

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2000 MEDICAL PARKWAY 606 City or town, state or province, country, and ZIP or foreign postal code ANNAPOLIS, MD 21401	D Employer identification number 52-1638026 E Telephone number (443) 481-1308
	F Name and address of principal officer: VICTORIA W. BAYLESS SAME AS C ABOVE	G Gross receipts \$ 230,338,893. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	
	J Website: ▶ WWW.DCHWEB.ORG/	
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1989 M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO ENHANCE THE COMPREHENSIVE HEALTH CARE WE PROVIDE TO THE LOCAL AND REGIONAL COMMUNITY 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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1818
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	496,690.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	52,808.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	17,818,322.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	247,282,842.	211,274,667.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	349,766.	385,501.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,885.	860,403.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	247,702,493.	230,338,893.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	22,500.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	122,058,648.	98,386,799.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	120,090,484.	132,629,750.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	242,171,632.	231,016,549.	
19 Revenue less expenses. Subtract line 18 from line 12	5,530,861.	-677,656.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	417,636,246.	328,661,773.
	22 Net assets or fund balances. Subtract line 21 from line 20	313,449,774.	250,281,975.
		104,186,472.	78,379,798.

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 KEVIN L. SMITH, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LORI S. BURGHAUSER	Preparer's signature LORI S. BURGHAUSER
	Firm's name ▶ SC&H GROUP, INC.	Date 05/04/22
	Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152	Check if self-employed <input type="checkbox"/> PTIN P00370694
		Firm's EIN ▶ 20-5991824 Phone no. (410) 403-1500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE HOSPITAL OFFERS A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES, A NUMBER OF SPECIALTY AND SUBSPECIALTY SERVICES, AND A FULL RANGE OF ANCILLARY AND SUPPORT SERVICES. IT PROVIDES HEALTHCARE SERVICES TO THE CITIZENS OF PRINCE GEORGES COUNTY AND THE SURROUNDING

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

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

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

4a (Code:) (Expenses \$ 161,695,553. including grants of \$ 0.) (Revenue \$ 210,820,826.) PROVIDING ACCESSIBLE, HIGH QUALITY INPATIENT AND AMBULATORY HEALTHCARE SERVICES TO MEMBERS OF THE COMMUNITY, WHICH INCLUDES MOST OF PRINCE GEORGE'S COUNTY, MARYLAND AND SURROUNDING AREAS. THE HOSPITAL PROVIDES HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THE PATIENTS' ABILITY TO PAY.

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

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

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

4e Total program service expenses 161,695,553.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Form 990 (2020)

52-1638026 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> ?	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Form 990 (2020)

52-1638026 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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	194
1b	0
1c	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1818		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X	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	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? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
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? 15 X	X	
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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 BOARD MEMBER/LUMINIS CEO	1.00 40.00	X		X			0.	1,955,497.	257,325.	
(2) PHILIP DOWN FORMER CHIEF EXECUTIVE OFFICER	40.00 1.00					X	1,706,798.	0.	0.	
(3) PAUL GRENALDO CHIEF OPERATING OFFICER	40.00 1.00			X			1,313,110.	0.	14,990.	
(4) SUNIL MADAN CHIEF MEDICAL OFFICER	40.00 0.00			X			711,677.	0.	27,943.	
(5) LEONID SELYA PHYSICIAN	40.00 0.00				X		701,874.	0.	21,460.	
(6) TIMOTHY ADELMAN, ESQ. SECRETARY/BOARD MEMBER (PART-YEAR)	1.00 40.00	X		X			0.	508,585.	54,319.	
(7) CAMILLE BASH (RET 8/7/20) CFO/TREASURER (PT YEAR)	40.00 1.00			X			530,671.	0.	1,105.	
(8) HITESH AMIN GENERAL SURGEON	40.00 0.00				X		453,331.	0.	23,561.	
(9) DENEEN RICHMOND PRESIDENT/BOARD MEMBER (PART-YEAR)	40.00 1.00	X		X			0.	431,249.	35,228.	
(10) MELISSA YEAGER VP, SYSTEM INTEGRATION	40.00 0.00				X		371,154.	0.	20,727.	
(11) JOYCE HANSCOME VP, CHIEF INFORMATION OFFICER	40.00 0.00			X			352,178.	0.	14,510.	
(12) DAVID PRESS INTERNAL MEDICINE PHYSICIAN	40.00 0.00				X		320,479.	0.	13,570.	
(13) JOHN JOLY ORTHOPEDIC SURGEON	40.00 0.00				X		314,211.	0.	14,660.	
(14) PATRICIA CHRISTENSEN CHIEF NURSING OFFICER	40.00 0.00			X			296,609.	0.	5,312.	
(15) REGINA HAMPTON, MD MEDICAL DIRECTOR, BREAST CENTER	1.00 40.00	X					241,100.	0.	13,861.	
(16) KEVIN L. SMITH TREASURER/LUMINIS CFO	1.00 40.00			X			0.	86,542.	0.	
(17) RENE LAVIGNE CHAIR	1.00 1.00	X		X			0.	0.	0.	

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Form 990 (2020)

52-1638026 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY MICHAEL VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(19) TIMOTHY J. ADAMS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(20) PATRICIA ARZUAGA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) GEORGE L. ASKEW BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) LAURA CLINE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) CHARLES DUKES BOARD MEMBER (PART-YEAR)	1.00 0.00	X						0.	0.	0.
(24) MONSIGNOR JOHN ENZLER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) P. MICHAEL ERRICO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) CARLESA R. FINNEY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
1b Subtotal								7,313,192.	2,981,873.	518,571.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								7,313,192.	2,981,873.	518,571.

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 278

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALTEON HEALTH PO BOX 645849, CINCINNATI, OH 45264	PHYSICIAN OWNED & LED ACUTE CARE MEDIC	4,335,254.
AYA HEALTHCARE PO BOX 123519, DALLAS, TX 75312	TRAVEL NURSING AGENCY	2,555,261.
MED ONE CAPITAL FUNDING LLC PO BOX 35145, SEATTLE, WA 98124	MEDICAL EQIPMENT SERVICES	1,750,876.
INSTAPILL, 222 SOUTH MAIN STREET, LOS ANGELES, CA 90012	MEDICATION DELIVERY	1,252,520.
ACCOUNTS RECEIVABLE CLEARING HOUSE PO BOX 2373, GLEN BURNIE, MD 21060	BILLING SERVICES	1,239,349.

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 48

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Form 990

52-1638026

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) JOANNE GOLDSMITH BOARD MEMBER (PART-YEAR)	1.00 0.00	X						0.	0.	0.
(28) RICHARD HAM BOARD MEMBER (PART-YEAR)	1.00 0.00	X						0.	0.	0.
(29) ALAN J. HYATT, ESQ BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(30) ALICIA WILSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Form 990 (2020)

52-1638026 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	163,071.				
	e Government grants (contributions)	1e	17,617,543.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	37,708.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			17,818,322.			
Program Service Revenue	2 a NET PATIENT REVENUE	Business Code 621110	210,799,428.	210,302,738.	496,690.		
	b OTHER OPERATING REVENUE	621300	475,239.	475,239.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			211,274,667.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		360,689.			360,689.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	42,849.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	42,849.				
	d Net rental income or (loss)			42,849.	42,849.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	24,812.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	24,812.				
d Net gain or (loss)			24,812.		24,812.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CAFETERIA REVENUE	Business Code 722210	665,951.			665,951.	
	b ANSWERING SERVICE REV.	812900	151,603.			151,603.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			817,554.			
12 Total revenue. See instructions			230,338,893.	210,820,826.	496,690.	1,203,055.	

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Form 990 (2020)

52-1638026 Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,325,749.		5,325,749.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	77,567,738.	63,765,588.	13,802,150.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	519,296.	410,531.	108,765.	
9 Other employee benefits	7,530,494.	5,850,204.	1,680,290.	
10 Payroll taxes	7,443,522.	5,731,512.	1,712,010.	
11 Fees for services (nonemployees):				
a Management				
b Legal	141,188.		141,188.	
c Accounting	249,000.		249,000.	
d Lobbying	85,645.		85,645.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	64,881,197.	34,137,725.	30,743,472.	
12 Advertising and promotion	53,820.	41,441.	12,379.	
13 Office expenses	3,369,912.	2,649,646.	720,266.	
14 Information technology	376,635.	290,009.	86,626.	
15 Royalties				
16 Occupancy	4,465,317.	3,438,294.	1,027,023.	
17 Travel	2,920.	2,248.	672.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	4,512,479.	3,474,609.	1,037,870.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,589,708.	9,694,075.	2,895,633.	
23 Insurance	1,838,138.	1,415,366.	422,772.	
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 SUPPLIES	37,759,577.	29,074,874.	8,684,703.	
b ENERGY COSTS	2,233,027.	1,719,431.	513,596.	
c UBIT	71,187.		71,187.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	231,016,549.	161,695,553.	69,320,996.	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 if following SOP 98-2 (ASC 958-720)

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Form 990 (2020)

52-1638026 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	24,000.	1	9,242.
	2 Savings and temporary cash investments	94,720,621.	2	138,332,760.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	35,092,434.	4	36,572,475.
	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	2,639,606.	7	0.
	8 Inventories for sale or use	5,587,114.	8	10,202,440.
	9 Prepaid expenses and deferred charges	1,519,747.	9	2,195,079.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 131,577,130.		
	b Less: accumulated depreciation	10b 19,110,725.	10c	112,466,405.
	11 Investments - publicly traded securities	18,179,843.	11	19,062,409.
	12 Investments - other securities. See Part IV, line 11	4,241,920.	12	656,185.
	13 Investments - program-related. See Part IV, line 11	106,264,086.	13	-24,820,453.
	14 Intangible assets	4,000,000.	14	4,100,000.
	15 Other assets. See Part IV, line 11	32,351,145.	15	29,885,231.
16 Total assets. Add lines 1 through 15 (must equal line 33)	417,636,246.	16	328,661,773.	
Liabilities	17 Accounts payable and accrued expenses	165,661,699.	17	53,968,492.
	18 Grants payable		18	
	19 Deferred revenue		19	49,208,926.
	20 Tax-exempt bond liabilities	122,765,997.	20	118,842,965.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25,022,078.	25	28,261,592.
	26 Total liabilities. Add lines 17 through 25	313,449,774.	26	250,281,975.
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	104,092,476.	27	78,285,574.
	28 Net assets with donor restrictions	93,996.	28	94,224.
	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	104,186,472.	32	78,379,798.
	33 Total liabilities and net assets/fund balances	417,636,246.	33	328,661,773.

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	230,338,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,016,549.
3	Revenue less expenses. Subtract line 2 from line 1	3	-677,656.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	104,186,472.
5	Net unrealized gains (losses) on investments	5	681,000.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-28,468,815.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,658,797.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	78,379,798.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

Employer identification number 52-1638026

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 [X] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS...
f Enter the number of supported organizations

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

Total

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Schedule A (Form 990 or 990-EZ) 2020

52-1638026 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Horizontal lines for supplemental information input.

Public Disclosure Copy

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Employer identification number

52-1638026

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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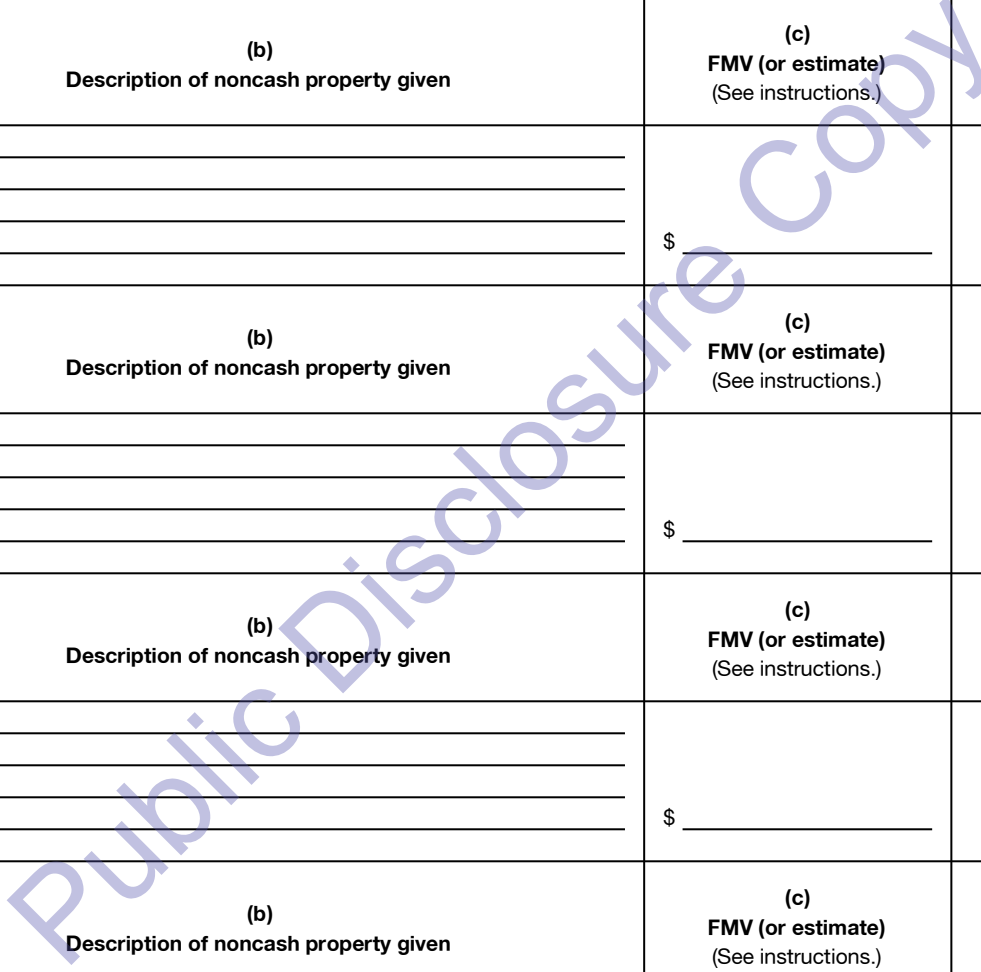
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>16,505,004.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>163,071.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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



Name of organization LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number 52-1638026
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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 DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number 52-1638026
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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 or 990-EZ) 2020

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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					

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		38,436.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		47,209.
j Total. Add lines 1c through 1i			85,645.
2a Did the activities in line 1 cause the organization to be not 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 expenditure 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 PAID ITS LOBBYIST PERCY PUBLIC AFFAIRS TO DIRECTLY CONTACT LEGISLATORS ON MATTERS AFFECTING HEALTH CARE. THE ORGANIZATION PAYS DUES TO THE MARYLAND HOSPITAL ASSOCIATION. A PORTION OF THESE DUES WERE USED FOR LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,922,374.		7,922,374.
b Buildings		84,946,557.	7,872,651.	77,073,906.
c Leasehold improvements		3,765,412.	982,057.	2,783,355.
d Equipment		31,402,728.	10,193,750.	21,208,978.
e Other		3,540,059.	62,267.	3,477,792.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				112,466,405.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	3,949,445.
(2) LIFE INSURANCE	8,664,315.
(3) DEPOSITS	352,355.
(4) OTHER RECEIVABLES	11,495,761.
(5) LEASE INCENTIVE AND DEFERRED RENT	820,076.
(6) OTHER LONG-TERM ASSETS	4,603,279.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	29,885,231.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	4,830,441.
(3) DEFERRED COMPENSATION AND IBNRS	8,675,315.
(4) PENSION OBLIGATION	2,200,977.
(5) CAPITAL LEASES	5,085,283.
(6) INTERCOMPANY	7,469,576.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	28,261,592.

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

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

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

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:

UNDER THE REQUIREMENTS OF ASC 740, INCOME TAXES, TAX-EXEMPT ORGANIZATIONS
COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION
THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. THE GROUP HAS
DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THROUGH JUNE
30, 2021.

**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

2020

Open to Public
Inspection

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

Employer identification number
52-1638026

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	REINSURANCE EXPENSES		8,416,203.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT		20,000.
3 a Subtotal	0	0			8,436,203.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			8,436,203.

