STAFF AND THE COMMUNITY BY IMPLEMENTING ENVIRONMENTALLY FRIENDLY INITIATIVES. THE HOSPITAL PAVILION SOUTH TOWER IS THE FIRST 24/7 HOSPITAL TO BE LEED GOLD CERTIFIED. VARIOUS PROGRAMS UNDER THIS INITIATIVE INCLUDE BATTERY RECYCLING, REUSABLE SHARPS CONTAINERS, REPROCESSING TO REDUCE MEDICAL WASTE, AND USE OF GREEN SEAL CERTIFIED CLEANERS. THE HOSPITAL EMPLOYS A SUSTAINABILITY MANAGER AS PART OF THIS PROGRAM.

THE HOSPITAL ALSO HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS RESPONSIBLE TO PROVIDE STAFF TRAINING, COORDINATE DISASTER DRILLS, AND KEEP THE HOSPITAL'S DISASTER PREPAREDNESS SUPPLY INVENTORY UP TO DATE. HOSPITAL EMPLOYEES HAVE COMPLETED FEMA EMERGENCY PREPARATION COURSES TO BETTER COLLABORATE WITH OTHER COUNTY SERVICE PROVIDERS TO BETTER SERVE THE COMMUNITY. THESE STAFF MEMBERS PARTICIPATED IN A NUMBER OF COLLABORATIVE PLANNING MEETINGS AND DRILLS WITH DESIGNATED COUNTY SERVICES AND FIRST RESPONDERS.

Part VI Supplemental Information (Continuation)

EACH YEAR, THE COMMUNITY HEALTH AND WELLNESS DEPARTMENT PARTNERS WITH THE ANNE ARUNDEL COUNTY HEALTH DEPARTMENT AND OTHER LOCAL NON-PROFITS AND FAITH BASED ORGANIZATIONS TO PROVIDE EDUCATION AND ACCESS TO SCREENINGS. THIS YEAR, EFFORTS WERE PRIMARILY FOCUSED ON DIABETES PREVENTION AND TO COVID 19 EDUCATION AND PREVENTION INCLUDING VACCINE CLINICS.

PART VI, LINE 6:

THE HEALTH SYSTEM'S LUMINIS HEALTH COMMUNITY CLINICS, LLC (FKA AAMC COMMUNITY CLINICS, LLC), A GROUP WITHIN PHYSICIAN ENTERPRISE, LLC CURRENTLY HAS (3) LOCATIONS: MORRIS BLUM, FOREST DRIVE, AND ARUNDEL LODGE.

THE MOST SIGNIFICANT EFFORT PUT FORTH IN FY2024 WAS TO CONTINUE TO FOCUS ON THE UNDERSERVED POPULATION. RESOURCES WERE ALLOCATED TO THE CONTINUED OPERATIONS OF THE COMMUNITY HEALTH CENTER ON FOREST DRIVE IN ANNAPOLIS AND OF THE MORRIS BLUM COMMUNITY HEALTH CENTER WITHIN THE STATE-DESIGNATED HEALTH ENTERPRISE ZONE (HEZ) IN ANNAPOLIS ON GLENWOOD STREET. INCLUDED IN THE HEZ EFFORT IS THE ANNAPOLIS COMMUNITY HEALTH PARTNERSHIP, WHICH CONSISTS OF LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, THE HOUSING AUTHORITY OF THE CITY OF ANNAPOLIS, THE CITY OF ANNAPOLIS, THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH AND THE ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES.

THE ANNAPOLIS COMMUNITY HEALTH PARTNERSHIP IS FOCUSING ON A CURRENTLY MEDICALLY UNDERSERVED NEIGHBORHOOD WITH HIGH RATES OF EMERGENCY ROOM UTILIZATION, HOSPITAL ADMISSIONS AND READMISSIONS, AND A LARGE VOLUME OF MEDICAL 911 CALLS. THROUGH FUNDING PROVIDED BY THE HEZ DESIGNATION, THE PARTNERSHIP ESTABLISHED A PATIENT-CENTERED MEDICAL HOME AT THE MORRIS H.

Part VI Supplemental Information (Continuation)

BLUM SENIOR APARTMENTS BUILDING. THIS MEDICAL OFFICE, NESTLED IN THE COMMUNITY IT IS MEANT TO SERVE, IS EASILY ACCESSIBLE BY FOOT OR PUBLIC TRANSPORTATION. THE PRIMARY CARE MEDICAL HOME PERSONNEL PROVIDE MEDICAL TREATMENT TO PATIENTS AGE SIX YEARS OLD TO ADULTS. THE MORRIS BLUM MEDICAL CLINIC PROVIDES MEDICAL CARE TO THE RESIDENTS OF THE BUILDING AND THE SURROUNDING COMMUNITY WHO ARE UNINSURED AND UNDER-SERVED. THE LUMINIS HEALTH COMMUNITY CLINICS ACCEPT MOST MAJOR INSURANCE COMPANIES AND HAS A SLIDING FEE SCALE FOR INDIVIDUALS WHO LACK INSURANCE COVERAGE. THE SLIDING SCALE IS BASED ON FEDERAL POVERTY GUIDELINES, GROSS HOUSEHOLD INCOME AND NUMBER OF HOUSEHOLD DEPENDENTS. BY HAVING A REGULAR DOCTOR IN A REGULAR SITE, PATIENT-PHYSICIAN RELATIONSHIPS STRENGTHEN AND CARE IMPROVES.

HEALTH OUTCOMES ARE BEING MONITORED AND DEMONSTRATED BY MEASURING PATIENT SATISFACTION, IMPROVING MANAGEMENT OF CHRONIC DISEASE AND DECREASING PREVENTABLE MEDICAL 911 CALLS, EMERGENCY ROOM VISITS AND HOSPITAL ADMISSIONS. THERE WERE 1,919 PATIENT VISITS AT MORRIS BLUM IN FY2024.

THE FOREST DRIVE CLINIC ALSO PROVIDES PRIMARY CARE SERVICES TO PATIENTS IN ALL STAGES OF LIFE (NEWBORN-GERIATRIC). MEDICAL SERVICES ARE PROVIDED BY QUALIFIED, PROFESSIONAL EMPLOYED STAFF, AND IS CONVENIENTLY LOCATED ON SEVERAL LOCAL BUS ROUTES. THE PRIMARY CARE SITE PROVIDES 24 HOUR CALL COVERAGE FOR PATIENT CALLS AND ALL CLINICS UTILIZE ELECTRONIC MEDICAL RECORDS. IN FY2024 FOREST DRIVE HAD 7,701 PATIENT VISITS.

ALL CLINIC LOCATIONS PROVIDE INTERPRETERS VIA IN PERSON AND/OR TELEPHONIC. THERE ARE FIVE BI-LINGUAL STAFF AND THREE BILINGUAL PROVIDERS AMONG THE THREE CLINICS. IN THE EVENT WE ARE UNABLE TO PROVIDE 1-1 INTERPRETATION,

TELEPHONIC INTERPRETATION AND/OR VIDEO INTERPRETATION VIA MARTTI IS
PROVIDED 24/7.

LUMINIS HEALTH COMMUNITY CLINICS ACCEPT MOST MAJOR INSURANCE COMPANIES AND
HAS A SLIDING FEE SCALE FOR INDIVIDUALS WHO LACK INSURANCE COVERAGE. THE
SLIDING SCALE IS BASED ON FEDERAL POVERTY GUIDELINES, GROSS HOUSEHOLD
INCOME AND NUMBER OF HOUSEHOLD DEPENDENTS. PATIENTS AT LUMINIS HEALTH
COMMUNITY CLINICS MUST PRESENT PROOF OF INCOME AND UNDERGO A FINANCIAL
ANALYSIS AT THE TIME OF THE INITIAL APPOINTMENT AND ON AN ANNUAL BASIS
THEREAFTER. IF THE PATIENT'S INCOME CHANGES, A NEW FINANCIAL ANALYSIS IS
COMPLETED. PATIENTS WHO MAY QUALIFY FOR INSURANCE ARE REFERRED TO LHAAMC
FINANCIAL ASSISTORS TO REVIEW THEIR ELIGIBILITY. ALL PATIENTS ARE TREATED
WITH DIGNITY, RESPECT AND CONFIDENTIALITY.