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

Schedule F (Form 990) 2020

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

Public Disclosure Copy

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 ▶ _____

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Public Disclosure Copy

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2020

Public Disclosure Copy

Part V Supplemental Information

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

Public Disclosure Copy

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the 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? 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>330</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			819,043.	0.	819,043.	.35%
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			819,043.		819,043.	.35%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1372864.		1372864.	.59%
f Health professions education (from Worksheet 5)			1624770.		1624770.	.70%
g Subsidized health services (from Worksheet 6)			8466747.		8466747.	3.66%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			638,346.		638,346.	.28%
j Total. Other Benefits			12102727.		12102727.	5.23%
k Total. Add lines 7d and 7j			12921770.		12921770.	5.58%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements			29,759.		29,759.	.01%
5 Leadership development and training for community members			565,818.		565,818.	.25%
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			595,577.		595,577.	.26%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	76,951,777.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	81,314,304.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,362,527.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

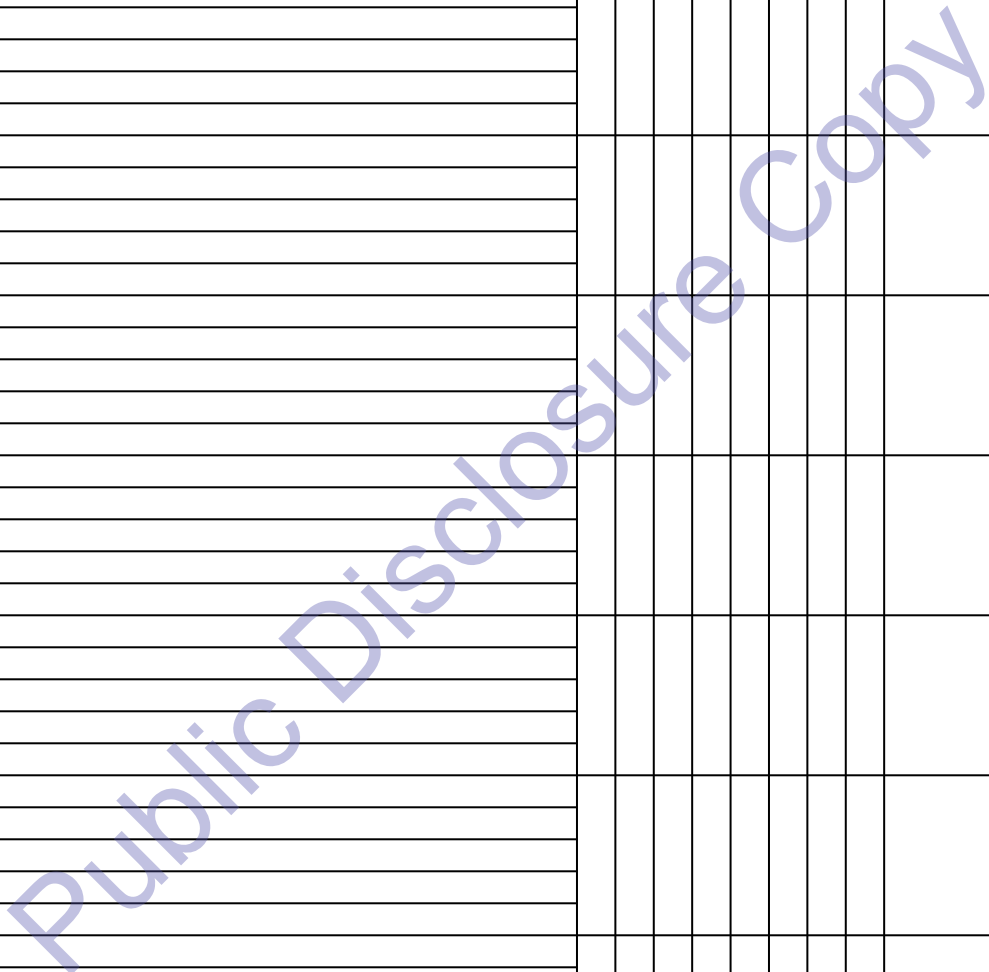
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 LUMINIS HEALTH DOCTORS COMMUNITY MEDIC 8118 GOOD LUCK ROAD LANHAM, MD 20706 HTTPS://WWW.DCHWEB.ORG/ 16022

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , , , X, , , .



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>330</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2020

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

Schedule H (Form 990) 2020

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Part V Facility Information (continued)

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 5: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

CENTER (DCMC) TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF DCMC'S

COMMUNITY, INCLUDING FROM THOSE WITH SPECIALIZED KNOWLEDGE OF OR EXPERTISE

IN PUBLIC HEALTH, COMMUNITY LEADERS, AND LEADERS OR REPRESENTATIVES OF LOW

INCOME OR UNDERSERVED GROUPS SERVED IN THE COMMUNITY. FROM DECEMBER 2015

TO APRIL 2016 AND AGAIN IN DECEMBER 2018 TO APRIL 2019, A SURVEY PREPARED

BY THE PRINCE GEORGES COUNTY HEALTH DEPARTMENT AND OTHER PRINCE GEORGES

COUNTY HOSPITALS WAS DISTRIBUTED AMONG COMMUNITY MEMBERS, FAITH-BASED

ORGANIZATIONS, BUSINESS LEADERS, AND TO CURRENT PATIENTS AND THEIR

FAMILIES. AS PART OF THE SURVEY, RESPONDENTS SELECTED THEIR TOP FOUR

HEALTHCARE CONCERNS.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE CHNA WAS A JOINT UNDERTAKING WITH THE

PRINCE GEORGES HEALTH DEPARTMENT, LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

CENTER (DCMC), FORT WASHINGTON MEDICAL CENTER, MEDSTAR SOUTHERN MARYLAND

HOSPITAL CENTER AND UNIVERSITY OF MARYLAND PRINCE GEORGE'S HOSPITAL

CENTER.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

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

- PRINCE GEORGE'S HEALTHCARE ACTION COALITION

Part V Facility Information (continued)

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER:

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

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

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

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

- UNMET HEALTH NEEDS ILLITERACY-ILLITERACY WAS IDENTIFIED IN THE CHNA. THE HOSPITAL DOES NOT HAVE THE SPECIALIZED RESOURCES CAPABILITIES NEEDED TO PROVIDE THIS TYPE OF PROGRAM. THE HOSPITAL WILL CONTINUE TO WORK WITH

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 PRINCE GEORGE'S COUNTY OFFICIALS TO SEE HOW WE CAN ASSIST.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

PART V, SECTION A, FACILITY INFORMATION:

HTTPS://WWW.DCHWEB.ORG

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

HTTPS://WWW.DCHWEB.ORG/SITES/DOCTORS-COMMUNITY-HOSPITAL/FILES/COMMUNITY_HEALTH_ASSESSEMENT2019.PDF

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

HTTPS://WWW.DCHWEB.ORG/WELLNESS/COMMUNITY-HEALTH-NEED-ASSESSMENT

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

HTTPS://WWW.DCHWEB.ORG/SITES/DOCTORS-COMMUNITY-HOSPITAL/FILES/DOCUMENTS/DCMC-CHNA-IP.PDF

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.DCHWEB.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.DCHWEB.ORG/SITES/DOCTORS-COMMUNITY-HOSPITAL/FILES/DCH_FORM_FIN-SCRN_2018-04-23.PDF

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Part V Facility Information *(continued)*

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

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

[HTTPS://WWW.DCHWEB.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM](https://www.dchweb.org/patients-visitors/financial-assistance-program)

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Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (describe)
1 DOCTORS REGIONAL CANCER CENTER 8116 GOOD LUCK ROAD LANHAM, MD 20706	CANCER TREATMENT CENTER
2 CAPITAL ORTHOPEDICS SPECIALISTS LLC 8116 GOOD LUCK ROAD LANHAM, MD 20706	ORTHOPEDICS PHYSICIAN PRACTICE
3 CAPITAL ORTHOPEDICS SPECIALISTS LLC 4000 MITCHELLVILLE ROAD B116 LANHAM, MD 20706	ORTHOPEDIC PHYSICIAN PRACTICE
4 CAPITAL ORTHOPEDICS SPECIALISTS LLC 7501 SURRETS ROAD STE 110 AND 301 CLINTON, MD 20735	ORTHOPEDIC PHYSICIAN PRACTICE
5 UNIVERSITY CENTER FOR AMBULATORY SURGI 6052 KENILWORTH AVENUE RIVERDALE, MD 20737	AMBULATORY SURGICAL CENTER

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

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

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

PART I, LN 7 COL(F):

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

PART II, COMMUNITY BUILDING ACTIVITIES:

THE ENVIRONMENTAL IMPROVEMENTS AND LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS ARE DESIGNED TO PROMOTE THE HEALTH OF THE COMMUNITY RESIDENTS AND THE COMMUNITY AS A WHOLE. THE HOSPITAL ATTENDS MANY HEALTH

Part VI Supplemental Information (Continuation)

FAIRS THROUGHOUT THE COMMUNITY AND FOCUSES ON DIABETIC SCREENING, A COUNTY DEPARTMENT HEALTH INITIATIVE.

PART III, LINE 2:

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

PART III, LINE 3:

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

PART III, LINE 4:

SEE FOOTNOTE #2 OF AUDITED FINANCIAL STATEMENTS - PAGES 19-21

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

Part VI Supplemental Information (Continuation)

EXPENSE IN ACCORDANCE WITH MEDICARE COST REPORTING RULES AND REGULATIONS.
COST NUMBERS REPORTED ARE CONSISTENT WITH DCMC'S MEDICARE COST REPORT
FILING.

PART III, LINE 9B:

EACH DMCC PATIENT BILL INCLUDES CONTACT INFORMATION FOR FINANCIAL
ASSISTANCE AND STATES WHERE TO CALL TO REQUEST A PAYMENT PLAN. SHORT AND
LONG TERM INTEREST FREE PAYMENT PLANS ARE AVAILABLE. THE HOSPITAL TAKES
INTO ACCOUNT THE BALANCE OF THE BILL AND THE PATIENTS FINANCIAL
CIRCUMSTANCES IN DETERMINING THE APPROPRIATE AGREEMENT. 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 CANNOT PAY AND
NO ATTEMPT AT PAYMENT OR REASONABLE PAYMENT ARRANGEMENTS ARE MADE, THE
ACCOUNT IS REFERRED TO A COLLECTION AGENCY. THE COLLECTION AGENCY IS
EDUCATED ON HOW TO MAKE REFERRALS TO THE FINANCIAL COUNSELING DEPARTMENT
FOR INDIVIDUALS INDICATING THEY HAVE AN INABILITY TO PAY. THE HOSPITAL
COLLECTION POLICY ALLOWS THE HOSPITAL TO TAKE INTO ACCOUNT PATIENT
CIRCUMSTANCES SUCH AS THE AMOUNT OF THE BILL AND AMOUNTS OWED TO OTHER
PROVIDERS IN DETERMINATION OF ULTIMATE AMOUNT TO BE PAID.

PART VI, LINE 2:

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

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

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

Part VI Supplemental Information (Continuation)

STATISTICS ADMINISTRATION

HTTP://DHMH.MARYLAND.GOV/VSA/PAGES/HOME.ASPX ROBERT WOOD JOHNSON
FOUNDATION - COUNTY HEALTH RANKINGS HTTPS://WWW.COUNTYHEALTHRANKINGS.ORG/
DCMC USES A VARIETY OF OTHER SOURCES: CRISP AND DISCHARGE INFORMATION ARE
ALSO USED TO IDENTIFY TARGET POPULATION AT RISK FOR READMISSION. US CENSUS
DATA.

THE CHNA CAN BE ACCESSED ONLINE VIA
HTTPS://WWW.DCHWEB.ORG/SITES/DOCTORS-COMMUNITY-HOSPITAL/FILES/COMMUNITY_HEA
LTH_ASSESSEMENT2019.PDF

PART VI, LINE 3:

PUBLIC NOTICE AND INFORMATION REGARDING THE LUMINIS HEALTH DOCTORS
COMMUNITY 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.

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

Part VI Supplemental Information (Continuation)

PATIENT LETTER AND STATEMENT.

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

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

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

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

PART VI, LINE 4:

THE HOSPITAL SERVES PRINCE GEORGE'S COUNTY OF MARYLAND. PRINCE GEORGE'S COUNTY IS THE SECOND LARGEST JURISDICTION IN MARYLAND WITH 912,756 RESIDENTS AS REPORTED IN 2017, WHICH REPRESENTS AN INCREASE OF 110,000 SINCE 2000. THE RACE AND ETHNICITY COMPOSITION OF THE COMMUNITY IS 62.0% BLACK, NON-HISPANIC, 18.5% HISPANIC, 12.6% WHITE, NON-HISPANIC, 4.0% ASIAN, NON-HISPANIC AND 2.0% OTHER, NON-HISPANIC. THE MEDIAN HOUSEHOLD INCOME IS 81,240. THE POVERTY RATE IS 8.4%. THE HIGH SCHOOL GRADUATE PERCENTAGE FOR INDIVIDUALS 25 AND OVER IS 26.9% WITH 18.1% HOLDING A BACHELOR'S DEGREE.

OUR COMMUNITY REPRESENTS A DIVERSE POPULATION. GOOD HEALTH IS NOT

Part VI Supplemental Information (Continuation)

ATTAINABLE FOR MOST RESIDENTS.

PART VI, LINE 5:

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

PART VI, LINE 6:

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER OFFERS A BROAD RANGE OF
INPATIENT AND OUTPATIENT SERVICES, A NUMBER OF SPECIALTY AND SUB-SPECIALTY
SERVICES TO MOST OF PRINCE GEORGE'S COUNTY, MARYLAND AND SURROUNDING
AREAS. THE HOSPITAL PROVIDES HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF
THE PATIENTS' ABILITY TO PAY. DURING FISCAL YEAR 2021 DCMC, PARTICIPATED
IN SEVERAL INITIATIVES THAT FOCUSED ON HELPING THE COMMUNITY.

CANCER:

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

COVID-19 MOBILE VACCINE CLINICS:

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

Part VI Supplemental Information (Continuation)

DIABETES:

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

MENTAL HEALTH:

WORKED WITH THE COUNTY TO DEVELOP AND IMPLEMENT AN INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH PROGRAM THAT'S SCHEDULED TO OPEN IN APRIL 2022.

HEALTH CARE DISPARITIES:

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

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

-ENHANCE CULTURALLY INFORMED COMMUNICATIONS AND COMMUNITY COLLABORATION.

-MEASURE AND INTEGRATE ACCOUNTABILITY.

Part VI Supplemental Information (Continuation)

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

DOCTOR'S REGIONAL CANCER CENTER:

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

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

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

OUR RADIATION ONCOLOGY SERVICES INCLUDE:

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

THREE-DIMENSIONAL (3-D) TREATMENT PLANNING SUPPORTS SAFE AND ACCURATE

Part VI Supplemental Information (Continuation)

TREATMENT DELIVERY. SPECIAL COMPUTER PROGRAMS USE CT IMAGES TO DESIGN RADIATION BEAMS THAT CONFORM TO THE SHAPE OF THE TUMOR. DAILY IGRT IMAGES (DESCRIBED BELOW) MONITOR THE ACCURACY OF THE TREATMENT.

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

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

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

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

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

Part VI Supplemental Information (Continuation)

MD

Public Disclosure Copy

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

52-1638026

Schedule J (Form 990) 2020

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 BOARD MEMBER/LUMINIS CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,102,812.	440,003.	412,682.	257,325.	0.	2,212,822.	362,240.
(2) PHILIP DOWN FORMER CHIEF EXECUTIVE OFFICER	(i)	0.	388,885.	1,317,913.	0.	0.	1,706,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAUL GRENALDO CHIEF OPERATING OFFICER	(i)	564,323.	634,152.	114,635.	0.	14,990.	1,328,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUNIL MADAN CHIEF MEDICAL OFFICER	(i)	631,945.	63,324.	16,408.	0.	27,943.	739,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LEONID SELYA PHYSICIAN	(i)	541,057.	157,776.	3,041.	0.	21,460.	723,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIMOTHY ADELMAN, ESQ. SECRETARY/BOARD MEMBER (PART-YEAR)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	376,850.	111,627.	20,108.	24,756.	29,563.	562,904.	0.
(7) CAMILLE BASH (RET 8/7/20) CFO/TREASURER (PT YEAR)	(i)	530,298.	0.	373.	0.	1,105.	531,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HITESH AMIN GENERAL SURGEON	(i)	343,999.	108,989.	343.	0.	23,561.	476,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DENEEN RICHMOND PRESIDENT/BOARD MEMBER (PART-YEAR)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	313,671.	96,002.	21,576.	16,465.	18,763.	466,477.	0.
(10) MELISSA YEAGER VP, SYSTEM INTEGRATION	(i)	334,252.	36,575.	327.	0.	20,727.	391,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOYCE HANSCOME VP, CHIEF INFORMATION OFFICER	(i)	317,147.	33,596.	1,435.	0.	14,510.	366,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAVID PRESS INTERNAL MEDICINE PHYSICIAN	(i)	301,660.	18,360.	459.	0.	13,570.	334,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOHN JOLY ORTHOPEDIC SURGEON	(i)	189,120.	122,548.	2,543.	0.	14,660.	328,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PATRICIA CHRISTENSEN CHIEF NURSING OFFICER	(i)	296,254.	0.	355.	0.	5,312.	301,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) REGINA HAMPTON, MD MEDICAL DIRECTOR, BREAST CENTER	(i)	170,613.	70,097.	390.	13,861.	0.	254,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 1B:

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

PART I, LINES 4A-B:

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

VICTORIA BAYLESS	\$ 244,500
TIMOTHY ADELMAN	\$ 18,231
DENEEN RICHMOND	\$ 11,664

DURING THE YEAR, THE FOLLOWING RECEIVED PAYMENTS AS PART OF THEIR
PARTICIPATION IN THE ORGANIZATION'S 457(F) PLAN:

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.