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Employer identification number
52-1169362

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PHYSICIAN ENTERPRISE, LLC 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	27-0263214		225,944.	0.			TO SUPPORT OPERATIONS OF PHYSICIAN ENTERPRISE, LLC
LUMINIS HEALTH PATHWAYS, INC. 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	52-1722088		32,551.	0.			TO SUPPORT OPERATIONS OF LUMINIS HEALTH PATHWAYS, INC.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.
- 3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION CONTRIBUTED FUNDS TO RELATED ORGANIZATIONS TO SUPPORT ITS EXEMPT PURPOSE. THE ORGANIZATION MONITORS THE USE OF THESE FUNDS THROUGH BOARD MEETINGS AND THROUGH THE REVIEW OF THE ENTITY'S FINANCIAL INFORMATION.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Employer identification number

52-1169362

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

**LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.**

Schedule J (Form 990) 2023

52-1169362

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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	0.	0.	0.	0.	0.	0.	0.
(ii)	LH CEO/BOARD MEMBER	1,321,219.	322,005.	444,856.	379,779.	0.	2,467,859.	244,500.
(i)	(2) JEFFREY GELFAND	0.	0.	0.	0.	0.	0.	0.
(iii)	BOARD MEMBER/MEDICAL DIRECTOR	1,263,886.	0.	21,450.	14,850.	0.	1,300,186.	0.
(i)	(3) STEPHEN CATTANEO	0.	0.	0.	0.	0.	0.	0.
(ii)	FORMER BOARD MEMBER/ PHYSICIAN	1,044,924.	0.	19,500.	14,850.	39,498.	1,118,772.	0.
(i)	(4) MITCHELL SCHWARTZ, M.D.	0.	0.	0.	0.	0.	0.	0.
(iii)	CHIEF PHYSICIAN EXECUTIVE	689,988.	126,068.	95,022.	14,850.	28,062.	953,990.	0.
(i)	(5) SHERRY PERKINS, PHD, RN, FAAN	674,359.	121,425.	110,412.	14,850.	227.	921,273.	0.
(ii)	LHAAMC PRESIDENT	0.	0.	0.	0.	0.	0.	0.
(i)	(6) TIMOTHY ADELMAN	0.	0.	0.	0.	0.	0.	0.
(iii)	LH GENERAL COUNSEL/SECRETARY	474,324.	101,556.	48,166.	51,860.	29,964.	705,870.	18,231.
(i)	(7) KEVIN SMITH	0.	0.	0.	0.	0.	0.	0.
(ii)	LH CFO/TREASURER (PART YEAR	385,064.	0.	167,042.	32,499.	35,910.	620,515.	0.
(i)	(8) ADRIAN PARK, M.D.	208,240.	0.	354,303.	28,550.	10,739.	601,832.	204,649.
(iii)	SURGERY DIVISION CHAIR	0.	0.	0.	0.	0.	0.	0.
(i)	(9) STEPHEN SELINGER	491,327.	74,356.	3,813.	9,900.	12,006.	591,402.	0.
(ii)	CHIEF MEDICAL OFFICER - LHAAMC	0.	0.	0.	0.	0.	0.	0.
(i)	(10) JENNIFER HARRINGTON	346,026.	62,335.	49,384.	26,063.	28,189.	511,997.	11,122.
(iii)	CHIEF OPERATING OFFICER	0.	0.	0.	0.	0.	0.	0.
(i)	(11) CATHERINE COPERTINO	150,053.	0.	325,257.	8,631.	14,600.	498,541.	0.
(ii)	VICE PRESIDENT - CANCER SERVICES	0.	0.	0.	0.	0.	0.	0.
(i)	(12) SOHAIL ZAIDI	325,497.	41,940.	26,885.	6,520.	42,020.	442,862.	0.
(iii)	MEDICAL DIRECTOR - PERIOPERATIVE SER	0.	0.	0.	0.	0.	0.	0.
(i)	(13) CHRISTINE A FROST	309,590.	47,252.	8,981.	8,760.	15,350.	389,933.	0.
(ii)	CHIEF NURSING OFFICER	0.	0.	0.	0.	0.	0.	0.
(i)	(14) MARY CLANCE, M.D.	240,596.	0.	10,251.	11,288.	0.	262,135.	0.
(iii)	FORMER BOARD MEMBER/ PHYSICIAN	0.	0.	0.	0.	0.	0.	0.
(i)	(15) DOUGLAS WOMER	0.	0.	0.	0.	0.	0.	0.
(ii)	LH CFO/TREASURER (PART YEAR	223,930.	0.	0.	5,880.	70.	229,880.	0.
(i)	(16) ROBERT REILLY	0.	0.	0.	0.	0.	0.	0.
(iii)	FORMER CFO	0.	0.	119,510.	0.	891.	120,401.	46,926.

Schedule J (Form 990) 2023

LUMINIS HEALTH ANNE ARUNDEL 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, LINES 4A-B:

DURING THE YEAR, THE FOLLOWING RECEIVED A SEVERANCE PAYMENT:

KEVIN SMITH \$82,192

CATHERINE COPERTINO \$259,879

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

VICTORIA BAYLESS \$364,929

TIMOTHY ADELMAN \$ 37,010

KEVIN SMITH \$ 22,599

JENNIFER HARRINGTON \$ 11,213

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

VICTORIA BAYLESS \$ 280,257

ADRIAN PARK, M.D. \$ 167,505

TIMOTHY ADELMAN \$ 19,803

JENNIFER HARRINGTON \$ 12,164

**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 for instructions and the latest information.

Name of the organization **LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.**

Employer identification number
52-1169362

OMB No. 1545-0047

2023

Open to Public
Inspection

Part I	Bond Issues	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS									
		(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
MARYLAND HEALTH AND A HIGHER EDUCATION FACILIT		52-0936091	574218TJ2		11/01/14	134824993.	FINANCE ACQUISITION/ADVANCE				
MARYLAND HEALTH AND B HIGHER EDUCATION FACILIT		52-0936091	574218Z25		11/01/17	46852994.	FINANCE ACQUISITION/ADVANCE				
MARYLAND HEALTH AND C HIGHER EDUCATION FACILIT		52-0936091	NONEAVAIL		02/03/22	60220000.	REFINANCE 2009 BONDS				
MARYLAND HEALTH AND D HIGHER EDUCATION FACILIT		52-0936901	NONEAVAIL		07/01/22	49100000.	REFINANCE 2022 BONDS				

Part II Proceeds

	A		B		C		D	
	131,899,993.	11,885,523.	135,289,915.	50,940,551.	60,220,000.	51,193,754.	139,281.	4,060,000.
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
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								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?								
16 Has the final allocation of proceeds been made?								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?								

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

Schedule K (Form 990) 2023

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Schedule K (Form 990) 2023

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Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X	X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?						X		
c Are there any research agreements that may result in private business use of bond-financed property?	X			X	X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X					X	X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		2.93	%	.36
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.18	%				%	
6 Total of lines 4 and 5		.18	%			2.93	%	.36
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%				%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X			X	X			X

Part IV Arbitrage

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

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
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Schedule K (Form 990) 2023

52-1169362

Page 3

Part IV Arbitrage (continued)

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: FINANCE ACQUISITION/ADVANCE FUNDING 2009 BONDS

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: FINANCE ACQUISITION/ADVANCE REFUND 2010 BONDS

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

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

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2019

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2022

PART II, LINE 3

TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT INCOME ON THE INVESTMENT OF

BOND PROCEEDS.

[illegible]

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

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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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DELIVERY. OUR GOAL IS FOR EACH MOTHER AND HER FAMILY TO FEEL RESPECTED
AND TO EXPERIENCE THE BIRTHING PROCESS AND POSTPARTUM EXPERIENCE THEY
DESIRE. LHAAMC DELIVERS MORE THAN 5,100 BABIES EACH YEAR, THE SECOND
HIGHEST NUMBER OF DELIVERIES IN THE STATE OF MARYLAND.

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER'S NEONATAL INTENSIVE CARE
UNIT (NICU) IS DESIGNATED AS A LEVEL III NICU, AND IS ABLE TO CARE FOR
THE MOST CRITICALLY ILL NEWBORNS, ALLOWING BABIES BORN EARLY OR WITH
COMPLICATIONS TO STAY WITH THEIR MOTHERS AT LHAAMC. HOSPITALS THAT DO
NOT HAVE THIS LEVEL OF NICU CARE OFTEN MUST TRANSFER BABIES TO OTHER
HEALTH CARE FACILITIES, MEANING THAT MOTHERS AND BABIES CANNOT REMAIN
TOGETHER.

THE LHAAMC NICU, NICU, ALSO KNOWN AS "TEDDY'S PLACE", IS A
STATE-OF-THE-ART THIRTY (30) BED UNIT, EQUIPPED WITH LIFE-SAVING
TECHNOLOGY AND STAFFED BY FULL- AND PART-TIME NEONATOLOGISTS, NEONATAL

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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NURSE PRACTITIONERS, AND NURSES WITH SPECIALIZED NICU TRAINING. ON AVERAGE, TWELVE (12) BABIES A DAY ARE CARED FOR IN OUR NICU, AND APPROXIMATELY FIFTEEN PERCENT (15%) OF ALL BABIES DELIVERED AT LHAAMC WILL SPEND SOME TIME IN THE NICU.