VICTORIA BAYLESS \$ 362,240

AS PART OF MR. DOWN'S TRANSITION FROM CEO, MR. DOWN IS RECEIVING SEVERANCE
PAYMENTS. THESE PAYMENTS TOTALED \$1,215,150 IN THE CURRENT YEAR.

Public Disclosure Copy

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MAYLAND HEALTH AND HIGHER EDUCATION 2016A	52-0936091	574218Y98	06/29/16	31945000.	REFINANCE 2007A AND PARTIAL 2010		X		X		X
B MAYLAND HEALTH AND HIGHER EDUCATION 2017A	52-0936091	574218Y98	02/23/17	64165000.	REFINANCE BOND 2010		X		X		X
C MAYLAND HEALTH AND HIGHER EDUCATION 2016B	52-0936091	5742158L6	03/07/17	41500000.	REFINANCE BOND 2010		X		X		X
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	385,000.				21,855,000.					
2 Amount of bonds legally defeased										
3 Total proceeds of issue	31,945,000.		64,165,000.		41,500,000.					
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	398,892.		1,163,332.		561,722.					
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds	31,945,000.		64,165,000.		41,500,000.					
12 Other unspent proceeds										
13 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X			X				
16 Has the final allocation of proceeds been made?		X		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

Schedule K (Form 990) 2020

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Part III Private Business Use

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

Part IV Arbitrage

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

	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		
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		
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		
7 Has the organization established written procedures to monitor the requirements of section 148?	X			X		X		

	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?								

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY. THE HOSPITAL PROVIDES HEALTHCARE SERVICES TO PATIENTS
REGARDLESS OF THE PATIENTS' ABILITY TO PAY.

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

THE SOLE MEMBER 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 MEMBER 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 MEMBER 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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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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 SENIOR EXECUTIVE LEADERS AND EACH MEMBER OF THE BOARD REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND RETURN AN ACKNOWLEDGEMENT OF RECEIPT AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. SUBSEQUENT TO THE COMPLETION OF THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, IF A COVERED INDIVIDUAL BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE COVERED INDIVIDUAL SHALL PROMPTLY DISCLOSE IT TO THE PRESIDENT OF LUMINIS HEALTH, INC. IF LUMINIS HEALTH HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED INDIVIDUAL HAS FAILED TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE COVERED INDIVIDUAL OF THE BASIS FOR SUCH BELIEF AND PROVIDE THE COVERED INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. AFTER DISCLOSURE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST BY A MEMBER OF THE BOARD OF TRUSTEES OR AN OFFICER OR SENIOR EXECUTIVE, THE EXECUTIVE COMMITTEE OF THE LUMINIS HEALTH BOARD SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE INTERESTED PERSON IS A MEMBER OF THE EXECUTIVE COMMITTEE, AFTER ANY DISCUSSION WITH THE INTERESTED MEMBER SUCH MEMBER SHALL LEAVE THE EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE EXECUTIVE COMMITTEE MAY REQUEST THAT LEGAL COUNSEL OR OTHER ADVISORS ASSIST AND ADVISE THE COMMITTEE IN CONNECTION WITH THE INVESTIGATION AND DETERMINATION OF ANY CONFLICT OF INTEREST ISSUE.

IF A CONFLICT OR POTENTIAL CONFLICT IS DEEMED TO EXIST, THE MEMBER MUST REMOVE HIMSELF OR HERSELF FROM THE ROOM DURING ANY DISCUSSION OF THE MATTER, REFRAIN FROM PARTICIPATING IN DISCUSSION AND VOTING UPON OR OTHER

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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DECISION MAKING IN REGARD TO THE MATTER, AVOID USING HIS OR HER PERSONAL INFLUENCE, AVOID MAKING AN ADMINISTRATIVE DECISION ON THE MATTER, AND, IN THE CASE OF A DIRECTOR, 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 EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE 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 EXECUTIVE COMMITTEE DETERMINES THAT THE TRANSACTION IS IN THE BEST INTEREST OF LUMINIS HEALTH, THE COMMITTEE MAY IMPOSE SUCH CONDITIONS OR REQUIREMENTS ON THE COVERED INDIVIDUAL INCLUDING, BUT NOT LIMITED TO REQUIRING THAT THE COVERED INDIVIDUAL RECUSE HER/HIMSELF FROM DELIBERATIONS AND DECISIONS RELATING TO THOSE MATTERS WHERE THE INDIVIDUAL HAS A PERSONAL INTEREST WHICH COULD CONFLICT, OR APPEAR TO CONFLICT, WITH HER/HIS DUTY OF LOYALTY TO THE BEST INTERESTS OF THE ORGANIZATION AND LUMINIS HEALTH.

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

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

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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PROCESS BY WHICH COMPENSATION PAID MEET THE IRC SECTION 4958 REBUTTABLE PRESUMPTION TEST.

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

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

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

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

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

SHARED SERVICES ALLOCATION:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	22,012,352.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,012,352.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	17,887,672.
MANAGEMENT AND GENERAL EXPENSES	5,295,862.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,183,534.

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	11,500,648.
MANAGEMENT AND GENERAL EXPENSES	3,435,258.

Name of the organization	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Employer identification number	52-1638026
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 14,935,906.

MEDICAL PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 4,749,405.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,749,405.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 64,881,197.

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

PENSION ADJUSTMENT 3,625,290.

LOSS IN SUBSIDIARIES -1,055,146.

OTHER CHANGES 88,653.

TOTAL TO FORM 990, PART XI, LINE 9 2,658,797.

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

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SPINE TEAM OF MARYLAND CLOSED SEPT 2016 - 27-2049767, 8116 GOOD LUCK ROAD, LANHAM, MD 20706	NEURO AND ENT CLINICS	MARYLAND	0.	155,000.	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.
CAPITAL ORTHOPAEDICS SPECIALISTS LLC - 90-0983677, 8116 GOOD LUCK ROAD, LANHAM, MD 20706	SURGICAL PRACTICE: ORTHOPADICS, GENERAL SURGERY, VASCULAR SURGERY	MARYLAND	0.	8,785,053.	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.
DCH INTEGRATED HEALTHCARE NETWORK LLC - 46-5664423, 8118 GOOD LUCK ROAD, LANHAM, MD 20706	SHARED SERVICE ORGANIZATION	MARYLAND	432,280.	1,627,258.	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.
DOCTOR COMMUNITY PRACTICES LLC - 81-1095800 8118 GOOD LUCK ROAD LANHAM, MD 20706	PRIMARY CARE PHYSICIAN OFFICES	MARYLAND	172,511.	4,594,382.	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

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

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

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
UNIVERSITY CENTER FOR AMBULATORY SURGICAL SERVICES CENTER LLC - 52-2149129, 6505 KENILWORTH AVENUE, RIVERDALE, MD 20737	SURGERY CENTER	MARYLAND	0.	0.	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Public Disclosure Copy

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Schedule R (Form 990)

52-1638026

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PAVILION PARK, INC. - 52-1890034 2000 MEDICAL PARKWAY, SUITE 606 ANNAPOLIS, MD 21401	REAL ESTATE LEASING	MD	N/A	C CORP	N/A	N/A	N/A		X
LUMINIS HEALTH CARE SERVICES, INC. - 52-1646304, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
COTTAGE INSURANCE COMPANY, LTD. - 98-0461499 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ KY1-110	CAPTIVE INSURER - PROFESSIONAL LIABILITY INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
DOCTORS COMMUNITY HEALTH VENTURES INC - 52-1884380, 8118 GOOD LUCK ROAD, LANHAM, MD 20706	MEDICAL SERVICES	MD	LUMINIS HEALTH DOCTORS COMMUNITY	C CORP	-557,524.	10,096,485.	100%	X	

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Schedule R (Form 990)

52-1638026

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

(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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ANNE ARUNDEL - SCA SURGICENTER, LLC - 82-4763728, 2000 MEDICAL PARKWAY, SUITE 606,	AMBULATORY SURGICENTER	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ANNE ARUNDEL - SCA HOLDINGS, LLC - 82-5124069, 2000 MEDICAL PARKWAY, SUITE 606, ANNAPOLIS, MD 21401	AMBULATORY SURGICENTER HOLDING COMPANY	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
DOCTORS REGIONAL CANCER CENTER, LLC - 20-8889327, 8118 GOOD LUCK ROAD, LANHAM, MD 20706	CANCER TREATMENT SERVICES FOR RESIDENTS OF	MD	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL	RELATED				X	N/A		X	60.00%
MAGNOLIA GARDENS NURSING HOME - 52-1961563, 8200 GOOD LUCK ROAD, LANHAM, MD 20706	NURSING HOME	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION	C	163,071.	FMV
(2) LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION	D	605,615.	FMV
(3) DOCTORS COMMUNITY HEALTH VENTURES INC	E	834,653.	FMV
(4) LUMINIS HEALTH INC	P	22,012,352.	FMV
(5)			
(6)			

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

Schedule R (Form 990) 2020

52-1638026 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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 DOCTORS COMMUNITY MEDICAL CENTER FOUNDATION, INC.

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

NAME OF RELATED ORGANIZATION:

LUMINIS HEALTH PATHWAYS, INC.

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

NAME OF RELATED ORGANIZATION:

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

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ANNE ARUNDEL - SCA SURGICENTER, LLC

EIN: 82-4763728

2000 MEDICAL PARKWAY, SUITE 606

ANNAPOLIS, MD 21401

NAME OF RELATED ORGANIZATION:

DOCTORS REGIONAL CANCER CENTER, LLC

Part VII Supplemental Information

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

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

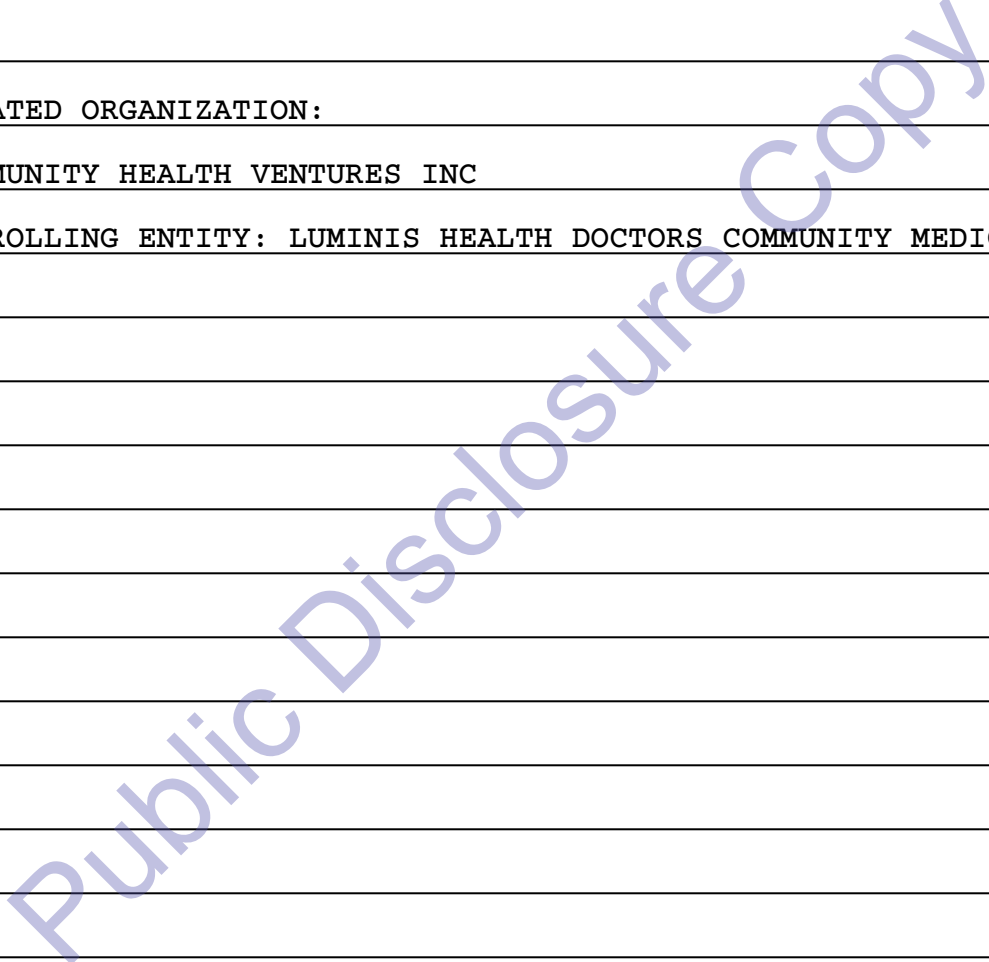
DIRECT CONTROLLING ENTITY: LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.

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

NAME OF RELATED ORGANIZATION:

DOCTORS COMMUNITY HEALTH VENTURES INC

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



Form **990-W**

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

OMB No. 1545-0047

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2020 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	11,090.
c	2021 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	ADJUSTED TO 11,120.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	10/15/21	12/15/21	03/15/22	06/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	2,780.	2,780.	2,780.	2,780.
13	2020 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

ESTIMATED TAX 11,120.
OVERPAYMENT APPLIED 91,653.
AMOUNT DUE 0.

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

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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"/> 529S</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 2000 MEDICAL PARKWAY, NO. 606 City or town, state or province, country, and ZIP or foreign postal code ANNAPOLIS, MD 21401	<p>D Employer identification number 52-1638026</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 417,636,246.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

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

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

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

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

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

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	53,808.
2 Reserved	2	
3 Add lines 1 and 2	3	53,808.
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	53,808.
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	53,808.
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	52,808.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	11,090.
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 (trusts only)	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	11,090.

LHA For Paperwork Reduction Act Notice, see instructions.

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		11,090.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		11,090.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c	103,000.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
	<input type="checkbox"/> Form 4136			
7	Total payments. Add lines 6a through 6g	7		103,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		257.
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		91,653.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ 91,653. Refunded ▶	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 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		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other 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 Title	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 PTIN
	LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/04/22	P00370694
	Firm's name ▶ SC&H GROUP, INC.	Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152		Firm's EIN ▶ 20-5991824 Phone no. (410) 403-1500

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

CORPORATION'S NAME

IDENTIFYING NO

LUMINIS HEALTH, INC.

52-1622253

Public Disclosure Copy

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

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T 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).

ENTITY 1

OMB No. 1545-0047

2020

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>841,848.</u>				
b Less returns and allowances <u>345,158.</u> c Balance ▶	1c	496,690.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	496,690.		496,690.
4 a Capital gain net income (attach Sch 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	496,690.		496,690.

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			6,959.
2 Salaries and wages	2			163,096.
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement) (see instructions) SEE STATEMENT 2	5			4,553.
6 Taxes and licenses	6			4,748.
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			27,209.
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 3	14			236,317.
15 Total deductions. Add lines 1 through 14	15			442,882.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			53,808.
17 Deduction for net operating loss (see instructions)	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			53,808.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income, deductions, and average acquisition debt. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

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

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 checkboxes

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

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

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 zero 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 zero
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

Table with 4 columns (A, B, C, D) and 4 rows (lines 4, 5, 6, 7, 8)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

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

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)

INTEREST PAID

STATEMENT 2

DESCRIPTIONAMOUNT

INTEREST EXPENSE

4,553.

TOTAL TO SCHEDULE A, PART II, LINE 5

4,553.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTIONAMOUNT

ACCOUNTING FEES

1,000.

SUPPLIES

232,323.

EXECUTIVE MANAGEMENT - OTHER

2,994.

TOTAL TO SCHEDULE A, PART II, LINE 14

236,317.