AT LHAAMC, THE CENTER FOR MATERNAL-FETAL MEDICINE OFFERS WOMEN THE HIGHEST LEVEL OF OBSTETRIC CARE, WITH THREE (3) HIGHLY TRAINED PHYSICIANS ABLE TO PERFORM AND OVERSEE A WIDE RANGE OF COMPLICATIONS. THE LHAAMC CENTER FOR MATERNAL-FETAL MEDICINE OFFERS CARE TO WOMEN WHO COME FROM AS FAR AWAY AS MARYLAND'S ST. MARY'S, WASHINGTON AND WORCESTER COUNTIES, AS WELL AS DELAWARE. TYPICAL PATIENTS INCLUDE WOMEN WHO ARE CARRYING TWINS OR TRIPLETS, WOMEN REQUIRING DIABETES EDUCATION OR SPECIALIZED TESTING, SUCH AS AMNIOCENTESIS, OR WOMEN WHO WILL BE THIRTY-FIVE (35) OR OLDER AT THE TIME OF DELIVERY.

THE LHAAMC WOMEN'S CENTER FOR PELVIC HEALTH PROVIDES COMPREHENSIVE AND INNOVATIVE PELVIC HEALTH CARE FOR WOMEN OF ALL AGES SUFFERING FROM PROBLEMS AND DISORDERS OF THE PELVIC REGION. OUR EXPERIENCED SPECIALISTS EMPLOY A COMPASSIONATE AND PROFESSIONAL APPROACH TO DIAGNOSE AND TREAT ALL COMPONENTS OF PELVIC PROBLEMS, WITH THE GOAL OF ENSURING WELLNESS AND MAINTAINING DIGNITY. THE LHAAMC WOMEN'S CENTER FOR PELVIC HEALTH ADDRESSES ISSUES INCLUDING: URINARY INCONTINENCE, PELVIC SUPPORT PROBLEMS, FECAL INCONTINENCE, CHILDBIRTH AND PREGNANCY RELATED PELVIC FLOOR DISORDERS, INCONTINENCE CLEARLY LINKED TO PROLAPSE OR PELVIC FLOOR DYSFUNCTION, AND PELVIC ORGAN PROLAPSE (CYSTOCELE, RECTOCELE, UTERINE, VAGINAL VAULT, PERINEAL). THE LHAAMC WOMEN'S CENTER FOR PELVIC HEALTH WAS AWARDED THE SAFETY CERTIFICATION IN OUTPATIENT PRACTICE EXCELLENCE (SCOPE) FOR WOMEN'S HEALTH. IT IS ONE OF ONLY TWO (2) WOMEN'S HEALTH PRACTICES IN THE STATE AND AMONG ONLY NINETY-FIVE

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(95) IN THE COUNTRY TO RECEIVE THIS DESIGNATION.

STROKE

LHAAMC HAS EARNED CERTIFICATION AS A PRIMARY STROKE CENTER FROM THE JOINT COMMISSION, AND WAS THE FIRST HOSPITAL IN THE REGION (AND ONE OF THE FIRST EIGHT (8) IN THE STATE) TO HAVE EARNED THIS HIGHLY SPECIALIZED DESIGNATION. BECAUSE SUCCESSFUL TREATMENT OF STROKE PATIENTS IS SO TIME-CRITICAL, THE PRESENCE OF A CERTIFIED STROKE CENTER IN ANNE ARUNDEL COUNTY IS SIGNIFICANT FOR THE RESIDENTS OF THE REGION BECAUSE THEY NO LONGER HAVE TO WASTE PRECIOUS TIME AND TRAVEL THIRTY (30) OR MORE MILES TO GET LIFE-SAVING TREATMENT.

THE JOINT COMMISSION CERTIFICATION MEANS LHAAMC HAS DEMONSTRATED THAT ITS STROKE PROGRAM FOLLOWS NATIONAL STANDARDS AND GUIDELINES THAT CAN SIGNIFICANTLY IMPROVE OUTCOMES FOR STROKE PATIENTS. IN MARYLAND, SOMEONE IS HOSPITALIZED FOR A STROKE EVERY THIRTY (30) MINUTES AND SOMEONE DIES EVERY THREE (3) HOURS, ACCORDING TO THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS). STROKE IS THE 3RD LEADING CAUSE OF DEATH IN MARYLAND.

LHAAMC RECEIVED THE STROKE GOLD PLUS ACHIEVEMENT AWARD FROM THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, THE HIGHEST AWARD GIVEN TO STROKE PROGRAMS NATIONALLY.

LHAAMC OFFERS TREATMENT WITH TPA - TISSUE PLASMINOGEN ACTIVATOR, A CLOT-BUSTING MEDICATION APPROVED FOR USE IN CERTAIN PATIENTS HAVING A STROKE. TPA MUST BE GIVEN WITHIN A FEW HOURS AFTER SYMPTOMS BEGIN. THE PROCEDURE IS DONE THROUGH AN INTRAVENOUS (IV) LINE BY SPECIALLY TRAINED

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HOSPITAL PERSONNEL.

LHAAMC TREATED MORE THAN SEVEN-HUNDRED (700) STROKE PATIENTS DURING
FISCAL YEAR 2024.

HEART AND VASCULAR INSTITUTE

THE LHAAMC HEART AND VASCULAR INSTITUTE IS A COMPREHENSIVE PROGRAM
OFFERING EXCEPTIONAL EMERGENCY, INTERVENTIONAL AND SURGICAL CARE TO OUR
COMMUNITY. THE HEART AND VASCULAR INSTITUTE FEATURES A DEDICATED HEART
AND VASCULAR UNIT, VASCULAR SCREENING, SURGERY AND TREATMENT,
CARDIAC-CATHERIZATION, INTERVENTIONAL MEDICINE, EMERGENCY ANGIOPLASTY,
CARDIOPULMONARY REHABILITATION AND INTERVENTIONAL RADIOLOGY. A REGIONAL
RESOURCE TO OUR COMMUNITY, THE LHAAMC HEART AND VASCULAR INSTITUTE IS
NATIONALLY RECOGNIZED AS A STANDARD FOR CARE AND TREATMENT OF HEART
ATTACK PATIENTS AND RECIPIENT OF THE GOLD PERFORMANCE ACHIEVEMENT AWARD
FROM THE AMERICAN COLLEGE OF CARDIOLOGY. LHAAMC IS ALSO A PARTICIPANT
IN THE C-PORT E PROGRAM, OFFERING ELECTIVE ANGIOPLASTY SERVICES TO OUR
COMMUNITY.

IN 2024 LHAAMC ALSO RECEIVED A PERFORMANCE ACHIEVEMENT AWARD FROM THE
AMERICAN COLLEGE OF CARDIOLOGY WHICH RECOGNIZED LHAAMC FOR CONSISTENTLY
FOLLOWING HEART ATTACK TREATMENT GUIDELINES AND IMPROVING OUTCOMES FOR
HIGH-RISK PATIENTS. ONLY THREE-HUNDRED-NINETEEN (319) HOSPITALS
NATIONWIDE RECEIVE THIS HONOR.

SURGICAL SERVICES

LHAAMC SURGEONS PERFORM A VARIETY OF INPATIENT AND OUTPATIENT SURGICAL
PROCEDURES FROM THE ROUTINE TO THE TECHNOLOGICALLY ADVANCED, SUCH AS

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ROBOTICS. IN ADDITION TO GENERAL SURGERIES, THEY SPECIALIZE IN BREAST, COLON AND RECTAL, ORTHOPEDIC, PEDIATRIC, RETINAL, THORACIC, VASCULAR, UROLOGY, GYNECOLOGY, UROGYNECOLOGY, OPHTHALMOLOGY, AND EAR, NOSE AND THROAT SURGERY, AS WELL AS NEUROSURGERY AND PLASTIC RECONSTRUCTIVE SURGERY. BOARD-CERTIFIED ANESTHESIOLOGISTS PLAN AND SUPERVISE ANESTHESIA CARE FOR ALL PATIENTS. IN ADDITION, 24-HOUR PHYSICIAN CARE THROUGH THE HOSPITALIST AND INTENSIVIST PROGRAMS MEANS A DOCTOR IS ALWAYS NEARBY TO MAKE SURE RECOVERY FOR INPATIENTS IS PROGRESSING SMOOTHLY.

LHAAMC'S BARIATRIC SURGERY PROGRAM OPENED IN 2012 AND LHAAMC IS A LEVEL 1 FACILITY, NATIONALLY ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS FOR PROVIDING A HIGH QUALITY OF CARE AND EXCELLENT OUTCOMES.

LHAAMC'S WEIGHT LOSS AND METABOLIC SURGERY PROGRAM IS ACCREDITED AS A COMPREHENSIVE CENTER BY THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM, SIGNIFYING THE PROGRAM MEETS THE HIGHEST STANDARDS FOR PATIENT SAFETY AND QUALITY CARE. SINCE INCEPTION OVER SIX-THOUSAND-FIVE-HUNDRED (6,500) WEIGHT LOSS SURGERIES HAVE BEEN PERFORMED.

AT THE LHAAMC JOINT CENTER, OUR SURGEONS HOLD SUPERIOR CREDENTIALS AND MANY OF OUR SURGEONS SPECIALIZE IN KNEE AND HIP REPLACEMENT. OUR VOLUME OF SURGERY ALSO CONTRIBUTES TO OUR MEDICAL EXPERTISE. LHAAMC PERFORMS MORE THAN EIGHTEEN-HUNDRED (1,800) JOINT REPLACEMENTS PER YEAR, WHICH MAKES US CONSISTENTLY ONE OF THE HIGHEST VOLUME JOINT REPLACEMENT CENTERS IN THE STATE. OVER THE PAST FIVE (5) YEARS, LHAAMC IS THIRD (3RD) IN THE STATE FOR THE NUMBER OF JOINT REPLACEMENTS PERFORMED AT A

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HOSPITAL.

JOINT CAMP

ANOTHER UNIQUE PART OF THE LHAAMC JOINT CENTER IS OUR "JOINT CAMP". AN IMPORTANT PART OF THE PROGRAM, THE JOINT CAMP GETS ITS NAME IN PART FROM THE SENSE OF SHARED EXPERIENCES, CAMARADERIE AND COMPANIONSHIP MANY PATIENTS FEEL TOWARD ONE ANOTHER. THE PHILOSOPHY OF JOINT CAMP IS THAT YOU AND YOUR FAMILY ARE NOT BYSTANDERS, BUT RATHER ACTIVE PARTICIPANTS WITH A COMMON GOAL. A TRAINED COORDINATOR HELPS GUIDE AND ASSIST YOU EVERY STEP OF THE WAY.

OUTPATIENT

THE LHAAMC GEATON AND JOANN DECESARIS CANCER INSTITUTE ENCOMPASSES A LARGE ARRAY OF SERVICES RANGING FROM PREVENTION, SCREENING, DIAGNOSIS AND TREATMENT THROUGH SURVIVORSHIP. MANY DIFFERENT TYPES OF CANCER SPECIALISTS CONTRIBUTE TO THE CARE OF PATIENTS IN OUR PROGRAMS. IT IS OUR GOAL TO PROVIDE THE BEST EXPERIENCE POSSIBLE, NO MATTER WHERE OR HOW A PERSON ENCOUNTERS OUR CANCER CENTER SERVICES.

FORM 990, PAGE 2, PART III, LINE 4A - CONTINUED:

THE DECESARIS CANCER INSTITUTE WAS AWARDED THE COMMISSION ON CANCER (COC) OUTSTANDING ACHIEVEMENT AWARD DURING AN INTENSIVE ON-SITE SURVEY, THE COC GRANTED ACCREDITATION WITH COMMENDATION TO THE DECESARIS CANCER INSTITUTE, RECOGNIZING ITS CANCER COMMITTEE LEADERSHIP, CANCER DATA MANAGEMENT, CLINICAL SERVICES, RESEARCH, COMMUNITY OUTREACH, AND QUALITY IMPROVEMENT. THE DECESARIS CANCER INSTITUTE RECEIVED AN INNOVATOR AWARD FROM THE ASSOCIATION OF COMMUNITY CANCER CENTERS FOR ITS INNOVATIVE SYMPTOM MANAGEMENT CLINIC. ONLY SIX (6) CANCER PROGRAMS

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NATIONWIDE RECEIVED THIS HONOR.

IT IS ONE (1) OF ONLY FOUR (4) CANCER PROGRAMS IN MARYLAND (AND ONE OF ONLY NINETY-FIVE (95) PROGRAMS NATIONWIDE) TO RECEIVE THE PRESTIGIOUS AWARD FROM THE COC, AN ORGANIZATION ESTABLISHED BY THE AMERICAN COLLEGE OF SURGEONS. A FACILITY RECEIVES THE AWARD ONLY IF DEMONSTRATING A "COMMENDATION" LEVEL OF COMPLIANCE WITH SEVEN COC-ESTABLISHED STANDARDS OF CARE. LHAAMC DEMONSTRATED COMMENDATION-LEVEL COMPLIANCE IN SIX AREAS: CANCER COMMITTEE LEADERSHIP, CANCER DATA MANAGEMENT, CLINICAL SERVICES, RESEARCH, COMMUNITY OUTREACH, AND QUALITY IMPROVEMENT.

THE DECESARIS CANCER INSTITUTE IS THE RECIPIENT OF THE ASSOCIATION OF COMMUNITY CANCER CENTERS INNOVATOR AWARD FOR ITS INNOVATIVE SYMPTOM MANAGEMENT CLINIC, VERY FEW CANCER CENTER PROGRAMS NATIONWIDE RECEIVE THIS HONOR.

THE REBECCA FORTNEY BREAST CENTER IS NATIONALLY RECOGNIZED FOR ITS OUTSTANDING CARE, RESEARCH AND COMPREHENSIVE PROGRAMS. IT OFFERS KIND, SENSITIVE, AND TAILORED BREAST DISEASE TREATMENT AND CARE FOR WOMEN. WITH OUR HIGHLY EXPERIENCED BREAST SPECIALISTS AND SPECIALTY TRAINED STAFF PLUS STATE-OF-THE-ART FACILITIES, WE ARE A BREAST CENTER DEDICATED TO GIVING YOU NEW HOPE AND GOOD HEALTH. THE BREAST CANCER CENTER RECEIVED ACCREDITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC).

LHAAMC MADE A COMMITMENT TO FURTHER SERVE BREAST PATIENTS IN THE REGION BY EXPANDING THE BREAST CENTER UNDER THE UMBRELLA OF THE DECESARIS CANCER INSTITUTE, AND ADDING AN ADDITIONAL FELLOWSHIP-TRAINED BREAST

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SURGEON TO THE CARE TEAM.

THE CANCER INSTITUTE OFFERS A WIDE RANGE OF SUPPORT GROUPS TO PATIENTS AS A SOURCE OF COMFORT, ENCOURAGEMENT, AND INFORMATION, AND AS A WAY TO CONNECT WITH OTHERS WHO KNOW WHAT THE PATIENTS ARE GOING THROUGH AS A PATIENT, FAMILY MEMBER OR CAREGIVER. SOME OF OUR SUPPORT GROUPS INCLUDE GENERAL CANCER SUPPORT GROUP; MONTHLY LUNG CANCER SUPPORT GROUP; MOVING FORWARD, A MONTHLY MEETING FOR WOMEN DIAGNOSED WITH BREAST CANCER WITHIN THE LAST TWO YEARS; SISTER TO SISTER, PROVIDING SPECIALIZED SUPPORT FOR AFRICAN AMERICAN WOMEN; AND, SURVIVORS OFFERING SUPPORT, WHERE BREAST CANCER SURVIVORS ARE TRAINED TO PROVIDE ONE-ON-ONE MENTORING TO NEWLY DIAGNOSED PATIENTS THROUGH THEIR FIRST (1ST) YEAR OF TREATMENT.

EMERGENCY SERVICES

THE LHAAMC EMERGENCY ROOM IS ONE OF THE BUSIEST IN THE AREA, SERVING MORE THAN NINETY-FOUR-THOUSAND (94,000) PATIENTS EACH YEAR. LHAAMC'S ED EMPLOYS TRAINED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS WHO ARE ON DUTY 24/7, AND SPECIALISTS ARE ON CALL FOR CONSULTATION.

LHAAMC'S EMERGENCY DEPARTMENT INCLUDES:

- EMERGENCY TRAINED NURSES AND MEDICAL TECHNICIANS WHO PROVIDE CARE AND MONITOR PATIENT CONDITIONS THROUGHOUT THE EPISODE OF CARE. ALL PATIENTS ARE TRIAGED AND ASSIGNED A PRIORITY BASED ON THE ASSESSED MEDICAL NEED. THOSE PATIENTS WITH MORE SERIOUS CONDITIONS ARE GENERALLY TREATED IN THE MAIN ED AREA WHILE PATIENTS WITH LESS SEVERE OR MINOR

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CONDITIONS ARE TREATED IN THE RAPID CLINICAL EVALUATION AND INTERMEDIATE CARE AREAS. THE DEPARTMENT HAS THIRTY-THREE (33) MAIN SIDE BEDS AND TEN (10) INTERMEDIATE CARE BEDS. ADDITIONALLY, THERE IS A TEN (10) BED AREA FOR HOLDING ADULT PATIENTS AND AN EIGHT (8) BED AREA FOR HOLDING PEDIATRIC PATIENTS WAITING FOR ADMISSION. A PRIVATE SIX (6) BED AREA IS AVAILABLE FOR PATIENTS WITH MENTAL HEALTH PROBLEMS.