Public Disclosure Copy

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

2020

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

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

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	11,090.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	11,090.
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	11,090.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment			(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9		10/15/20	12/15/20	03/15/21	06/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10		2,773.	2,772.	2,773.	2,772.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11					
Complete lines 12 through 18 of one column before going to the next column.						
12 Enter amount, if any, from line 18 of the preceding column	12					
13 Add lines 11 and 12	13					
14 Add amounts on lines 16 and 17 of the preceding column	14			2,773.	5,545.	8,318.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15		0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16			2,773.	5,545.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		2,773.	2,772.	2,773.	2,772.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18					

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 257.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

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

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

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, and ending _____,

Attachment
Sequence No. **121**

Name of person filing this return LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC. Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 2000 MEDICAL PARKWAY, NO. 606 City or town, state, and ZIP code ANNAPOLIS, MD 21401 Filer's tax year beginning JUL 1 , 2020, and ending JUN 30 , 2021	A Identifying number 52-1638026 B Category of filer (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____%
--	---

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

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

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

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

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

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

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

1a Name and address of foreign corporation FREESTATE HEALTHCARE INSURANCE COMPANY, LTD. P.O. BOX 10233 GRAND CAYMAN KY-1002 CAYMAN ISLANDS	b(1) Employer identification number, if any 98-0464065 b(2) Reference ID number (see instructions) c Country under whose laws incorporated CAYMAN ISLANDS
---	--

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency code
12/14/04	CAYMAN ISLANDS	524290	OTHER INSURANCE FUND	USD

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

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				

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

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100,000	100,000

Schedule B Shareholders of Foreign Corporation

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

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)

Part II Direct Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
ATLANTIC GENERAL HOSPITA 9733 HEALTHWAY DRIVE BERLIN MD 21811 52-1656507	COMMON	20,000	20,000
CALVERT MEMORIAL HOSPITA 100 HOSPITAL ROAD PRINCE FREDERICK MD 2067 52-0619000	COMMON	20,000	20,000
GARRETT COUNTY MEMORIAL 251 NORTH FOURTH STREET OAKLAND MD 21550 52-6002795	COMMON	20,000	20,000
THE UNION HOSPITAL OF CE 106 BOW STREET ELKTON MD 21921 52-0607945	COMMON	20,000	20,000
LUMINIS HEALTH DOCTORS C 2000 MEDICAL PARKWAY ANNAPOLIS MD 21401 52-1638026	COMMON	20,000	20,000

Schedule C Income Statement

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

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

Form **5471** (Rev. 12-2020)

Schedule F Balance Sheet

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

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	
2a Trade notes and accounts receivable	2a	
b Less allowance for bad debts	2b () ()	
3 Derivatives	3	
4 Inventories	4	
5 Other current assets (attach statement)	5	
6 Loans to shareholders and other related persons	6	
7 Investment in subsidiaries (attach statement)	7	
8 Other investments (attach statement)	8	
9a Buildings and other depreciable assets	9a	
b Less accumulated depreciation	9b () ()	
10a Depletable assets	10a	
b Less accumulated depletion	10b () ()	
11 Land (net of any amortization)	11	
12 Intangible assets:		
a Goodwill	12a	
b Organization costs	12b	
c Patents, trademarks, and other intangible assets	12c	
d Less accumulated amortization for lines 12a, 12b, and 12c	12d () ()	
13 Other assets (attach statement)	13	
14 Total assets	14	
Liabilities and Shareholders' Equity		
15 Accounts payable	15	
16 Other current liabilities (attach statement)	16	
17 Derivatives	17	
18 Loans from shareholders and other related persons	18	
19 Other liabilities (attach statement)	19	
20 Capital stock:		
a Preferred stock	20a	
b Common stock	20b	
21 Paid-in or capital surplus (attach reconciliation)	21	
22 Retained earnings	22	
23 Less cost of treasury stock	23 () ()	
24 Total liabilities and shareholders' equity	24	

Schedule G Other Information

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

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No' and rows 6a through 22a. Includes questions about foreign-derived intangible income deduction, FDDEI, cost-sharing arrangements, platform contributions, and extraordinary reductions.

FORM 5471

SCHEDULE G LINE 19 STATEMENT

STATEMENT 4

CODE	DESCRIPTION	AMOUNT
DED	DEDUCTION TAKEN INTO ACCOUNT	121,460.

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Schedule I Summary of Shareholder's Income From Foreign Corporation

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

Name of U.S. shareholder **SAME AS 5471** Identifying number **52-1638026**

1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a	
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	1b	
c	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c	
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d	
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	1e	
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f	
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g	
h	Other subpart F income (enter result from Worksheet A)	1h	257,283.
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2	
3	Reserved for future use	3	
4	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	4	
5a	Section 245A eligible dividends (see instructions)	5a	
b	Extraordinary disposition amounts (see instructions)	5b	
c	Extraordinary reduction amounts (see instructions)	5c	
d	Section 245A(e) dividends (see instructions)	5d	
e	Dividends not reported on line 5a, 5b, 5c, or 5d	5e	
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6	

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

**SCHEDULE E
(Form 5471)**

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

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

▶ **Attach to Form 5471.**

OMB No. 1545-0123

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

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

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

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

Section 2 - Taxes Deemed Paid (Section 960(b))

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

Part II Election

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

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

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

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Taxes Related to Section 959(c)(3) E&P	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								▶
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))								▶

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

IMPORTANT: Enter amounts in U.S. dollars unless otherwise noted (see instructions).

		Taxes related to:			
	(a) Current E&P	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) (in functional currency)	(d) Hovering Deficit and Suspended Taxes	
1a	Balance at beginning of year (as reported in prior year Schedule E-1)				
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination				
3a	Taxes unsuspending under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (k)				
5a	Taxes carried over in nonrecognition transactions				
b	Taxes reclassified as related to hovering deficit after nonrecognition transaction				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)				
7	Other adjustments (attach statement)				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)				
9	Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions)				
10	Taxes deemed paid with respect to inclusions under section 951A (see instructions)				
11	Taxes deemed paid with respect to actual distributions				
12	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
13	Other (attach statement)				
14	Taxes related to hovering deficit offset of undistributed post-transaction E&P				
15	Balance of taxes paid or accrued (combine lines 8 through 14 in column (a))				
16	Reduction for tested income taxes not deemed paid				
17	Reduction for other taxes not deemed paid				
18	Balance of taxes paid or accrued at the beginning of the next year. Line 18, column (a), must always equal zero. So, if necessary, enter negative amounts on lines 16 and 17 of column (a) in amounts sufficient to reduce line 15, column (a), to zero. For the remaining columns, combine lines 8 through 14				

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

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

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5a										
b										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

Public Disclosure Copy

**SCHEDULE H
(Form 5471)**

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

Current Earnings and Profits

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

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

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

1	Current year net income or (loss) per foreign books of account		1	0.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):			
		Net Additions	Net Subtractions	
a	Capital gains or losses	2a	2,628,769.	
b	Depreciation and amortization	2b		
c	Depletion	2c		
d	Investment or incentive allowance	2d		
e	Charges to statutory reserves	2e		
f	Inventory adjustments	2f		
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (l), and Part III, line 3, column (i))	2g		
h	Foreign currency gains or losses	2h		
i	Other (attach statement) SEE STATEMENT 5	2i	7,832,119.	4,316,167.
3	Total net additions	3	7,832,119.	
4	Total net subtractions	4	6,944,936.	
5a	Current earnings and profits (line 1 plus line 3 minus line 4)	5a		887,183.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b		
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(C) the portion of the line 5c amount with respect to the categories of income shown on those lines	5c		887,183.
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(i)	887,183.	
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(ii)		
	(iii) Section 901(j) category:			
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(A)		
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(B)		
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(C)		
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))	5d		887,183.
e	Enter exchange rate used for line 5d ▶		1.000000	

LHA For Paperwork Reduction Act Notice, see instructions.

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

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 5

DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
OTHER RELATED PREMIUMS		4,316,167.
RELATED PARTY LOSS RESERVES	7,832,119.	
TOTAL TO 5471, SCHEDULE H, LINE 2I	7,832,119.	4,316,167.

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**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

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

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

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

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

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

Complete a separate Schedule Q for FOGEI or FORI income.

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

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)		8,416,203.	8,416,203.				
(1) Unit name ▶ FREESTATE							
(2) Unit name ▶ HEALTHC	CJ	8,416,203.	8,416,203.				
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
d Net Foreign Currency Gain (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
e Income Equivalent to Interest (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
f Foreign Base Company Sales Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							

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

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
a						58,482,098.			
(1)									
(2)				0.		58,482,098.			
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

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

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
i Insurance Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
j International Boycott Income							
k Bribes, Kickbacks, and Other Payments							
l Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
4 Residual Income Group (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
5 Total		8,416,203.	8,416,203.				

Important: See Computer-Generated Schedule Q in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3									
(1)									
(2)									
4									
(1)									
(2)									
5						58,482,098.			

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

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

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

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NON TAXABLE CASH DIVIDEND UNDER IRC 959	06/30/2021	257,283.	257,283.
2	NON TAXABLE CASH DIVIDEND UNDER IRC 301	06/30/2021	2,060,580.	0.
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Public Disclosure Copy

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

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

▶ **Attach to Form 5471.**

OMB No. 1545-0704

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471
LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL

Identifying number
52-1638026

Name of foreign corporation
FREESTATE HEALTHCARE INSURANCE COMP

EIN (if any)
98-0464065

Reference ID number (see instr.)

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

		Functional Currency	Conversion Rate	U.S. Dollars
1	Gross income	1 8416203.		
2	Exclusions			
a	Effectively connected income	2a		
b	Subpart F income	2b 8416203.		
c	High-tax exception income per section 954(b)(4)	2c		
d	Related party dividends	2d		
e	Foreign oil and gas extraction income	2e		
3	Total exclusions (total of lines 2a-2e)	3 8416203.		
4	Gross income less total exclusions (line 1 minus line 3)	4 0.		
5	Deductions properly allocable to amount on line 4	5		
6	Tested income (loss) (line 4 minus line 5)	6 0.	1.000000	
7	Tested foreign income taxes	7	1.000000	
8	Qualified business asset investment (QBAI)	8	1.000000	
9a	Interest expense included on line 5	9a		
b	Qualified interest expense	9b		
c	Tested loss QBAI amount	9c		
d	Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d	1.000000	
10a	Interest income included in line 4	10a		
b	Qualified interest income	10b		
c	Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c	1.000000	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)

**SCHEDULE J
(Form 5471)**

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

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

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

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

52-1638026

Name of foreign corporation

EIN (if any)

Reference ID number

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

98-0464065

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

Part I Accumulated E&P of Controlled Foreign Corporation

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

Important: Enter amounts in functional currency.		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)	- 309,649.	-12877111.				
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	- 309,649.	-12877111.				
2a	Reduction for taxes unsuspending under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	887,183.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	577,534.	-12877111.				
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P	-887,183.					
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	- 309,649.	-12877111.				

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

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

	(e) Previously Taxed E&P (see instructions)			(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a				-13,186,760.
b				
c				-13,186,760.
2a				
b				
3				887,183.
4				
5a				
b				
6				
7				-12,299,577.
8			887,183.	0.
9			-887,183.	-887,183.
10				
11				
12				
13				
14			0.	-13,186,760.

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

Important: Enter amounts in functional currency.

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

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

Public Disclosure Copy

**SCHEDULE O
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 5471.

OMB No. 1545-0704

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

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

Part I To Be Completed by U.S. Officers and Directors				
(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders

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

Section A - General Shareholder Information				
(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
STMT 6 LUMINIS HEALTH DOCTORS CO 2000 MEDICAL PARKWAY ANNAPOLIS 52-1638026				

Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation				
(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director

Section C - Acquisition of Stock						
(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D - Disposition of Stock

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

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

Section E - Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

Section F - Additional Information

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

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

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

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

LUMINIS HEALTH DOCTORS CO
2000 MEDICAL PARKWAY ANNAPOLIS
52-1638026

Public Disclosure Copy

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 5471.**

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

OMB No. 1545-0123

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

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

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7							257,283.	257,283.
8							-257,283.	-257,283.
9								
10								
11								
12							0.	0.

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

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

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

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7							257,283.	257,283.
8							-257,283.	-257,283.
9								
10								
11								
12							0.	0.

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

OMB No. 1545-0026

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

Attachment
 Sequence No. **128**

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

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

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

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
CORPORATION

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

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			1,252,576.		

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

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

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

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

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

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

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

Supplemental Part III Information Required To Be Reported (see instructions)
SEE STATEMENT 7

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
 (a) Before 20.000 % (b) After 20.000 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
 If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 7

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS 1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T(C)(5) AND 1.6038B-1T(D). REGULATION 1.6038B-1T(C)(1): TRANSFEROR:
LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.
EIN: 52-1638026
2000 MEDICAL PARKWAY ST 606

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

(I.): FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

EIN: 98-0464065

P.O. BOX 10233

GRAND CAYMAN KY1-1002, CAYMAN ISLANDS

INCORPORATED IN THE CAYMAN ISLANDS

(II.): INSURANCE PREMIUMS RECEIVED FROM RELATED PARTIES CONSIDERED TO BE DEEMED CONTRIBUTIONS TO CAPITAL OF THE ABOVE CORPORATION OCCURRED ON VARIOUS DATES THROUGHOUT THE YEAR. THE TOTAL AMOUNT OF THE DEEMED CONTRIBUTIONS WAS \$1,252,576.

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

NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR DEEMED CASH CONTRIBUTIONS TO CAPITAL OF \$1,252,576. THE TAXPAYER OWNED 20% OF THE STOCK OF THE TRANSFEREE CORPORATION BOTH BEFORE AND AFTER THESE TRANSFERS.

Public Disclosure Copy

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

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

CASH IN THE AMOUNT OF \$1,252,576. (US DOLLARS)

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

NOT APPLICABLE

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

NOT APPLICABLE

Public Disclosure Copy

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	Taxpayer identification number (TIN) 52-1638026
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 MEDICAL PARKWAY, NO. 606	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNAPOLIS, MD 21401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KEVIN L. SMITH

- The books are in the care of ▶ **2000 MEDICAL PARKWAY, SUITE 606 - ANNAPOLIS, MD 21401**
Telephone No. ▶ **443-481-1308** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 MEDICAL PARKWAY, NO. 606	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNAPOLIS, MD 21401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KEVIN L. SMITH

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 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 103,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 103,000.

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File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 MEDICAL PARKWAY, NO. 606	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNAPOLIS, MD 21401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 9

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 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 210,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 210,000.

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CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Luminis Health, Inc. and Subsidiaries
Years Ended June 30, 2021 and 2020
With Report of Independent Auditors

Public Disclosure Copy

Luminis Health, Inc. and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended June 30, 2021 and 2020

Contents

Report of Independent Auditors.....	1
Audited Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations	5
Consolidated Statements of Changes in Net Assets	6
Consolidated Statements of Cash Flows.....	7
Notes to Consolidated Financial Statements.....	9
Supplementary Information	
Supplementary Consolidating Balance Sheet	61
Supplementary Consolidating Statement of Operations	63
Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries:	
Supplementary Consolidating Balance Sheet	64
Supplementary Consolidating Statement of Operations	66
Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries:	
Supplementary Consolidating Balance Sheet	67
Supplementary Consolidating Statement of Operations	69
Supplementary Description of Consolidating and Eliminating Entries	70

Report of Independent Auditors

The Board of Trustees
Luminis Health, Inc.

We have audited the accompanying consolidated financial statements of Luminis Health, Inc. (a Maryland not-for-profit corporation) and subsidiaries, which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements of Cottage Insurance Company, Ltd., a wholly owned subsidiary, which statements reflect total assets constituting 3% in 2021 and 2020 and total revenues constituting 1% in 2021 and 2020 of the related consolidated totals. We did not audit the financial statements of Doctors Community Medical Center and subsidiaries in 2020, a wholly owned subsidiary, which statements reflect total assets constituting 21% in 2020 and total revenues constituting 25% in 2020 of the related consolidated totals. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Cottage Insurance Company, Ltd., and for Doctors Community Medical Center and subsidiaries in 2020, is based solely on the reports of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express

no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audits and the reports of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Luminis Health, Inc. and subsidiaries at June 30, 2021 and 2020, and the consolidated results of their operations, changes in their net assets, and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Supplementary Information

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

Ernst + Young LLP

October 28, 2021

Luminis Health, Inc. and Subsidiaries

Consolidated Balance Sheets

	June 30	
	2021	2020
Assets		
Current assets:		
Cash and cash equivalents	\$ 276,817,000	\$ 178,795,000
Short-term investments	3,447,000	1,365,000
Current portion of assets whose use is limited	16,241,000	15,912,000
Patient receivables, net	144,555,000	118,882,000
Current portion of pledges receivable, net	1,312,000	945,000
Inventories	23,642,000	21,789,000
Prepaid expenses and other current assets	18,998,000	19,857,000
Total current assets	<u>485,012,000</u>	<u>357,545,000</u>
Property and equipment	1,129,871,000	1,096,845,000
Less accumulated depreciation and amortization	(583,269,000)	(538,353,000)
Net property and equipment	<u>546,602,000</u>	<u>558,492,000</u>
Other assets:		
Investments	448,850,000	338,985,000
Investments in joint ventures	13,459,000	14,024,000
Pledges receivable, net	1,662,000	3,192,000
Assets whose use is limited	53,033,000	41,020,000
Restricted collateral for interest rate swap contract	25,699,000	110,002,000
Right-of-use asset	37,528,000	44,995,000
Other assets	68,561,000	53,613,000
Total assets	<u>\$ 1,680,406,000</u>	<u>\$ 1,521,868,000</u>

Luminis Health, Inc. and Subsidiaries

Consolidated Balance Sheets (continued)

	June 30	
	2021	2020
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 55,696,000	\$ 40,441,000
Accrued salaries, wages, and benefits	76,693,000	53,438,000
Other accrued expenses	29,407,000	32,413,000
Current portion of long-term debt	21,638,000	16,440,000
Advances from third-party payors	178,155,000	182,697,000
Current portion of lease liability	8,187,000	8,753,000
Total current liabilities	<u>369,776,000</u>	<u>334,182,000</u>
Long-term debt, less current portion and unamortized original issue premium	449,175,000	470,308,000
Interest rate swap contracts	90,010,000	117,037,000
Accrued pension liability	2,291,000	29,276,000
Lease liability, less current portion	30,979,000	37,429,000
Other long-term liabilities	54,044,000	47,032,000
Total liabilities	<u>996,275,000</u>	<u>1,035,264,000</u>
Net assets:		
Without donor restrictions	654,877,000	460,552,000
With donor restrictions	26,412,000	23,861,000
Non-controlling interest	2,842,000	2,191,000
Total net assets	<u>684,131,000</u>	<u>486,604,000</u>
Total liabilities and net assets	<u>\$ 1,680,406,000</u>	<u>\$ 1,521,868,000</u>

See accompanying notes.