- SUTURING, SPLINTING AND CASTING SERVICES ARE AVAILABLE FOR MINOR TRAUMA. HIGH-LEVEL TRAUMA PATIENTS ARE STABILIZED AND TRANSFERRED TO NEARBY TRAUMA CENTERS. THE HOSPITAL IS CHEST PAIN CERTIFIED AND HAS A VERY ROBUST CARDIAC PROGRAM INCLUDING RAPID STABILIZATION AND TRANSFER TO THE CATH-LAB WHEN INDICATED. LHAAMC IS ALSO STROKE CERTIFIED AND EQUIPPED TO MANAGE PATIENTS ARRIVING WITH ACUTE STROKE SYMPTOMS.

- X-RAY SERVICES AVAILABLE WITHIN THE ED TO EXPEDITE DIAGNOSIS AND TREATMENT INCLUDE TWO RADIOLOGY ROOMS AND A STATE OF THE ART CT SCANNER. NEW TECHNOLOGY ALLOWS X-RAYS TO BE TRANSMITTED ELECTRONICALLY ENABLING THE ED DOCTORS, SPECIALISTS AND PRIMARY CARE PHYSICIANS TO VIEW X-RAYS AND OTHER DIAGNOSTIC TESTS ON A COMPUTER WITHIN MINUTES OF BEING TAKEN.

- HOSPITALISTS AND INTENSIVISTS (DOCTORS SPECIALLY TRAINED IN CRITICAL CARE AND INPATIENT CARE) ADMIT PATIENTS TO THE ACUTE CARE PAVILION ONCE THE DETERMINATION IS MADE THAT FURTHER MEDICAL AND NURSING ARE NEEDED.

- MENTAL HEALTH ASSESSMENT AND PLACEMENT SERVICES ARE PROVIDED BY LICENSED MENTAL HEALTH CLINICIANS.

- DOMESTIC VIOLENCE ASSESSMENT AND SUPPORT SERVICES ARE PROVIDED BY TRAINED COUNSELORS.

- PATIENT ADVOCATES AND VOLUNTEERS ARE AVAILABLE TO ASSIST FAMILIES WITH PERSONAL NEEDS AND COMFORT CARE.

- COMMUNITY HEALTH EDUCATION AND SUPPORT.

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COMMUNITY HEALTH EDUCATION SERVICES ENCOURAGE HEALTHY LIFESTYLES AND DISEASE PREVENTION. IN MOST CASES, LHAAMC PROVIDED THESE SERVICES AT MINIMAL OR NO COST. LHAAMC PHYSICIANS, PHARMACISTS, REGISTERED NURSES, DIETITIANS, AND OTHER PROFESSIONALS VOLUNTEER THEIR TIME AND EXPERTISE TO PROVIDE UP-TO-DATE INFORMATION ON DISEASE PREVENTION AND OTHER HEALTH-RELATED ISSUES THROUGH FREE SEMINARS AND PROGRAMS. THESE PROGRAMS, DESIGNED TO MEET THE HEALTH NEEDS OF THE COMMUNITY ARE COORDINATED AND PROVIDED BY COMMUNITY HEALTH AND WELLNESS, LUMINIS HEALTH PATHWAYS, AND CANCER PREVENTION AND OFFERED TO LOCAL CLUBS, SCHOOLS, CORPORATIONS, CIVIC ORGANIZATIONS, AND THE GENERAL PUBLIC. CLASS TOPICS ARE BASED ON COMMUNITY HEALTH ASSESSMENTS, RESULTS OF CUSTOMER INTEREST SURVEYS, FOCUS GROUPS, AND FEEDBACK PROVIDED ON PROGRAM EVALUATIONS. TOPICS INCLUDE CANCER PREVENTION AND RISK REDUCTION, CARDIAC RISK, VASCULAR DISEASE, BACK CARE, ARTHRITIS, PAIN MANAGEMENT, DIABETES, WOMEN'S CARE, SUBSTANCE USE REDUCTION, TOBACCO USE REDUCTION, AND HEALTHCARE DECISIONS. MORE THAN FIFTY-THOUSAND (50,000) PEOPLE PARTICIPATE IN LHAAMC CLASSES AND SPECIAL EDUCATION EVENTS EACH YEAR. MOST CLASSES WERE OFFERED AT A BREAK-EVEN COST OR A LOSS TO THE MEDICAL CENTER.

THE COMMUNITY CLINIC AT FOREST DRIVE OPENED AND HAS BECOME A TRUSTED COMMUNITY RESOURCE. A PRIMARY CARE CLINIC OPENED IN THE MORRIS BLUM BUILDING, A SENIOR HOUSING PROJECT IN ANNAPOLIS. THE CLINICS ARE LOCATED WITHIN, AND HAVE BECOME A PART OF, THE COMMUNITY. THE CLINICS ARE A PATIENT-CENTERED MEDICAL HOME FOR NEW AND/OR ESTABLISHED PATIENTS WHO NEED SERVICES RANGING FROM PREVENTATIVE, ACUTE AND/OR CHRONIC CARE. THE GOAL OF THE COMMUNITY CLINICS IS TO BUILD A PROVIDER-PATIENT

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PARTNERSHIP WITH A FOCUS ON PATIENT EDUCATION AND CONTINUITY OF CARE, THEREBY REDUCING UNNECESSARY EMERGENCY ROOM VISITS. PATIENTS RECEIVE CARE AT ALL OF OUR COMMUNITY CLINICS REGARDLESS OF ABILITY TO PAY. EACH SELF-PAY PATIENT MEETS WITH A STAFF MEMBER TO DETERMINE HIS/HER ABILITY TO PAY BASED ON A SLIDING FEE SCALE, INCLUDING ZERO PAYMENT. THE SLIDING FEE SCALE IS IN ACCORDANCE WITH FEDERAL POVERTY GUIDELINES BASED ON GROSS HOUSEHOLD INCOME AND NUMBER OF DEPENDENTS IN THE HOUSEHOLD. OVER FIVE-THOUSAND-SIX-HUNDRED (5,600) UNIQUE PATIENTS RECEIVE CARE IN THE COMMUNITY CLINICS EACH YEAR.

LHAAMC OPENED THE JAMES AND SYLVIA EARL SIMULATION TO ADVANCE INNOVATION AND LEARNING CENTER (SAIL). THIS FACILITY IS DEDICATED TO THE ADVANCEMENT AND PRACTICE OF MEDICINE THROUGH RESEARCH, TRAINING AND INNOVATION DESIGNED TO IMPROVE SURGICAL AND MEDICAL PROCEDURES AND OUTCOMES FOR PATIENTS. THIS TYPE OF TRAINING IS TYPICALLY ONLY AVAILABLE IN MAJOR ACADEMIC MEDICAL CENTERS AND INCLUDES SOPHISTICATED LIFE LIKE TECHNOLOGY FEATURING HIGH FIDELITY MANNEQUINS THAT SIMULATE REAL LIFE MEDICAL SITUATIONS. PARTICIPANTS INCLUDED SURGEONS, RESIDENTS, MEDICAL STUDENTS, NURSES, EMERGENCY MEDICAL TECHNICIANS, MILITARY PERSONNEL AND ALLIED HEALTH PROFESSIONALS.

ADDITIONALLY, LHAAMC OPENED THE HACKERMAN-PATZ HOSPITALITY HOUSE. THIS HOME-LIKE LODGING FACILITY IS DESIGNED TO MEET THE NEEDS OF PATIENTS AND THEIR FAMILIES SO THEY MAY STAY CLOSE TO THE HOSPITAL WHERE LOVED ONES RECEIVE TREATMENT. THE FACILITY HOUSES TWENTY (20) PRIVATE GUEST ROOMS AS WELL AS A GREAT ROOM, FULLY FURNISHED KITCHEN, AND PLAYROOM.

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FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE STOCKHOLDER OF THE ORGANIZATION IS LUMINIS HEALTH, INC., A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM.

FORM 990, PART VI, SECTION A, LINE 7A:

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

FORM 990, PART VI, SECTION A, LINE 7B:

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

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

RESPONSIBILITY FOR THE DETAILED REVIEW OF THE FORM 990 HAS BEEN ASSIGNED TO THE AUDIT AND COMPLIANCE COMMITTEE OF LUMINIS HEALTH, INC. THE AUDIT AND 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

Name of the organization	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number	52-1169362
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THE BOARD OF TRUSTEES/DIRECTORS, A LH LEADERSHIP MEMBER, AND DESIGNATED EMPLOYEES OF THE ORGANIZATION (COVERED PERSON(S)) REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND RETURN AN ATTESTATION WITH A DISCLOSURE OF ANY ACTUAL AND OR POTENTIAL CONFLICTS OF INTEREST. SUBSEQUENT TO THE COMPLETION OF THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, IF A COVERED PERSON BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE COVERED PERSON SHALL PROMPTLY DISCLOSE IT TO THE CHIEF EXECUTIVE OFFICER OF LUMINIS HEALTH. IF REASONABLE CAUSE EXISTS TO BELIEVE THAT A COVERED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE COVERED PERSON SHALL BE INFORMED OF THE BASIS FOR SUCH BELIEF AND PROVIDED AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

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

IF A CONFLICT OR POTENTIAL CONFLICT IS DEEMED TO EXIST, THE COVERED PERSON MUST REMOVE THEMSELF FROM THE ROOM DURING ANY DISCUSSION OF THE MATTER, REFRAIN FROM PARTICIPATING IN DISCUSSION AND VOTING UPON OR OTHER DECISION MAKING IN REGARD TO THE MATTER, AVOID USING THEIR PERSONAL INFLUENCE, AVOID

Name of the organization	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number	52-1169362
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MAKING AN ADMINISTRATIVE DECISION ON THE MATTER, AND, IN THE CASE OF A COVERED PERSON WITH VOTING RIGHTS, MUST NOT BE COUNTED IN DETERMINING THE QUORUM FOR ACTION ON THE MATTER, EVEN WHERE PERMITTED BY THE BY-LAWS.