Luminis Health, Inc. and Subsidiaries

Consolidated Statements of Operations

	Year Ended June 30	
	2021	2020
Operating revenue:		
Net patient service revenue	\$ 1,036,435,000	\$ 969,105,000
Other operating revenue	69,455,000	78,393,000
Total operating revenue	<u>1,105,890,000</u>	<u>1,047,498,000</u>
Operating expenses:		
Salaries and wages	508,722,000	479,880,000
Employee benefits	76,396,000	75,930,000
Supplies	189,217,000	197,487,000
Purchased services	247,676,000	226,375,000
Depreciation and amortization	46,884,000	45,994,000
Interest	14,404,000	16,151,000
Total operating expenses	<u>1,083,299,000</u>	<u>1,041,817,000</u>
Operating income	<u>22,591,000</u>	<u>5,681,000</u>
Other income (loss):		
Investment income (loss), net	13,467,000	(9,700,000)
Loss from joint ventures and other, net	(93,000)	(673,000)
Inherent contribution	–	61,715,000
Pension (expense) credit, net	(3,446,000)	1,116,000
Unrealized gains (losses) on trading securities, net	104,506,000	(15,151,000)
Realized and unrealized gains (losses) on interest rate swap contracts, net	20,165,000	(43,149,000)
Total other gain (loss), net	<u>134,599,000</u>	<u>(5,842,000)</u>
Excess (deficit) of revenue over expenses	<u>\$ 157,190,000</u>	<u>\$ (161,000)</u>

Luminis Health, Inc. and Subsidiaries

Consolidated Statements of Changes in Net Assets

	Without Donor Restrictions	With Donor Restrictions	Total
Net assets, June 30, 2019	\$ 482,661,000	\$ 24,730,000	\$ 507,391,000
Net assets acquired	2,265,000	487,000	2,752,000
Deficit of revenues over expenses	(161,000)	–	(161,000)
Pension liability adjustment	(24,810,000)	–	(24,810,000)
Released from restrictions used for			
purchase of property and equipment	1,837,000	–	1,837,000
Transfers and other, net	951,000	(598,000)	353,000
Restricted gifts, bequests, and contributions	–	9,518,000	9,518,000
Unrealized losses on investments	–	(3,394,000)	(3,394,000)
Restricted investment income	–	693,000	693,000
Net assets released from restrictions	–	(7,575,000)	(7,575,000)
Changes in net assets	<u>(19,918,000)</u>	<u>(869,000)</u>	<u>(20,787,000)</u>
Net assets, June 30, 2020	462,743,000	23,861,000	486,604,000
Excess of revenues over expenses	157,190,000	–	157,190,000
Pension liability adjustment	35,092,000	–	35,092,000
Transfers and other, net	2,694,000	(1,239,000)	1,455,000
Restricted gifts, bequests, and contributions	–	5,583,000	5,583,000
Restricted investment income	–	1,071,000	1,071,000
Net assets released from restrictions	–	(2,864,000)	(2,864,000)
Changes in net assets	<u>194,976,000</u>	<u>2,551,000</u>	<u>197,527,000</u>
Net assets, June 30, 2021	<u>\$ 657,719,000</u>	<u>\$ 26,412,000</u>	<u>\$ 684,131,000</u>

See accompanying notes.

Luminis Health, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2021	2020
Operating activities		
Increase (decrease) in net assets	\$ 197,527,000	\$ (20,787,000)
Adjustments to reconcile changes in net assets to net cash provided by operating activities:		
Change in net unrealized (gains) losses on investments	(104,506,000)	18,545,000
Realized and unrealized losses on interest rate swap contracts, net	(20,165,000)	43,149,000
Pension liability adjustment	(35,092,000)	24,810,000
Equity in earnings of joint ventures and other	(578,000)	804,000
Restricted contributions and pledges, net	(5,583,000)	(9,518,000)
Depreciation and amortization	46,884,000	45,994,000
Restricted investment income	(1,071,000)	(693,000)
(Increase) decrease in investments – trading	(7,440,000)	60,680,000
Increase in assets whose use is limited, net – trading	(10,926,000)	(5,164,000)
Inherent contribution and net assets acquired	–	(64,467,000)
Net change in operating assets and liabilities	5,858,000	154,413,000
Net cash provided by operating activities	<u>64,908,000</u>	<u>247,766,000</u>
Investing activities		
Purchases of property and equipment	(33,813,000)	(62,284,000)
Payments on interest rate swaps	(6,861,000)	(4,591,000)
Distributions from joint ventures	1,143,000	–
Cash acquired	–	34,168,000
Net cash used in investing activities	<u>(39,531,000)</u>	<u>(32,707,000)</u>
Financing and fundraising activities		
Repayments of long-term debt	(18,059,000)	(17,530,000)
Restricted contributions received and other	6,746,000	8,676,000
Restricted income received	1,071,000	693,000
Net cash used in financing and fundraising activities	<u>(10,242,000)</u>	<u>(8,161,000)</u>
Net increase in cash, cash equivalents, and restricted cash	15,135,000	206,898,000
Cash, cash equivalents, and restricted cash at beginning of year	305,828,000	98,930,000
Cash, cash equivalents, and restricted cash at end of year	<u>\$ 320,963,000</u>	<u>\$ 305,828,000</u>
Cash and cash equivalents	\$ 276,817,000	\$ 178,795,000
Restricted cash, included in restricted collateral and assets whose use is limited	44,146,000	127,033,000
Cash, cash equivalents, and restricted cash at end of year	<u>\$ 320,963,000</u>	<u>\$ 305,828,000</u>

Luminis Health, Inc. and Subsidiaries

Consolidated Statements of Cash Flows (continued)

	Year Ended June 30	
	2021	2020
Changes in operating assets and liabilities		
(Decrease) increase in operating assets:		
Patient receivables, net	\$ (25,674,000)	\$ 265,000
Inventories	(1,853,000)	(8,896,000)
Prepaid expenses and other	859,000	3,869,000
Other assets	(6,539,000)	11,797,000
	<u>(33,207,000)</u>	<u>7,035,000</u>
Increase (decrease) in operating liabilities:		
Accounts payable	15,255,000	(5,845,000)
Accrued salaries, wages, and benefits	23,255,000	(422,000)
Other accrued expenses	(3,572,000)	14,024,000
Advances from third-party payors	(4,542,000)	151,029,000
Other long-term liabilities	8,669,000	(11,408,000)
	<u>39,065,000</u>	<u>147,378,000</u>
Net change in operating assets and liabilities	<u>\$ 5,858,000</u>	<u>\$ 154,413,000</u>
Supplemental disclosures of cash flow information		
Cash paid for interest	<u>\$ 13,591,000</u>	<u>\$ 15,541,000</u>

See accompanying notes.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2021

1. Organization and Basis of Presentation

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

LHAAMC is a private, not-for-profit corporation that operates a 349-licensed bed acute care hospital. LHAAMC, the Real Estate Company, and PPI own an interest in Kent Island Medical Arts, LLC (KIMA), a limited liability company that owns and operates a medical office building. PPI is the managing member of KIMA and has substantive participation rights in KIMA. The financial statements of KIMA are consolidated in the accompanying consolidated financial statements. The non-controlling interest in KIMA was 50% as of June 30, 2021 and 2020. This interest was \$974,000 and \$929,000 at June 30, 2021 and 2020, respectively, and is included within net assets without donor restriction on the accompanying consolidated balance sheets.

On July 1, 2019, Anne Arundel Health System, Inc. and Doctors Community Hospital and subsidiaries executed an affiliation agreement (the Agreement) providing for an affiliation between AAHS and Doctors Community Hospital and subsidiaries. In September 2019, Doctors Community Hospital and subsidiaries changed its name to Doctors Community Medical Center and subsidiaries (DCMC). This affiliation agreement resulted in DCMC becoming a wholly owned subsidiary of AAHS. DCMC is a Maryland health system that includes an acute care hospital and a network of other health care providers serving residents of Prince George's County region near Lanham, Maryland, east of Washington, DC. On the date of the affiliation, the articles of incorporation and bylaws of DCMC were amended such that AAHS became the sole corporate

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Basis of Presentation (continued)

member of the Doctors Community Medical Center and its subsidiaries. As part of the Agreement, AAHS committed approximately \$138,000,000 over a five-year period in strategic investments to DCMC to expand health care services. As of June 30, 2021, Luminis has contributed approximately \$31,000,000 to DCMC to meet the capital commitment.

During the year ended June 30, 2021, DCMC changed its name to Luminis Health Doctors Community Medical Center, Inc. (LHDCMC). LHDCMC includes the following: LHDCMC and its subsidiaries; Doctors Community Medical Group, LLC; Doctors Community Healthcare Programs, LLC; Doctors Community Hospital Clinic, LLC; Doctors Community Health Ventures, Inc.; Doctors Regional Cancer Center LLC (DRCC); and Luminis Health Doctors Community Hospital Foundation, Inc., formerly Doctor's Community Hospital Foundation, Inc. LHDCMC is a nonprofit corporation that operates an acute care general hospital facility licensed for 190 beds. The accompanying consolidated financial statements include non-controlling interest held by third parties in less than wholly owned subsidiaries. This interest at LHDCMC was \$2,842,000 and \$2,191,000 at June 30, 2021 and 2020, respectively, and relates to DRCC, which is 60% owned by LHDCMC and consolidated in the accompanying financial statements.

Global Pandemic

In response to the ongoing COVID-19 pandemic, the Governor of the state of Maryland proclaimed a state of emergency and catastrophic health emergency on March 5, 2020, and renewed on March 17, 2020, April 10, 2020, and May 6, 2020. Effective March 16, 2020, all Maryland hospitals were ordered by the Maryland Department of Health to cease all elective and non-urgent medical procedures for the duration of the catastrophic health emergency. The Governor issued a statewide stay-at-home order effective March 30, 2020.

Effective May 7, 2020, the Maryland Department of Health allowed resumption of elective and non-urgent medical procedures, and effective May 15, 2020, major provisions of the Governor's stay-at-home order were rescinded.

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Basis of Presentation (continued)

The Health Services Cost Review Commission (HSCRC or Commission) publicly announced its intention to support Maryland hospitals during the state of emergency and catastrophic health emergency. The HSCRC's collaboration with other Maryland regulatory agencies to remove licensure, regulatory, and other barriers to hospitals in the provision of emergency health care services. Recognizing that LHAAMC and LHDCMC have experienced lower than historical volumes in fiscal year 2021 due to the pandemic, the HSCRC permitted both hospitals to increase rate corridors to a fiscal year average threshold of 10% for inpatient rate centers and 9.17% for all other rate centers. This action is intended to allow hospitals that are undercharged under their Global Budget Revenue due to volume losses to increase their charges in order to make up for lost revenue. The HSCRC has stated that this rate corridor increase is a temporary adjustment to ensure financial viability of Maryland hospitals.

To further accommodate any Global Budget Revenue that Maryland hospitals were unable to bill in fiscal year 2021 due to fluctuating volumes resulting from the COVID-19 pandemic, the HSCRC has stated that it will suspend undercharge penalties. The HSCRC will allow Maryland hospitals to recoup undercharges from 2020 and 2021 within the next two fiscal years by applying a onetime adjustment net of the application of CARES Act relief funding. The HSCRC is proposing to reduce the System's undercharge by an amount derived from the CARES Act funding. Maryland hospitals will be allowed to bill any net undercharge in the next two fiscal years, thus allowing them to recoup a portion of lost revenue associated with the catastrophic health emergency period. The HSCRC provided additional Global Budget Revenue for fiscal year 2022 via the update factor to aid Maryland hospitals with increasing labor cost due to the COVID-19 pandemic. It is unknown if the HSCRC will provide any further assistance.

The outbreak of COVID-19, a respiratory disease caused by a novel strain coronavirus, has and will continue to have significant adverse impacts on the operations and financial condition of health care providers generally. The treatment of this contagious disease at health care facilities has resulted in a temporary shutdown or diversion of patients from those facilities and in staffing and supply shortages. Elective procedures and other patient care appointments are being deferred, and individuals may otherwise avoid medical treatment unrelated to COVID-19, resulting in reduced patient volumes and operating revenues at outpatient facilities.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Luminis and its wholly owned subsidiaries. The financial results of LHDCMC and subsidiaries are included from the date of acquisition, which was July 1, 2019. All significant intercompany accounts and transactions have been eliminated in consolidation.

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

Acquisition of Doctors' Hospital, Inc.

On July 1, 2019, Luminis completed a transaction that resulted in LHDCMC and subsidiaries becoming a wholly owned subsidiary of Luminis. This transaction was accounted for as an acquisition under Accounting Standards Codification (ASC) 958-805, *Not-for-Profit Mergers and Acquisitions*, during the year ended June 30, 2020.

The System elected to apply pushdown accounting whereby individual assets and liabilities were adjusted to the new basis of accounting as of the acquisition date.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

The following information summarizes the recorded fair values of the assets acquired and liabilities assumed as of the date of the acquisition:

Cash and cash equivalents	\$ 34,168,000
Patient accounts receivable, net	38,840,000
Other receivables	5,620,000
Inventories	4,243,000
Prepaid expenses	3,981,000
Marketable securities	18,258,000
Joint ventures and equity investments	5,942,000
Property and equipment	116,540,000
Other noncurrent assets	30,093,000
Total assets acquired	<u>257,685,000</u>
Accounts payable and accrued expenses	31,875,000
Advances from third-party payors	7,765,000
Current portion of long-term debt	4,448,000
Long-term debt	128,123,000
Net pension liability	5,001,000
Deferred compensation and claims incurred but not reported	16,006,000
Total liabilities assumed	<u>193,218,000</u>
Non-controlling interest	<u>2,265,000</u>
Net assets acquired, net of non-controlling interest	<u>\$ 62,202,000</u>

An inherent contribution of \$61,715,000 was resulting from the difference between the net assets acquired, net of non-controlling interest and net assets with donor restrictions at LHDCMC and subsidiaries as of the acquisition date. Net assets with donor restrictions of \$487,000 was recorded within changes in net assets with donor restrictions.

Cash and Cash Equivalents

Cash and cash equivalents include cash held in checking and savings accounts, money market accounts, and short-term certificates of deposit with original maturities of 90 days or less, excluding those held in short-term investments and those classified as long-term investments. Cash balances and collateral held by a counterparty are principally uninsured and are subject to normal credit risks. At June 30, 2021 and 2020, and at various times during the year, the System maintained cash-in-bank balances in excess of the \$250,000 federally insured limits.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Derivative Instruments

On May 10, 2006, LHAAMC entered into a forward variable-to-fixed interest rate swap agreement with an effective date of November 1, 2008. This contract was entered into in an effort to reduce the risk of variable interest rate debt and has a term through July 1, 2048. Under ASC 815, *Derivatives and Hedging*, LHAAMC has recognized its derivative instruments as either assets or liabilities on the accompanying consolidated balance sheets at fair value. As these derivative instruments are not designated as hedges, the unrealized gain or loss on these contracts has been recognized on the accompanying consolidated statements of operations as realized and unrealized gains (losses) on interest rate swap contracts, net. The fair market values of the derivative instruments include a credit valuation adjustment (CVA) as required by ASC 820, *Fair Value Measurement*. When applying the CVA, the valuation of the variable-to-fixed interest rate swap contract was decreased by \$4,145,000 and \$375,000 as of June 30, 2021 and 2020, respectively.