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

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

LUMINIS HEALTH INC'S AND LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER'S EXECUTIVE COMPENSATION AND DEVELOPMENT COMMITTEE DETERMINES THE PRESIDENT'S COMPENSATION FOLLOWING THE IRC SECTION 4958 REBUTTABLE PRESUMPTION TEST. ALL OTHER COMPENSATION IS DETERMINED THROUGH CONSULTATION WITH AN INDEPENDENT OUTSIDE COMPENSATION CONSULTING FIRM.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE RETAINED IN THE FINANCE OFFICE AND ARE AVAILABLE

Name of the organization	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number	52-1169362
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FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 IS AVAILABLE BY REQUEST TO THE FINANCIAL SERVICES OFFICE OR CAN BE OBTAINED ONLINE AT WWW.GUIDESTAR.ORG.

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

SERVICE CONTRACTS:

PROGRAM SERVICE EXPENSES	4,911,792.
MANAGEMENT AND GENERAL EXPENSES	3,010,453.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,922,245.

MEDICAL WASTE MANAGEMENT:

PROGRAM SERVICE EXPENSES	732,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	732,500.

PROFESSIONAL HOSPITAL SERVICES - PHYSICIAN ENTERPRISES:

PROGRAM SERVICE EXPENSES	36,753,046.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,753,046.

SHARED SERVICE ALLOCATION:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	113,845,779.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	113,845,779.

Name of the organization	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number	52-1169362
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TEMPORARY AGENCY:

PROGRAM SERVICE EXPENSES	17,002,183.
MANAGEMENT AND GENERAL EXPENSES	1,279,734.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,281,917.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	11,316,642.
MANAGEMENT AND GENERAL EXPENSES	7,656,360.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,973,002.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	196,508,489.

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

CHANGE IN BENEFICIAL INTEREST IN LUMINIS HEALTH AAMC FOUNDATION, INC.	2,859,218.
UNREALIZED GAIN FOR CONTRACTS UNDER SFAS 133	6,310,704.
CHANGE IN PENSION FUND STATUS	-2,774,505.
CHANGE IN NET VALUE OF NON-PROFIT SUBSIDIARIES	-2,762,154.
PENSION ADJUSTMENT FOR ACTUARIAL VALUE	6,071,136.
TRANSFER TO AFFILIATE	-13,509,083.
OTHER TRANSFER	197,135.
TOTAL TO FORM 990, PART XI, LINE 9	-3,607,549.

FORM 990, PAGE 12, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Employer identification number
52-1169362

FORM 990, PAGE 3, PART IV, LINE 10

FUNDS ARE HELD IN AN ENDOWMENT AND ARE REPORTED ON THE FORM 990 FOR THE
LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER FOUNDATION. THE FOUNDATION
PROVIDES THESE FUNDS TO THE AFFILIATED ANNE ARUNDEL ENTITIES, INCLUDING
LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, IN ORDER TO FURTHER THE
EXEMPT PURPOSE OF THE HEALTH SYSTEM.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

Name of the organization **LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.**

Employer identification number
52-1169362

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LUMINIS HEALTH PATHWAYS, INC. - 52-1722088					LUMINIS HEALTH		
2000 MEDICAL PARKWAY, SUITE 606					ANNE ARUNDEL		
ANNAPOLIS, MD 21401	ALCOHOL & DRUG ABUSE TREATMENT SERVICES	MARYLAND	501(C)(3)	LINE 3	MEDICAL CENTER,	X	
LUMINIS HEALTH IMAGING, INC. - 52-1467734					LUMINIS HEALTH		
2000 MEDICAL PARKWAY, SUITE 606	OUTPATIENT DIAGNOSTICS AND IMAGING SERVICES	MARYLAND	501(C)(3)	LINE 3	CLINICAL ENTERPRISE, INC.		X
ANNAPOLIS, MD 21401							
LUMINIS HEALTH, INC. - 52-1622253							
2000 MEDICAL PARKWAY, SUITE 606	SUPPORT HEALTH CARE RELATED ENTITIES	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
ANNAPOLIS, MD 21401							
LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER	SUPPORTING ORGANIZATION OF				LUMINIS HEALTH		
FOUNDATION, INC. - 52-1331298, 2000 MEDICAL	LUMINIS HEALTH, INC. AND				ANNE ARUNDEL		
PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	SUBSIDIARIES	MARYLAND	501(C)(3)	LINE 12B, II	MEDICAL CENTER,	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

Part II	Continuation of Identification of Related Tax-Exempt Organizations
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332222
04-01-23

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LUMINIS HEALTH CARE SERVICES, INC. - 52-1646304, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
PAVILION PARK, INC. - 52-1890034 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	REAL ESTATE LEASING	MD	N/A	C CORP	N/A	N/A	N/A		X
COTTAGE INSURANCE COMPANY, LTD. - 98-0461499 P.O. BOX 10233 GRAND CAYMAN, CAYMAN ISLANDS CJ KY1-110	CAPTIVE INSURER - PROFESSIONAL LIABILITY INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
DOCTORS COMMUNITY HEALTH VENTURES, INC. - 52-1884380, 8118 GOOD LUCK ROAD, LANHAM, MD 20706	WHOLLY OWNED FOR PROFIT ENTITY OF LUMINIS HEALTH	MD	N/A	C CORP	N/A	N/A	N/A		X

Part III
Continuation of Identification of Related Organizations Taxable as a Partnership

[illegible]

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

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDICAL OFFICE, LLC	A	172,728.	FMV
(2) MEDICAL OFFICE, LLC	A	15,604.	FMV
LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER (3) FOUNDATION, INC.	C	4,543,491.	FMV
(4) ANNAPOLIS EXCHANGE LOT IV	K	2,141,704.	FMV
LUMINIS HEALTH REAL ESTATE HOLDING (5) COMPANY, INC. (BLUE BUILDING)	K	1,662,033.	FMV
(6) KENT ISLAND MEDICAL ARTS, LLC	K	91,773.	FMV

LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Schedule R (Form 990)

52-1169362

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MEDICAL OFFICE, LLC	K	387,898.FMV	
(8) LUMINIS HEALTH CARE SERVICES, INC.	Q	362,496.FMV	
(9) LUMINIS HEALTH CARE SERVICES, INC.	Q	261,324.FMV	
(10) LUMINIS HEALTH PATHWAYS, INC.	B	32,551.FMV	
(11) COTTAGE INSURANCE COMPANY, LTD.	C	87,500.FMV	
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

[illegible]

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH PATHWAYS, INC.

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

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC.

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

NAME OF RELATED ORGANIZATION:

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

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

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION,
INC.DIRECT CONTROLLING ENTITY: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ANNE ARUNDEL - SCA SURGICENTER, LLC

EIN: 82-4763728

Part VII Supplemental Information

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

2000 MEDICAL PARKWAY, SUITE 606

ANNAPOLIS, MD 21401

NAME OF RELATED ORGANIZATION:

DOCTORS REGIONAL CANCER CENTER, LLC

PRIMARY ACTIVITY: CANCER TREATMENT SERVICES FOR RESIDENTS OF PRINCE

GEORGE'S COUNTY

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

NAME OF RELATED ORGANIZATION:

DOCTORS COMMUNITY HEALTH VENTURES, INC.

PRIMARY ACTIVITY: WHOLLY OWNED FOR PROFIT ENTITY OF LUMINIS HEALTH DOCTORS

COMMUNITY MED CTR

DETAIL CARRYOVER SCHEDULE

Type and Entity: PARTNERSHIP PASSTHROUGH POST-2017 NO

Section 382 Annual Limitation Section 382 Carryover

Year Orig- inated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2020	10,220.	7,167.	7,167.								
A											
B	32,534.										
C	5,725.										
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

DETAIL CARRYOVER SCHEDULE										
Type and Entity:		PRIOR YEAR		MINIMUM TAX		FED		Section 382 Carryover		
Section 382 Annual Limitation		Original Carryover Amount		Total Amount Used		Amount Used for		Amount Used for		
Year Originated										
2016		1,483.								
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										
K										
L										
M										
N										
O										
P										
Q										
R										
S										
T										
U										
V										
W										
Detail Type	E	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	S									
	B									
	C									
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										
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O										
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R										
S										
T										
U										
V										
W										

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

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

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

Name of filer LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.EIN or SSN
52-1169362Name and title of officer or person subject to tax STEPHANIE SCHNITTGER
CFO

Part I Type of Return and Return Information

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

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize SC&H GROUP, INC. to enter my PIN 69362
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

52344321031

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SC&H GROUP, INC. Date 04/28/25

ERO Must Retain This Form - See Instructions

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

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

Form 8879-TE (2023)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024.

Department of the Treasury
Internal Revenue Service

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

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

A <input type="checkbox"/> Check box if address changed.		Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	D Employer identification number 52-1169362
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A			Number, street, and room or suite no. If a P.O. box, see instructions. 2000 MEDICAL PARKWAY, 606	E Group exemption number (see instructions)
			City or town, state or province, country, and ZIP or foreign postal code ANNAPOLIS, MD 21401	F <input type="checkbox"/> Check box if an amended return.
			C Book value of all assets at end of year 1,110,093,290.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity				
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T) 2				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation LUMINIS HEALTH, INC. 52-1622253				
L The books are in care of STEPHANIE SCHNITTGER Telephone number (443) 481-1308				

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	0.	
3a	Amount due from Form 4255	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f	0.	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.	

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	12,459.	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7	12,459.	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	12,459.	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 12,459. Refunded	11	0.	

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

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	523000	\$ 35,587.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	LORI S. BURGHAUSER	LORI S. BURGHAUSER	04/28/25	PTIN P00370694
	Firm's name	Firm's EIN		
	SC&H GROUP, INC.	20-5991824		
	910 RIDGEBROOK ROAD			
	Firm's address	Phone no. (410) 403-1500		
	SPARKS, MD 21152			

Form 990-T (2023)

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

CORPORATION'S NAME

IDENTIFYING NO

LUMINIS HEALTH, INC.

52-1622253

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

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

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

A Name of the organization LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	B Employer identification number 52-1169362
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 2

E Describe the unrelated trade or business **PARTNERSHIP PASSTHROUGH INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2		5 -4,725.		-4,725.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 -4,725.		-4,725.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 3	14	1,000.
15 Total deductions. Add lines 1 through 14	15	1,000.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-5,725.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-5,725.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

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

Part V Unrelated Debt-Financed Income (see instructions)

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

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

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

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

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

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

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

Schedule A (Form 990-T) 2023

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

A	
B	
C	
D	

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

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

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
----------------	---------------------------------	-------------

DESCRIPTION	NET INCOME OR (LOSS)
STEPSTONE VC GLOBAL PARTNERS VIII-B, LP - ORDINARY BUSINESS INCOME (LOSS)	-12,163.
STEPSTONE VC GLOBAL PARTNERS IX-B, LP - ORDINARY BUSINESS INCOME (LOSS)	-309.
COLLABORATIVE HEALTH VENTURES V LP - ORDINARY BUSINESS INCOME (LOSS)	11,628.
STEPSTONE VC GLOBAL PARTNERS X-B, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,881.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-4,725.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
----------------	------------------	-------------

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	1,000.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,000.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 4
-------------	--	-------------

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	10,220.	7,167.	3,053.	3,053.
06/30/22	32,534.	0.	32,534.	32,534.
NOL CARRYOVER AVAILABLE THIS YEAR			35,587.	35,587.

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

Department of the Treasury
Internal Revenue Service

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

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

2
OMB No. 1545-0047

2023

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

A Name of the organization LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	B Employer identification number 52-1169362
C Unrelated business activity code (see instructions) 560000	D Sequence: 2 of 2

E Describe the unrelated trade or business **MANAGEMENT FEES**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 623,820.			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8) _____	2		
3 Gross profit. Subtract line 2 from line 1c _____	3		623,820.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions _____	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions _____	4b		
c Capital loss deduction for trusts _____	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) _____	5		
6 Rent income (Part IV) _____	6		
7 Unrelated debt-financed income (Part V) _____	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) _____	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) _____	9		
10 Exploited exempt activity income (Part VIII) _____	10		
11 Advertising income (Part IX) _____	11		
12 Other income (see instructions; attach statement) _____	12		
13 Total. Combine lines 3 through 12 _____	13	623,820.	623,820.

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

1 Compensation of officers, directors, and trustees (Part X) _____	1	
2 Salaries and wages _____	2	623,820.
3 Repairs and maintenance _____	3	
4 Bad debts _____	4	
5 Interest (attach statement). See instructions _____	5	
6 Taxes and licenses _____	6	
7 Depreciation (attach Form 4562). See instructions _____	7	
8 Less depreciation claimed in Part III and elsewhere on return _____	8a	8b
9 Depletion _____	9	
10 Contributions to deferred compensation plans _____	10	
11 Employee benefit programs _____	11	
12 Excess exempt expenses (Part VIII) _____	12	
13 Excess readership costs (Part IX) _____	13	
14 Other deductions (attach statement) _____	14	
15 Total deductions. Add lines 1 through 14 _____	15	623,820.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____	16	0.
17 Deduction for net operating loss. See instructions _____	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16 _____	18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

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

Part V Unrelated Debt-Financed Income (see instructions)

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

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

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

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

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

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

Schedule A (Form 990-T) 2023

Part IX Advertising Income

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

A ☐

B ☐

C ☐

D ☐

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

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

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

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

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

Part XI Supplemental Information (see instructions)

SCHEDULE O
(Form 1120)(Rev. December 2018)
Department of the Treasury
Internal Revenue Service**Consent Plan and Apportionment Schedule**
for a Controlled Group▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**
▶ **Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

Name	Employer identification number
LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	52-1169362

Part I Apportionment Plan Information**1** Type of controlled group:

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

2 This corporation has been a member of this group:

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

3 This corporation consents and represents to:

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

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

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

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

- a ☐ No apportionment plan is in effect and none is being adopted.
- b ☒ An apportionment plan is already in effect. It was adopted for the tax year ending JUNE 30, 2020, and for all succeeding tax years.

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

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

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

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

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

Part II Apportionment (See instructions)

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	52-1169362 24-06			
2	PAVILION PARK, INC.	52-1890034 24-06			
3	LUMINIS HEALTH REAL ESTATE HOLDING CO., INC.	52-1622251 24-06			
4	LUMINIS HEALTH CARE SERVICES, INC.	52-1646304 24-06			
5	PHYSICIAN ENTERPRISE, LLC	27-0263214 24-06			
6	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	52-1638026 24-06			
7	LUMINIS HEALTH DOCTORS COMMUNITY HEALTH VENTURES	52-1884380 24-06			
8					
9					
10					
Total					

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

Name of person filing this return
LUMINIS HEALTH ANNE ARUNDEL MEDICAL
CENTER, INC.

Filer's identification number
52-1169362

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐
B Filer's tax year beginning JUL 1, 2023, and ending JUN 30, 2024

C Filer's share of liabilities: Nonrecourse \$ 8,104. Qualified nonrecourse financing \$ 0. Other \$ 0.

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name LUMINIS HEALTH, INC. EIN 52-1622253
Address 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
STEPSTONE VC GLOBAL PARTNERS VIII-B, L.P.
100 PAINTERS MILL ROAD, SUITE 700
OWINGS MILLS, MD 21117

2(a) EIN (if any)
98-1335583
2(b) Reference ID number
3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization 07/14/2017	5 Principal place of business OTHER COUNTRY	6 Principal business activity code number 523900	7 Principal business activity INVESTMENT	8a Functional currency US DOLLAR	8b Exchange rate (see instructions)
--------------------------------------	--	---	---	-------------------------------------	-------------------------------------

H Provide the following information for the foreign partnership's tax year:
1 Name, address, and identification number of agent (if any) in the United States
STEPSTONE GROUP, LP
100 PAINTERS MILL ROAD, SUITE 700
OWINGS MILLS, MD 21117
2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE
3 Name and address of foreign partnership's agent in country of organization, if any
N/A
4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
STEPSTONE GROUP, LP
100 PAINTERS MILL ROAD, SUITE 700
OWINGS MILLS, MD 21117

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☒ No
If "Yes," enter the total amount of the disallowed deductions \$
6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☒ No
7 Were any special allocations made by the foreign partnership? ☐ Yes ☒ No
8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 0
9 How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP
10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☒ No
b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No
11 Does this partnership meet both of the following requirements?
1. The partnership's total receipts for the tax year were less than \$250,000.
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
If "Yes," don't complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☒ No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) _____
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI _____
- d** Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☒ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.			
	Signature of general partner or limited liability company member			Date
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name		Firm's EIN	
Paid Preparer Use Only	Firm's address		Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☒ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STEPSTONE VC GLOBAL PARTNE	100 PAINTERS MILL ROAD	81-4458274		
	OWINGS MILLS, MD 21117			