On March 23, 2016, in an effort to reduce the amount of restricted cash pledged as collateral with the original counterparty, the Hospital entered into a novation agreement with a second counterparty. Immediately prior to the novation agreement, the System modified the existing swap to bifurcate the existing swap into a five-year swap with the remainder into a 2021 through 2048 swap. The terms of the bifurcated swap remain identical to the original swap. The novation agreement resulted in the return of \$29,164,000 as of June 30, 2016. This agreement expired in February 2021.

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

<u>Description of Derivative Instrument</u>	<u>Fair Value Liability</u>	
	<u>2021</u>	<u>2020</u>
Variable-to-fixed interest rate swap contract (maturity date March 2021)	\$ —	\$ (4,442,000)
Variable-to-fixed interest rate swap contract (maturity date March 2031)	(36,790,000)	—
Variable-to-fixed interest rate swap contract (maturity date July 2048)	(53,220,000)	(112,595,000)
	<u>\$ (90,010,000)</u>	<u>\$(117,037,000)</u>

The change in unrealized gains (losses) recognized in excess (deficit) of revenues over expenses for the years ended June 30, 2021 and 2020, were \$27,026,000 and \$(38,558,000), respectively.

At June 30, 2021 and 2020, the net termination value (i.e., mark-to-market value) of the derivative instruments totaled \$97,003,000 and \$119,671,000, respectively. LHAAMC may be exposed to credit loss in the event of nonperformance by the other party to the interest rate swap agreements, the risk of which is reflected in the fair value of the instruments under ASC 820. However, LHAAMC does not anticipate nonperformance by the counterparty.

During fiscal year 2021 and 2020, LHAAMC paid net payments under its interest rate swap program of \$6,861,000 and \$4,591,000, respectively. These amounts are included within realized and unrealized gains (losses) on interest rate swap contracts, net on the accompanying consolidated statements of operations and within investing activities on the accompanying consolidated statements of cash flows.

Under the derivative contracts for the 2021 through 2048 swap, LHAAMC must transfer collateral for the benefit of the counterparty, to the extent that the termination values exceed certain limits. LHAAMC's collateral requirement for the benefit of the counterparty was approximately \$25,699,000 (which includes \$7,045,000 due to the counterparty at June 30, 2021) and \$110,002,000 at June 30, 2021 and 2020, respectively. The ongoing mark-to-market values and resulting collateral requirements of LHAAMC's interest rate swap contract are subject to variability based on market factors (primarily changes in interest rates). Collateral requirements

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

under this interest rate swap contract are excluded from unrestricted cash and investments for purposes of determining the System's compliance with its liquidity covenants under its Maryland Health and Higher Educational Facilities Authority (MHHEFA or the Authority) revenue bond agreements and its derivative agreements. Collateral amounts are included in noncurrent assets on the accompanying consolidated balance sheets.

Assets Whose Use is Limited and Investments

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

	June 30	
	2021	2020
Current:		
Principal, interest and other – bonds	\$ 12,538,000	\$ 12,382,000
Investments held at trustee	3,703,000	3,530,000
	\$ 16,241,000	\$ 15,912,000
Noncurrent:		
Endowment assets	\$ 20,424,000	\$ 15,482,000
Investments held at trustee	32,609,000	25,538,000
	\$ 53,033,000	\$ 41,020,000

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

All investment balances are principally uninsured and subject to normal credit risk. Investments are classified as either current or noncurrent based on the maturity dates and the availability for current operations. Investments included in noncurrent assets consist of board-designated investment funds of \$448,850,000 and \$338,985,000 as of June 30, 2021 and 2020, respectively. Based on the System's investment policy, such amounts could be liquidated, at the discretion of the board, to satisfy short-term requirements.

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

Borrowed funds required to be expended for capital projects are classified as other-than-trading and are included in assets whose use is limited.

Patient Receivables

Patient receivables include charges for amounts due from all patients less price concessions relating to allowances for the excess of established charges over the payments to be received on behalf of patients covered by Medicare, Medicaid, and other insurers. The provision for price concessions is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the price concessions based upon historical experience of self-pay accounts receivable, including those balances after insurance payments and not covered by insurance.

Insurance coverage and credit information are obtained from patients, when available. No collateral is obtained for accounts receivable.

Inventories

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost; or fair value as of the acquisition date for LHDCMC property and equipment. Included in computers and software are capitalized labor costs of \$16,340,000 and \$14,344,000 as of June 30, 2021 and 2020, respectively. Depreciation and amortization, including amortization of assets recorded under capital leases, are recorded on the straight-line method over the estimated useful lives of the assets.

The following is a summary of property and equipment:

	Estimated Useful Lives	2021	June 30 2020
Land		\$ 22,823,000	\$ 22,823,000
Land improvements	20 years	23,854,000	23,480,000
Buildings and improvements	20–40 years	614,286,000	592,593,000
Fixed equipment	5–20 years	30,833,000	55,510,000
Leasehold improvements	5–10 years	62,591,000	62,389,000
Movable equipment	7–10 years	237,988,000	221,851,000
Computers and software	3–5 years	128,752,000	96,079,000
Construction-in-progress	–	8,744,000	22,120,000
		\$ 1,129,871,000	\$ 1,096,845,000

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

Investments in Joint Ventures

Luminis accounts for its investments in joint ventures using the equity method of accounting. During 2011, the Real Estate Company and another party formed West County, LLC, a joint venture that owns and operates a medical office building that opened in December 2012. The Real Estate Company has a 50% interest in this joint venture, with each owner's investment being \$6,789,000 and \$7,575,000 as of June 30, 2021 and 2020, respectively.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Doctors Community Health Ventures, Inc. (Health Ventures) has an equity method joint venture investment in Magnolia Gardens LLC of \$5,550,000 and \$5,388,000 as of June 30, 2021 and 2020, respectively. This investment is consistent with the mission and strategic plan of Doctors Community Medical Center. The investment in Magnolia Gardens LLC represents a 51% interest and is not consolidated with the financial statements of Luminis because Health Ventures does not control the investee.

Luminis has several other unconsolidated joint ventures for imaging, dialysis services, and ambulatory surgery centers, totaling approximately \$1,120,000 and \$1,061,000 as of June 30, 2021 and 2020, respectively.

Net Assets

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

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

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

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. This includes regulatory discounts allowed to Blue Cross, Medicare, Medicaid, and other third-party payors and charity care.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

During 2021 and 2020, approximately 37% and 39%, respectively, of net patient service revenue was received under the Medicare program, 24% and 25% from Blue Cross, 33% and 26% from contracts with other third parties, and 6% and 10% from other sources.

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

	Year Ended June 30	
	2021	2020
Gross patient service revenue	\$ 1,330,212,000	\$ 1,262,664,000
Revenue deductions:		
Charity care	(11,708,000)	(15,409,000)
Contractual and other allowances	(282,069,000)	(278,148,000)
Net patient service revenue	<u>\$ 1,036,435,000</u>	<u>\$ 969,107,000</u>

The System recognizes revenue in accordance with ASC 606, which requires patient service revenue to be presented net of provisions for contractually and bad debts (implicit and explicit price concessions). Subsequent changes in the estimate of collectibility due to a change in the financial status of a payor, for example a bankruptcy, will be recognized as bad debt expense in operating expenses, which is included in purchased services on the consolidated statements of operations.

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

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

Luminis employs physicians in several hospital-based specialties (including, but not limited to, obstetrics, intensive care, and hospitalists). Net physician revenue is recognized when the services are provided and recorded at the estimated net realizable amount based on the contractual arrangements with third-party payors and the expected payments from the third-party payors and the patients. The difference between the billed charges and the estimated net realizable amounts are recorded as a reduction in physician revenue when the services are provided. The System recognized net physician revenue of \$162,841,000 and \$149,933,000 for the years ended June 30, 2021 and 2020, respectively, which is included in net patient service revenue. At June 30, 2021 and 2020, \$22,126,000 and \$15,097,000, respectively, of net physician accounts receivable are included in patient receivables on the accompanying consolidated balance sheets.

Charity Care

LHAAMC provides charity care to patients who meet certain criteria established under its charity care guidelines. Because members of LHAAMC do not pursue the collection of amounts determined to qualify as charity care, they are not reported as revenue on the accompanying consolidated statements of operations. The direct and indirect costs associated with providing this care are \$4,932,000 and \$4,531,000 for the years ended June 30, 2021 and 2020, respectively. These costs are calculated by applying a ratio of operating expenses over gross patient charges to the charity care provided at established rates. The state of Maryland's rate system includes components within the rates to partially compensate hospitals for uncompensated care.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

The cost of charity care provided by LHDCMC totaled \$6,776,000 and \$9,528,000 for the years ended June 30, 2021 and 2020, respectively. Rates charged by LHDCMC for regulated services are determined based on assessment of direct and indirect cost calculated pursuant to the methodology established by the Commission, and therefore the cost of charity services noted above for LHDCMC are equivalent to its established rates for those services. For any charity services rendered by subsidiaries other than from the LHDCMC, the cost of charity care is calculated by applying the estimated total cost-to-charge ratio for the non-Hospital services to the total amount of charges for services provided to patients benefitting from the charity care policies of the LHDCMC's non-Hospital affiliates. These charges are excluded from consolidated net patient service revenue.

Other Operating Revenue

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

A variety of federal, state, and local efforts have been initiated in response to the COVID-19 crisis, the largest of which is the CARES Act that was enacted on March 27, 2020. The CARES Act is a federal stimulus package designed to provide emergency assistance to individuals and businesses, including hospitals and other health care providers. The CARES Act authorizes funding to hospitals and other health care providers to be distributed through the Public Health and Social Services Emergency Relief Fund (Provider Relief Fund). Payments received from the Provider Relief Fund shall reimburse the recipient for health care-related expenses or lost revenues attributable to the COVID-19 pandemic and are not required to be repaid, provided the recipients attest to and comply with the terms and conditions.

The System has received and recognized approximately \$36,524,000 and \$45,472,000 in stimulus funding for the years ended June 30, 2021 and 2020, respectively, that has been recorded within other revenue on the accompanying consolidated statements of operations. The System recognized these amounts based on its evaluation of the terms and conditions prescribed by the U.S. Department of Health and Human Services. The System will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the impact of the pandemic on revenues and expenses. If the System is unable to attest to or comply with current or future terms and conditions, its ability to retain some or all of the distributions received may be impacted. The System believes that it meets all the requirements for recognition.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Advances From Third-Party Payors

On April 10, 2020, the System received \$151,767,000 from the Centers for Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program. This program provides hospitals with working capital advances that begin to become payable 120 days from the date of receipt of the funds and must be fully repaid within 14 months, starting in April 2021 through an automatic reduction of claims receipts from CMS. These funds, which represent contract liabilities as defined in ASC 606, have been recorded within advances from third-party payors on the accompanying consolidated balance sheets. The balance due to Medicare was \$135,178,000 and \$151,767,000 as of June 30, 2021 and 2020, respectively. The remaining amount of advances from third-party payors are in the ordinary course of business and due to various payors on demand.

Donations and Bequests

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

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

2022	\$ 1,312,000
2023	629,000
2024 and thereafter	1,810,000
Less:	
Impact of discounting pledges receivable to net present value	376,000
Allowance for uncollectible pledges	401,000
Net pledges receivable	<u>\$ 2,974,000</u>

Pledges receivable are discounted using rates between 1.2% and 2.5%.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Excess (Deficit) of Revenues Over Expenses

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

Group Purchasing Organization Initial Public Offering

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

The System received 309,580 Class B units that are earned in seven separate tranches over an 85-month period ending October 31, 2020. At June 30, 2021 and 2020, this investment was \$10,770,000 and \$10,388,000, respectively, and is reflected in other assets on the consolidated balance sheets. The opportunity will exist in the future for these Class B units to be converted to the Premier public company stock. Prior to vesting, the Class B units may be transferred or sold with the approval of Premier. During the years ended June 30, 2021 and 2020, the System recognized approximately \$409,000 and \$1,216,000, respectively, of income related to tranches 6 and 7 of the Class B units, which is included as a reduction of supplies expense on the consolidated statement of operations. The value of the Class B units is tied to the group purchasing contract and is considered a vendor incentive.

Income Tax Status

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Mc New is organized and operated as a tax-exempt organization and has applied for IRS recognition of exemption from federal income tax under Section 501(c)(3) of the Code, but has not yet received IRS recognition of exemption.

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

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

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

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

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

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

Doctors Community Healthcare Programs (CHP) is a Maryland limited liability company that has not elected to be taxed as a corporation under current treasury regulations. CHP is a wholly owned by LHDCMC. As such, CHP is considered a “disregarded entity” under current IRC regulations.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Under the requirements of ASC 740, *Income Taxes*, tax-exempt organizations could be required to record an obligation as the result of a tax position they have historically taken on various tax exposure items. Luminis has determined that it does not have any uncertain tax positions through June 30, 2021.

Use of Estimates

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

New Accounting Standards Not Yet Adopted

In August 2018, the FASB issued Accounting Standards Update (ASU) 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software (Subtopic 350-40): Customer’s Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract*. The amendments help entities evaluate the accounting for implementation costs paid by a customer in a cloud computing arrangement by providing guidance for determining when the service contract includes a software license. The System is evaluating the impact of this guidance, which will be effective in 2022.

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Regulatory Environment

Medicare and Medicaid

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

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

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

Maryland Health Services Cost Review Commission

LHAAMC and LHDCMC's rate structure for all hospital-based services is subject to review and approval by the HSCRC. Under the HSCRC rate-setting system, the Hospital's inpatient and outpatient charges are the same for all patients, regardless of payor, including Medicare and Medicaid.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Regulatory Environment (continued)

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

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

The Commission's rate-setting methodology compares Global Budget Revenue to actual revenue. Overcharges and undercharges due to either patient volume or price variances, adjusted for penalties where applicable, are applied to decrease (in the case of overcharges) or increase (in the case of undercharges) future approved rates on an annual basis. The System was undercharged by \$59,965,000 and \$54,399,000 for the years ended June 30, 2021 and 2020, respectively. The undercharges do not include amounts recognized in CARES Act funding discussed in the other operating revenue section in Note 2. The System expects the HSCRC to allow for the recovery of undercharges net of CARES Act funding over the next two years. Changes in rates over the next two fiscal years may result in a material change in rates; however the extent of such changes in each year are uncertain.