Form 8865 (2023)

**SCHEDULE O
(Form 8865)**

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

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Name of transferor	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	Filer's identifying number	52-1169362
Name of foreign partnership	STEPSTONE VC GLOBAL PARTNERS VIII	EIN (if any)	98-1335583
		Reference ID number (see instr)	

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ Yes ☒ No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ Yes ☐ No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☒ No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/23		200,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			200,000.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.9900** % (b) After the transfer **.9900** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ☐ Yes ☒ No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

TAX RETURN FILING INSTRUCTIONS

MARYLAND FORM 500

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

Luminis Health Anne Arundel Medical
Center, Inc.
2000 Medical Parkway 606
Annapolis, MD 21401

Prepared By:

SC&H Group, Inc.
910 Ridgebrook Road
Sparks, MD 21152

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	1,876
Plus: other amount		0
Plus: interest and penalties	\$	0
Overpayment	\$	1,876

Overpayment:

Credited to your estimated tax	\$	1,876
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

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

Return Must be Mailed On or Before:

Not applicable

Special Instructions:



OR FISCAL YEAR BEGINNING 0701 2023, ENDING 063024

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

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER IN

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

521169362

Federal Employer Identification Number

Name and Title of Fiduciary

2000 MEDICAL PARKWAY

Street Address

ANNAPOLIS

City or town

MD

State

21401

ZIP Code

+4

PART I Tax Return Information (whole dollars only)

- | | | | | |
|----|---|----|-------------------|-----------|
| 1. | Amount of overpayment to be applied to 2024 estimated tax | 1. | <u>1876</u> | <u>00</u> |
| 2. | Amount of overpayment to be refunded | | REFUND | |
| 2. | | 2. | <u> </u> | <u>00</u> |
| 3. | Total amount due | 3. | <u> </u> | <u>00</u> |

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner, or managing member of the above corporation or passthrough entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2023 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

PIN: Check one box only

☒ I authorize SC&H GROUP, INC. to enter or generate my PIN

as my signature on my tax year 2023 electronically filed income tax return.

69362

Enter five digits.
Do not enter all
zeros.

☐ I will enter my PIN as my signature on the tax year 2023 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Signature

Date

PART III Certification and Authentication - Practitioner PIN Method Only

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

52344321031

Do not enter
all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2023 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

SCH GROUP INC

EROs signature

042825

Date



OR FISCAL YEAR BEGINNING 0701 2023, ENDING 063024

521169362

► Federal Employer Identification Number (9 digits)

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENT

Name

2000 MEDICAL PARKWAY

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

606

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

ANNAPOLIS

City or Town

MD

State

21401

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

For Office Use Only

► ME	► YE	► EC	► EC
06	24		

STOP

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

► ☐ Check here if you are a first time filer or your mailing address has changed.

TAX PAYMENT WORKSHEET INSTRUCTIONS

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

TAX PAYMENT WORKSHEET

- Tax liability expected for the current tax year 1. 00
- Estimated tax payments and amount credited from the prior period 2. 1876 00
- Allowable tax credits 3. 00
- Total payments and credits. Add lines 2 and 3 and enter here 4. 1876 00
- Tax due - Subtract line 4 from line 1 ► 5. 00

TAX PAID WITH THIS EXTENSION ► \$ 00
(If filing and paying electronically, do not mail this form.)

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

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



235000005

2023

\$

OR FISCAL YEAR BEGINNING 0701 2023, ENDING 063024

521169362

► Federal Employer Identification Number (9 digits)

FEIN Applied for Date (MMDDYY)

010102

► Date of Organization or Incorporation (MMDDYY)

621510

► Business Activity Code No. (6 digits)

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENT

Name

2000 MEDICAL PARKWAY

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

606

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

ANNAPOLIS

City or Town

MD

State

21401

ZIP Code + 4

Do not write in this space.

06

► ME

24

► YE

**Amended
Return** ► ☐

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

CHECK HERE IF:

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

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

- ☐ Carryback ► ☐ Carryforward

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

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

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box:

☐ 1120 ☐ 1120-REIT ☒ 990T

☐ Other: _____ IF 1120S, FILE ON FORM 510 1a. _____ 00

1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) 1b. _____ 00

1c. Federal Taxable Income before net operating loss deduction
(Subtract line 1b from 1a) ► 1c. _____ 00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions ► 2a. _____ 00

2b. Decoupling Modification Addition adjustment
(Enter code letter(s) from instructions.) ► 2b. _____ 00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. _____ 00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions ► 3a. _____ 00

3b. Dividends for domestic corporation claiming foreign tax credits
(Federal form 1120/1120C Schedule C line 18) ► 3b. _____ 00

NAME LUMINIS HEALTH FEIN 521169362

3c.	Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c)	3c.	00
3d.	Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.)	3d.	00
3e.	Total Maryland Subtraction Adjustments to Federal Taxable Income (Add lines 3a through 3d.)	3e.	00
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.)	4.	00
5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.)	5.	35587 00
6.	Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal to zero, enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and enter result. If result is less than zero, enter zero.)	6.	0 00

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

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

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

8a.	Income from US Obligations	8a.	00
8b.	Other subtractions (Enter code letter(s) from instructions and attach schedule) If you are claiming subtraction H, enter your state cannabis business license number:	8b.	00
8c.	Total Subtraction Modifications (Add lines 8a and 8b)	8c.	00

NET MARYLAND MODIFICATIONS

9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.)	9.	00
10.	Maryland Modified Income (Add lines 6 and 9.)	10.	0 00

APPORTIONMENT OF INCOME

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

11.	Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000000.)	11.	00
12.	Maryland apportionment income (Multiply line 10 by line 11.)	12.	00
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)	13.	0 00
14.	Tax (Multiply line 13 by 8.25%.)	14.	0 00
15a.	Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2022 overpayment	15a.	1876 00
15b.	Tax paid with an extension request (Form 500E)	15b.	00
15c.	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)		
15d.	Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)		
15e.	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here <input type="checkbox"/> if you are a non-profit corporation.		

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



235000205

NAME LUMINIS HEALTH FEIN 521169362

15f.	Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Maryland Schedule 510/511 K-1.)	15f.	00
15g.	If amending, total payments made with original plus additional tax paid after original was filed	15g.	00
15h.	Total payments and credits (add lines 15a through 15g)	15h.	1876 00
16.	Balance of tax due (If line 14 exceeds line 15h enter the difference.)	16.	00
17.	Overpayment (If line 15h exceeds line 14, enter the difference.)	17.	1876 00
17a.	If amending prior overpayment (Total all refunds previously issued.)	17a.	00
18.	Interest and/or penalty from Form 500UP _____ or late payment interest _____ for original return	18.	00
19.	Total balance due (Add lines 14, 17a and 18. Subtract line 15h.)	19.	00
20.	Amount of overpayment from original return to be applied to estimated tax for 2024 (not to exceed the net of lines 17 minus 17a and 18.)	20.	1876 00
21.	Amount of overpayment TO BE REFUNDED (Add lines 18 and 20, and subtract the total from line 17.) (If amending subtract lines 17a and 18 from line 17.)	21.	00

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

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

▶ ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.▶ ☐ Check here if this refund will go to an account outside of the United States.22a. Type of account: ▶ ☐ Checking ☐ Savings

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

22c. Account number: ▶ _____

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

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

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

FOR USE IF AMENDING THE RETURN

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

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

Explanation of Changes: _____



NAME LUMINIS HEALTH FEIN 521169362

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

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

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

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

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

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



NAME LUMINIS HEALTH FEIN 521169362

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

1. Telephone number of corporation tax department: 4434816555
2. Address of principal place of business in Maryland (if other than indicated on page 1): _____
3. Brief description of operations in Maryland: HOSPITAL
4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? ☐ Yes ☒ No
If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ☒ Yes ☐ No
6. Is this entity part of the federal consolidated filing? ☐ Yes ☒ No
If a multistate operation, provide the following:
7. Is this entity a multistate corporation that is a member of a unitary group? ☐ Yes ☒ No
8. Is this entity a multistate manufacturer with more than 25 employees? ☐ Yes ☒ No

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

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



SIGNATURE AND VERIFICATION

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

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

Officer's signature Date

STEPHANIE SCHNITTGER, CFO

Officer's Name and Title

LORI S BURGHAUSER

Preparer's signature (Required by Law) Date

4104031500

Telephone number of preparer

SCH GROUP INC

Printed name of the Preparer / or Firm's name

910 RIDGEBROOK ROAD

Street address of preparer or Firm's address

SPARKS MD 21152

City, State, ZIP Code + 4

► **P00370694**

Preparer's PTIN (Required by Law)

INCLUDE ALL REQUIRED PAGES OF FORM 500

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

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

► _____
CODE NUMBERS (3 digits per line)