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Investments

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

	June 30	
	2021	2020
Assets whose use is limited:		
Endowment assets:		
Cash and cash equivalents	\$ 2,206,000	\$ 1,145,000
Equity mutual funds	13,139,000	9,279,000
Fixed income mutual funds	5,079,000	5,058,000
	<u>20,424,000</u>	<u>15,482,000</u>
Amounts held by trustee:		
Cash and cash equivalents	12,538,000	12,382,000
U.S. Government obligations	7,000	7,000
	<u>12,545,000</u>	<u>12,389,000</u>
Amounts held by Cottage:		
Cash and cash equivalents	3,703,000	3,504,000
Equity mutual funds	14,353,000	11,334,000
Fixed income mutual funds	18,249,000	14,223,000
	<u>36,305,000</u>	<u>29,061,000</u>
Total assets whose use is limited	<u>69,274,000</u>	<u>56,932,000</u>
Less current portion	<u>16,241,000</u>	<u>15,912,000</u>
	<u>\$ 53,033,000</u>	<u>\$ 41,020,000</u>

Amounts held by the trustee are broken down as follows:

	June 30	
	2021	2020
Bond indenture	<u>\$ 12,545,000</u>	<u>\$ 12,389,000</u>

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Investments (continued)

Other investments:

	June 30	
	2021	2020
Cash and cash equivalents	\$ 24,277,000	\$ 14,388,000
Equity mutual funds	230,711,000	173,069,000
Fixed income mutual funds	129,989,000	100,475,000
Alternative investments	67,320,000	52,418,000
	452,297,000	340,350,000
Less short-term investments	3,447,000	1,365,000
Investments	\$ 448,850,000	\$ 338,985,000

The components of investment income (loss), net are as follows:

	June 30	
	2021	2020
Interest and dividend income, net	\$ 767,000	\$ 132,000
Realized gains (losses), net	12,700,000	(9,832,000)
	\$ 13,467,000	\$ (9,700,000)

5. Fair Value Measurements

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

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Fair Value Measurements (continued)

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

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while Luminis believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Fair Value Measurements (continued)

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

	June 30, 2021			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Trading securities and assets whose use is limited:				
Cash and cash equivalents	\$ 42,739,000	\$ 42,739,000	\$ —	\$ —
Equity securities	260,811,000	250,798,000	10,013,000	—
Fixed income securities	149,362,000	134,726,000	14,636,000	—
U.S. Government obligation securities	7,000	7,000	—	—
Total	<u>452,919,000</u>	<u>428,270,000</u>	<u>24,649,000</u>	
Collateral for interest rate swap:				
Cash and cash equivalents	25,699,000	25,699,000	—	—
Less investments included in other assets	4,200,000	4,200,000	—	—
Total assets at fair value	<u>474,418,000</u>	<u>\$ 449,769,000</u>	<u>\$ 24,649,000</u>	<u>\$ —</u>
Assets at NAV	67,320,000			
Total assets	<u>\$ 541,738,000</u>			
Liabilities				
Derivative instruments	\$ (90,010,000)	\$ —	\$ (90,010,000)	\$ —
Total liabilities at fair value	<u>\$ (90,010,000)</u>	<u>\$ —</u>	<u>\$ (90,010,000)</u>	<u>\$ —</u>

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Fair Value Measurements (continued)

	June 30, 2020			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Trading securities and assets whose use is limited:				
Cash and cash equivalents	\$ 31,296,000	\$ 18,257,000	\$ 13,039,000	\$ –
Equity securities	194,977,000	194,977,000	–	–
Fixed income securities	122,785,000	119,753,000	3,032,000	–
U.S. Government obligation securities	6,000	6,000	–	–
Total	349,064,000	332,993,000	16,071,000	–
Collateral for interest rate swap:				
Cash and cash equivalents	110,002,000	110,002,000	–	–
Less investments included in other assets	4,200,000	4,200,000	–	–
Total assets at fair value	454,866,000	\$ 438,795,000	\$ 16,071,000	\$ –
Assets at NAV	52,418,000			
Total assets	\$ 507,284,000			
Liabilities				
Derivative instruments	\$ (117,037,000)	\$ –	\$ (117,037,000)	\$ –
Total liabilities at fair value	\$ (117,037,000)	\$ –	\$ (117,037,000)	\$ –

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

Luminis' Level 2 securities primarily consist of cash and cash equivalents. Luminis determines the estimated fair value for these Level 2 securities using the following methods: quoted prices for similar assets/liabilities in active markets, quoted prices for identical or similar assets in non-active markets (few transactions, limited information, noncurrent prices, high variability over time),

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Fair Value Measurements (continued)

inputs other than quoted prices that are observable for the asset or liability (e.g., interest rates, yield curve volatilities, default rates), and inputs that are derived principally from or corroborated by other observable market data.

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

Part of LHAAMC's alternative investments, approximately \$17,082,000 and \$22,663,000 at June 30, 2021 and 2020, respectively, are invested in international equity funds. The majority of the remaining alternative investments \$50,238,000 and \$24,489,000 at June 30, 2021 and 2020, respectfully are invested in a fund focused on energy infrastructure. Alternative investments are measured using NAV as the practical expedient. Certain alternative investments require written notification over a certain period prior to redemption.

Luminis also has pledges receivable, which are measured at fair value on a nonrecurring basis and are discounted to the net present value upon receipt using an appropriate risk-free discount rate based on the term of the receivable. Since these inputs are not observable, pledges receivable would be considered Level 3 fair value measurements upon their initial recording. Pledges receivable are recorded net of an allowance for uncollectible pledges. The following table provides a reconciliation of the beginning and ending balances of pledges receivable that used significant unobservable inputs.

	Year Ended June 30	
	2021	2020
Balance at July 1	\$ 4,137,000	\$ 3,296,000
New pledges	342,000	2,967,000
Collections of pledges	(1,451,000)	(2,028,000)
Write-off of pledges	(5,000)	(160,000)
Change in reserves	(49,000)	62,000
Balance at June 30	<u>\$ 2,974,000</u>	<u>\$ 4,137,000</u>

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt and Line of Credit

For LHAAMC and affiliates, long-term debt consists of the following:

	Interest Rate	Maturity Dates	June 30	
			2021	2020
Maryland Health and Higher Educational Facilities Authority Revenue Bonds – Series 2017	2.0%–5.0%	2018–2043	\$ 54,690,000	\$ 56,905,000
Maryland Health and Higher Educational Facilities Authority Revenue Bonds – Series 2014	2.0%–5.0%	2015–2040	111,463,000	113,817,000
Maryland Health and Higher Educational Facilities Authority Revenue Bonds – Series 2012	2.0%–5.0%	2013–2035	54,137,000	56,991,000
Maryland Health and Higher Educational Facilities Authority Revenue Bonds – Series 2009B	Variable	2041–2044	60,000,000	60,000,000
Kent Island term loan from a bank	Variable	2021	5,217,000	5,617,000
Real estate loan	Variable	2028	52,215,000	55,850,000
			337,722,000	349,180,000
Less current portion of long-term debt			16,552,000	11,461,000
Less deferred debt issue costs			3,249,000	3,531,000
Unamortized original issue premium, net			12,411,000	13,354,000
Long-term debt			\$ 330,332,000	\$ 347,542,000

These debt instruments are secured by the receipts of the LHAAMC obligated group and substantially all of the property and equipment of the consolidated group.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt and Line of Credit (continued)

For LHAAMC and affiliates, principal payments due under all debt instruments as of June 30, 2021, are as follows:

2022	\$ 16,552,000
2023	11,667,000
2024	11,987,000
2025	12,332,000
2026	12,722,000
Thereafter	272,462,000
	<u>\$ 337,722,000</u>

Series 2017 Revenue Bonds

In November 2017, LHAAMC entered into a loan agreement with the MHHEFA for the issuance of Series 2017 Revenue Bonds (referred to as the 2017 Bonds). The proceeds of the 2017 Bonds were used to advance refund the Series 2010 Bonds previously provided by MHHEFA. The bonds being refunded were originally obtained to finance the expansion of the parking garage for LHAAMC's acute care pavilion, and costs related to the issuance. The 2017 Bonds provide for annual principal payments each July 1 from 2018 through 2043. Interest is payable annually each July 1 starting in July 2018. The 2017 Bonds bear stated interest rates between 2.00% and 5.00% and were issued at a premium of \$4,590,000, which is amortized over the life of the bonds using the straight-line method, which approximates the effective interest method. The effective annual interest rate for the 2017 Bonds for the years ended June 30, 2021 and 2020, was 3.89% and 3.64%, respectively.

Series 2014 Revenue Bonds

In November 2014, LHAAMC entered into a loan agreement with the MHHEFA for the issuance of Series 2014 Revenue Bonds (referred to as the 2014 Bonds). The proceeds of the 2014 Bonds were used to advance refund the Series 2009A Bonds previously provided by MHHEFA. The bonds being refunded were originally obtained to finance a portion of the costs of construction for an eight-story patient care building, two parking garages, and costs related to the issuance. The 2014 Bonds provide for annual principal payments each July 1 from 2015 through 2040. Interest is payable semiannually each July 1 and January 1, beginning in January 2015. The 2014 Bonds bear stated interest rates between 2.00% to 5.00% and were issued at a premium of \$7,520,000,

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt and Line of Credit (continued)

which is amortized over the life of the bonds using the straight-line method, which approximates the effective interest method. The effective annual interest rate for the 2014 Bonds for the years ended June 30, 2021 and 2020, was 4.50% and 4.49%, respectively.

Series 2012 Revenue Bonds

In October 2012, LHAAMC entered into a loan agreement with MHHEFA for the issuance of \$73,625,000 of Series 2012 Revenue Bonds (referred to as the 2012 Bonds). The proceeds of the 2012 Bonds were used to repay the Series 2004A Bonds and the Series 1998 Bonds previously provided by the Authority. The bonds being refinanced were originally obtained to finance a new replacement hospital (Series 1998 Bonds) and to finance major renovations to LHAAMC's Cancer Center and land acquisition (Series 2004A Bonds). The 2012 Bonds provide for annual principal payments each July 1 from 2013 through 2035. Interest is payable semiannually on each July 1 and January 1, beginning July 1, 2013. The 2012 Bonds bear stated interest at rates of 2.00% to 5.00% and were issued at a premium of \$6,746,000. The effective annual interest rates for the 2012 Bonds for the years ended June 30, 2021 and 2020, were 4.30% and 4.34%, respectively.

The provisions of the 2017, 2014, and 2012 Bonds, together with the Series 2009 Bonds, require Luminis and certain subsidiaries to comply with certain covenants on an annual basis, including a debt service coverage requirement, a debt-to-capitalization requirement, and a liquidity requirement. Luminis, LHAAMC, and HCS are members of the LHAAMC obligated group for all of the above stated revenue bonds issued by MHHEFA.

Series 2009 Revenue Bonds

In January 2009, LHAAMC entered into a loan agreement with the MHHEFA for the issuance of \$120,000,000 of Series 2009A Revenue Bonds (the 2009A Bonds) and in February 2009, \$60,000,000 of Series 2009B Revenue Bonds (the 2009B Bonds) (collectively referred to as the 2009 Bonds). The proceeds of the 2014 Bonds were used to advance refund the Series 2009A Bonds previously provided by the MHHEFA. The proceeds of the 2009 Bonds were used to finance a portion of the costs of construction of an eight-story patient care building, two new parking garages, and certain costs relating to the issuance. The 2009B Bonds provide for annual principal payments each July 1, from 2041 through 2044. Interest is payable semiannually on each July 1 and January 1, beginning July 1, 2009. The 2009B Bonds bear interest at variable rates, as set forth in the loan agreement. The maximum interest rate is 12% for the 2009B Bonds. The effective annual interest rates for the 2009B Bonds for the years ended June 30, 2021 and 2020,

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt and Line of Credit (continued)

were 0.09% and 1.18%, respectively. The principal and interest payments on the Series 2009B Bonds are secured by a letter of credit equal to the original principal of the bonds plus an amount equal to 40 days' interest thereon, calculated at the maximum rate. The current letter of credit, which was extended on May 1, 2019, expires on July 1, 2024. Under certain circumstances, LHAAMC would need to fully redeem the 2009B Bonds upon expiration of the letter of credit, unless a conforming replacement letter of credit was secured prior to such expiration.

The related balances are included in assets whose use is limited and consist of the following:

	June 30	
	2021	2020
Debt service funds	\$ 12,538,000	\$ 12,382,000
Construction fund and capitalized interest fund	7,000	7,000
	<u>\$ 12,545,000</u>	<u>\$ 12,389,000</u>

Bank Line of Credit and Real Estate Loan

LHAAMC maintains a line of credit with a bank providing available credit of \$50,000,000, which is reviewed for renewal on February 28 of each year. Interest on any borrowings accrues at the one-month LIBOR plus 0.75%. At June 30, 2021 and 2020, LHAAMC had no balance outstanding on the line of credit.

On October 23, 2008, the Real Estate Company secured a term loan in the amount of \$55,000,000 with a bank. The proceeds from the term loan were used to refinance line of credit proceeds and fund certain construction costs related to a medical office building. The loan bore interest at a variable rate, based on the LIBOR market index rate plus 1.25%. The term loan required monthly payments of \$235,000 with all remaining amounts due upon final maturity on November 5, 2018. This loan was subsequently refinanced on October 17, 2018.

On October 23, 2008, the Real Estate Company entered into a construction loan in the amount of \$30,000,000 with a bank to fund the construction of a medical office building. The loan was issued under the same loan agreement as the term loan discussed in the preceding paragraph. The debt is secured by the medical office building. Interest only was due during the construction period at a rate equal to the LIBOR market index rate plus 1.25%. The loan converted to a term loan after the

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt and Line of Credit (continued)

completion of the construction in July 2009. The term loan provided for monthly principal and interest payments and has a final maturity of November 5, 2018. This loan was subsequently refinanced on October 17, 2018.

On October 17, 2018, the Real Estate Company secured a real estate loan from the bank through a wholly owned subsidiary and the proceeds were used to pay off the 2008 Term Loan and 2008 Construction Loan previously provided by the bank. The loans being refinanced were originally obtained to finance certain medical office buildings owned by the Real Estate Company. The new loan requires flat monthly principal payments (amortized over 17 years) plus interest at one-month LIBOR plus 1.10% from 2018 through 2028 with a balloon payment due October 5, 2028, of \$25,800,000. The effective interest rates for the years ended June 30, 2021 and 2020, were 1.25% and 2.65%, respectively.

Kent Island Term Loan

In August 2007, KIMA entered into a construction loan agreement with a bank in the amount of \$9,000,000 that would convert to a term loan after the completion of the construction. The proceeds were used to construct a medical office building. The debt was secured by the medical office building. Interest only was due during the construction period at a rate of the 30-day LIBOR plus 1.0%. The construction was completed in June 2008.

On May 9, 2017, KIMA refinanced the term loan with a \$6,567,000 promissory note. The promissory note provides for monthly principal and interest payments and has a final maturity of December 2021. The promissory note bears interest at a variable rate, based on the 30-day LIBOR plus 1.20%. The effective annual interest rates for the years ended June 30, 2021 and 2020, were 1.38% and 2.88%, respectively.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt and Line of Credit (continued)

For LHDCMC, long-term debt consists of the following:

	Interest Rate	Maturity Dates	June 30	
			2021	2020
Maryland Health and Higher Education Facilities				
Authority Revenue Bonds, Series 2017B Bond	2.18%	2024	\$ 19,645,000	\$ 24,165,000
Authority Revenue Bonds, Series 2016 Bond:				
Series 2016A – Tax-Exempt Private Placement	2.57%	2030	31,560,000	31,945,000
Authority Revenue Bonds, Series 2017A:				
Term bond	5.00%	2031	6,720,000	6,720,000
Term bond	5.00%	2032	7,055,000	7,055,000
Term bond	5.00%	2033	7,410,000	7,410,000
Term bond	5.00%	2034	7,780,000	7,780,000
Term bond	5.00%	2038	35,200,000	35,234,000
			115,370,000	120,309,000
Less current portion of long-term debt			5,070,000	4,979,000
Less deferred debt issue costs			–	1,340,000
Premium, net of accumulated amortization			8,543,000	8,776,000
Long-term debt			\$ 118,843,000	\$ 122,766,000

For LHDCMC, principal payments due under all debt instruments as of June 30, 2021, are as follows:

2022	\$ 5,070,000
2023	5,195,000
2024	5,265,000
2025	5,965,000
2026	5,610,000
Thereafter	88,265,000
	\$ 115,370,000

On June 28, 2016, MHHEFA issued \$73,445,000 principal amount of Revenue Bonds, Series 2016A (\$31,945,000), and Series 2016B (\$41,500,000). The proceeds of this issue were used to retire the Series 2007A Bonds and Series 2010 Bonds (partial) previously provided by the Authority. In 2017, the Series 2016B taxable note was converted as planned to Series 2017B. On March 23, 2017, the Series 2016 were converted to Series 2017B bonds as planned when the 2016B bonds were issued in June 2016.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt and Line of Credit (continued)

On February 8, 2017, MHHEFA issued \$64,165,000 principal amount of Revenue Bonds, Series 2017A. The proceeds of this issue were used to retire the remainder of the Series 2010 Bonds previously provided by the Authority.

The obligated group for MHHEFA bond issuances issued to Luminis Health Doctors Community Medical Center includes Doctors Community Hospital, CHP, Luminis Health Doctor's Community Medical Center Foundation, Sleep Center, Doctors Community Medical Group and Doctors Integrated Healthcare Network and Health Ventures excluding the MAUI, Magnolia Gardens, DI LLC, ACO, and STM. The Series 2017A, Series 2017B, and Series 2016 Bonds are secured by the revenue and accounts receivable of the obligated group, and certain other property secured by a deed of trust. The obligated group is required to maintain certain compliance ratios and covenants as defined under the bond documents.

7. Retirement Plans

Anne Arundel Medical Center Plan

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Retirement Plans (continued)

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

	June 30	
	2021	2020
Accumulated benefit obligation	<u>\$ 126,360,000</u>	<u>\$ 138,148,000</u>
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 138,148,000	\$ 124,331,000
Service cost		—
Interest cost	3,147,000	4,047,000
Actuarial loss	(3,989,000)	16,039,000
Benefits paid	(2,503,000)	(2,446,000)
Settlements paid	(8,443,000)	(3,823,000)
Projected benefit obligation at end of year	<u>126,360,000</u>	<u>138,148,000</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	115,397,000	118,255,000
Actual return on plan assets	25,828,000	(1,421,000)
Employer contribution	10,509,000	4,832,000
Benefits paid	(2,503,000)	(2,446,000)
Settlements paid	(8,443,000)	(3,823,000)
Fair value of plan assets at end of year	<u>140,788,000</u>	<u>115,397,000</u>
Net asset (liability) recognized	<u>\$ 14,428,000</u>	<u>\$ (22,751,000)</u>
Net amounts recognized on the consolidated balance sheets consist of:		
Prepaid (accrued) pension costs	<u>\$ 14,428,000</u>	<u>\$ (22,751,000)</u>
Amounts recognized in net assets without donor restrictions that have not been recognized in net periodic benefit costs consist of:		
Net actuarial loss	<u>\$ 65,689,000</u>	<u>\$ 95,271,000</u>

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Retirement Plans (continued)

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

	June 30	
	2021	2020
Discount rate	2.50%	2.45%
Rate of compensation increase	N/A	N/A

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

	Year Ended June 30	
	2021	2020
Discount rate	2.38%	3.35%
Expected return on plan assets	6.00%	6.25%
Rate of compensation increase	N/A	N/A

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

	June 30	
	2021	2020
Service cost	\$ —	\$ —
Interest cost	3,147,000	4,047,000
Expected return on plan assets	(7,425,000)	(7,533,000)
Recognized net actuarial loss	2,260,000	1,709,000
Loss recognized from partial settlement of projected benefit obligation	4,931,000	—
Net periodic cost (credit)	<u>\$ 2,913,000</u>	<u>\$ (1,777,000)</u>

The estimated net loss of the defined benefit pension plan that will be amortized from net assets without donor restrictions into net periodic benefit cost over the next fiscal year for LHAAMC is \$2,071,000.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Retirement Plans (continued)

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

LHAAMC's target asset allocation percentages as of June 30, 2021, were as follows: 60% investment grade bonds, 16% international equity, 13% large cap domestic stocks, 4% small cap domestic stocks, and 7% alternative investments and exchange-traded notes.

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

	June 30, 2021			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Cash and cash equivalents	\$ 8,875,000	\$ —	\$ 8,875,000	\$ —
Mutual funds:				
Equity	23,528,000	23,528,000	—	—
Corporate bonds	80,640,000	80,640,000	—	—
International equity	9,608,000	9,608,000	—	—
Closed-end funds ETF	6,484,000	6,484,000	—	—
Assets measured at fair value	<u>129,135,000</u>	<u>\$ 120,260,000</u>	<u>\$ 8,875,000</u>	<u>\$ —</u>
Assets at NAV	11,653,000			
Total assets	<u>\$ 140,788,000</u>			

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Retirement Plans (continued)

	June 30, 2020			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Cash and cash equivalents	\$ 669,000	\$ —	\$ 669,000	\$ —
Mutual funds:				
Equity	20,127,000	20,127,000	—	—
Corporate bonds	57,830,000	57,830,000	—	—
International equity	12,520,000	12,520,000	—	—
International bonds	8,715,000	8,715,000	—	—
Closed-end funds ETF	5,512,000	5,512,000	—	—
Assets measured at fair value	105,373,000	\$ 104,704,000	\$ 669,000	\$ —
Assets at NAV	10,024,000			
Total assets	<u>\$ 115,397,000</u>			

Level 1 securities primarily consist of exchange-traded mutual funds. Level 2 securities primarily consist of money market funds. Methods consistent with those discussed in Note 5 are used to estimate the fair values of these securities.

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

LHAAMC currently intends to make voluntary contributions to the defined benefit pension plan of \$2,400,000 in fiscal year 2022.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Retirement Plans (continued)

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

2022	\$ 6,994,000
2023	6,812,000
2024	6,770,000
2025	6,779,000
2026	8,103,000
2027–2031	34,272,000

In addition to the noncontributory defined benefit pension plan, LHAAMC also offers an employee defined contribution plan. Participation in the plan is voluntary. Substantially all full-time employees of LHAAMC are eligible to participate. Employees may elect to contribute a minimum of 1% of compensation, and a maximum amount as determined by Sections 403(b) and 415 of the Code. Any employee making contributions to the plan is entitled to a LHAAMC contribution that will match the employee contribution at the rate of 50% to 75%, depending on the number of years of service, up to a maximum of 5% of qualified compensation. Matching contributions under this defined contribution plan were \$0 and \$8,830,000 in fiscal years 2021 and 2020, respectively.

Doctors Community Hospital Plan

LHDCMC froze the defined benefit pension plan that it sponsors (the LHDCMC Plan) in 2011, which covered substantially all employees. The decision to terminate the LHDCMC Plan has not been made by the board of directors. The benefits are based on years of service and employee compensation during years of employment. LHDCMC's funding policy is to make sufficient contributions to the LHDCMC Plan to comply with the minimum funding provisions of the Employee Retirement Income Security Act of 1974 (ERISA). LHDCMC expects to contribute \$250,000 to the LHDCMC Plan during 2021 to keep the funding levels at the ERISA requirements. The measurement date of the LHDCMC Plan is June 30.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Retirement Plans (continued)

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

	June 30	
	2021	2020
Accumulated benefit obligation	<u>\$ 21,988,000</u>	<u>\$ 23,049,000</u>
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 23,049,000	\$ 21,661,000
Service cost	—	—
Interest cost	448,000	636,000
Settlement loss	(41,000)	—
Actuarial loss	(252,000)	1,883,000
Benefits paid	(137,000)	(112,000)
Settlements paid	(1,079,000)	(1,019,000)
Projected benefit obligation at end of year	<u>21,988,000</u>	<u>23,049,000</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	16,524,000	16,660,000
Actual return on plan assets	3,246,000	294,000
Employer contribution	1,233,000	664,000
Benefits paid	(137,000)	(112,000)
Settlements paid	(1,079,000)	(982,000)
Fair value of plan assets at end of year	<u>19,787,000</u>	<u>16,524,000</u>
Net liability recognized	<u>\$ (2,201,000)</u>	<u>\$ (6,525,000)</u>
Net amounts recognized on the consolidated balance sheets consist of:		
Accrued pension costs	<u>\$ (2,201,000)</u>	<u>\$ (6,525,000)</u>
Amounts recognized in net assets without donor restrictions that have not been recognized in net periodic benefit costs consist of:		
Net actuarial loss	<u>\$ 6,009,000</u>	<u>\$ 9,634,000</u>

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Retirement Plans (continued)

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

	June 30	
	2021	2020
Discount rate	2.30%	2.05%
Rate of compensation increase	N/A	N/A

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

	Year Ended June 30	
	2021	2020
Discount rate	2.05%	2.05%
Expected return on plan assets	6.00%	6.00%
Rate of compensation increase	N/A	N/A

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

	June 30	
	2021	2020
Interest cost	\$ 448,000	\$ 636,000
Expected return on plan assets	(968,000)	(956,000)
Recognized net actuarial loss	758,000	570,000
Effect of settlement	295,000	411,000
Net periodic cost	<u>\$ 533,000</u>	<u>\$ 661,000</u>

The estimated net loss of the defined benefit pension plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year for LHDCMC is \$419,000.

LHDCMC's target asset allocation percentages as of June 30, 2021, were as follows: 65% investment grade bonds, 5% international equity, 15% large cap domestic stocks, and 15% small cap domestic stocks.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Retirement Plans (continued)

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

	June 30, 2021			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Mutual funds:				
U.S. common stock	\$ 6,458,000	\$ 6,458,000	\$ —	\$ —
Corporate bonds	10,920,000	10,920,000	—	—
International equity	1,169,000	1,169,000	—	—
Assets measured at fair value	<u>18,547,000</u>	<u>\$ 18,547,000</u>	<u>\$ —</u>	<u>\$ —</u>
Assets at NAV	1,240,000			
Total assets	<u>\$ 19,787,000</u>			

	June 30, 2020			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Mutual funds:				
Equity	\$ 15,571,000	\$ 15,571,000	\$ —	\$ —
Assets measured at fair value	<u>15,571,000</u>	<u>\$ 15,571,000</u>	<u>\$ —</u>	<u>\$ —</u>
Assets at NAV	953,000			
Total assets	<u>\$ 16,524,000</u>			

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

2022	\$ 2,554,000
2023	1,188,000
2024	1,129,000
2025	1,478,000
2026	1,513,000
2027–2031	5,754,000

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Retirement Plans (continued)

The combined pension asset (liability) of both entities is as follows:

	June 30	
	2021	2020
LHAAMC	\$ 14,428,000	\$ (22,751,000)
LHDCMC	(2,201,000)	(6,525,000)
Total	<u>\$ 12,227,000</u>	<u>\$ (29,276,000)</u>

LHDCMC has a 403(b) defined contribution plan (the contribution plan) covering substantially all its employees. The contribution plan is employee and employer contributory. LHDCMC contributed a match of \$0.50 for every \$1.00 of elective deferrals for a plan year for eligible employees up to 4% of base compensation. Defined contribution plan expense amounted to \$0 and \$1,266,000 for 2021 and 2020, respectively.

LHDCMC has a deferred compensation plan that permits certain executives to defer receiving a portion of their compensation. The deferred amounts are included in other assets in the accompanying consolidated balance sheets. The associated liability of an equal amount is included in other liabilities on the accompanying consolidated balance sheets. The liability recorded regarding the deferred compensation was \$3,832,000 as of June 30, 2021 and 2020.

LHDCMC is the beneficiary of split dollar life insurance policies in place for certain executives. The amounts that could be realized by LHDCMC under the insurance contracts are approximately \$9,000,000 as of June 30, 2021 and 2020, are included in other assets on the consolidated balance sheets.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Concentrations of Credit Risk

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

	June 30	
	2021	2020
Medicare	25%	25%
Medicaid	3	4
Blue Cross	21	19
Commercial, HMO, PPO, and other	39	43
Patients	12	9
	100%	100%

The mix of receivables from patients and third-party payors was as follows for LHDCMC:

	June 30	
	2021	2020
Medicare	22%	28%
Medicaid	10	21
Blue Cross	9	10
Commercial, HMO, PPO, and other	34	29
Patients	25	12
	100%	100%

9. Malpractice Insurance Costs and Self-Insured Professional Liability

Until August 1, 1998, LHAAMC and certain subsidiaries maintained insurance coverage for general and professional liability claims on a claims-made basis. The professional liability coverage included a per-case deductible of \$250,000, up to a maximum out-of-pocket amount of \$750,000 annually. Effective August 1, 1998, the group changed its professional liability coverage to a full coverage claims-made policy with no annual deductibles. This policy included tail coverage for claims incurred prior to August 1, 1998, but reported subsequently. Effective August 1, 2002, LHAAMC changed its professional liability coverage back to a claims-made

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Malpractice Insurance Costs and Self-Insured Professional Liability (continued)

policy with a per-case deductible of \$250,000, up to a maximum out-of-pocket amount of \$750,000 annually. Also, LHAAMC did not purchase tail coverage for claims incurred prior to August 1, 2002, which were not yet reported.

Effective March 1, 2004, LHAAMC changed its professional liability coverage to a self-insurance trust with annual exposure limits of \$2,000,000 per claim and \$11,000,000 in the aggregate. LHAAMC carried an excess liability insurance policy for claims above these limits.

Effective July 1, 2005, Cottage was formed as a captive insurer to provide professional liability insurance for LHAAMC. Cottage is a wholly owned subsidiary of LHAAMC, which was formed in the Cayman Islands. The primary layer of professional and general liability insurance coverage is self-insured through Cottage and the secondary layer is fully reinsured through several highly rated commercial carriers.

For the period from July 1, 2005 to June 30, 2009, Cottage issued claims-made policies covering LHAAMC professional liability (including employed physicians) and on an occurrence basis, comprehensive general liability risks of LHAAMC and certain affiliates. Policy limits were \$2,000,000 per claim with a \$9,000,000 policy aggregate. Effective July 1, 2005, Cottage assumed existing liabilities from LHAAMC's self-insured trust discussed above on a claims-made basis. Effective July 1, 2009, Cottage issued a claims-made policy providing \$2,000,000 per claim for LHAAMC professional liability coverage and \$1,000,000 per claim for comprehensive general liability coverage, subject to a consolidated annual aggregate limit of \$10,000,000. Effective July 1, 2018, policy limits were increased to \$5,000,000 per claim with a \$25,000,000 policy aggregate.

For the period from July 1, 2005 to June 30, 2008, Cottage also issued an excess umbrella coverage policy (covering LHAAMC professional liability) with limits of \$20,000,000 per claim with a policy aggregate. For claims reported on and subsequent to July 1, 2008, the coverage limit provided is \$30,000,000 per claim with a policy aggregate. These excess limits are in excess of the primary policy, and the umbrella policies are 100% reinsured with highly rated third-party commercial reinsurers.

The provision for estimated professional liability claims, general liability claims, and workers' compensation claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. As of June 30, 2021 and 2020, the balance for outstanding claims reserves recorded at Cottage is \$45,278,000 and \$32,444,000, respectively, which is included in

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Malpractice Insurance Costs and Self-Insured Professional Liability (continued)

other long-term liabilities and reinsurance receivable is \$11,585,000 and \$9,884,000, respectively, which is included in other assets. The remaining tail liability for claims incurred but not reported is \$13,366,000 and \$11,667,000 as of June 30, 2021 and 2020, respectively, are included in other accrued expenses, with \$11,737,000 of the 2021 liability and \$10,163,000 of the 2020 liability recorded at the LHAAMC. The remainder of the liability is recorded at PE. The group has employed an independent actuary to estimate the ultimate settlement of such claims. In management's opinion, the amounts recorded provide an adequate reserve for loss contingencies. However, changes in circumstances affecting professional liability claims could cause these estimates to change by material amounts in the short term.

LHDCMC has coverage for professional and general liabilities on a claims-made basis from Freestate Healthcare Insurance Company, Ltd. (Freestate), a group captive formed by several Maryland hospitals. LHDCMC owns 20% interest in the captive and accounts for it using the cost method. The cost of \$15,000 is recorded in other noncurrent assets on the accompanying consolidated balance sheets as of June 30, 2021 and 2020. Premiums are expensed as incurred and are established based on the LHDCMC historical experience supplemented as necessary with industry experience. The total premium is allocated to each of the shareholders based on their experience. Retrospective premium assessments and credits are calculated based on the aggregate experience of all named insureds under the policy. Each named insured's assessment of credit is based on the percentage of their actual exposure to the actual exposure of all named insureds. In management's opinion, the assets of Freestate are sufficient to meet its obligations as of June 30, 2021. If the financial condition of Freestate were to materially deteriorate in the future, and Freestate was unable to pay its claim obligations, the responsibility to pay those claims would return to the member hospitals. The captive is responsible for claims up to \$1,000,000 for each and every loss event. Additional coverage has been purchased by the captive for all claims in excess of \$1,000,000 to a limit of \$6,000,000 effective March 1, 2006, \$10,000,000 effective March 1, 2012, and \$15,000,000 effective March 1, 2019. The estimated unpaid loss liability reserved by the captive for LHDCMC was \$8,664,000 and \$9,466,000 at June 30, 2021 and 2020, respectively. These amounts are included in long-term liabilities and the related anticipated insurance recoveries were reported in noncurrent assets on the accompanying consolidated balance sheets. The liability for all claims incurred but not reported for LHDCMC was \$916,000 and \$1,106,000 at June 30, 2021 and 2020, respectively. LHDCMC engages a consulting actuary to assist in the determination of all professional liability claims incurred but not reported.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Commitments and Contingencies

Leases

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

Component of Lease Balances	Classification in Consolidated Balance Sheet	June 30	
		2021	2020
Assets			
Operating lease assets	Right-of-use asset long term	\$ 37,528,000	\$ 44,995,000
Total leased assets		<u>\$ 37,528,000</u>	<u>\$ 44,995,000</u>
Liabilities			
Operating lease liabilities:			
Current	Lease liability short term	\$ 8,187,000	\$ 8,753,000
Long term	Lease liability long term	30,979,000	37,429,000
Total operating lease liabilities		<u>\$ 39,166,000</u>	<u>\$ 46,182,000</u>

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

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

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Commitments and Contingencies (continued)

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

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

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

Luminis' also elected the practical expedient package not to reassess at adoption (i) expired or existing contracts for whether they are or contain a lease, (ii) the lease classification of any existing leases, or (iii) initial indirect costs for existing leases.

The following table presents the components of the Luminis' lease expense:

	Year Ended June 30	
	2021	2020
Operating lease expense	\$ 11,600,000	\$ 11,826,000
Finance lease expense:		
Amortization of leased assets	27,000	27,000
Interest on lease liabilities	1,000	2,000
Total finance lease expense	28,000	29,000
Variable lease expense	527,000	60,000
Short-term lease expense	–	5,000
Total lease expense	\$ 12,155,000	\$ 11,920,000

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Commitments and Contingencies (continued)

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

	June 30	
	2021	2020
Weighted average remaining lease term (years):		
Operating leases	8.0	8.1
Finance leases	1.0	2.2
Weighted average discount rate:		
Operating leases	3.0%	3.2%
Finance leases	1.8%	1.8%

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

	Year Ended June 30	
	2021	2020
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash outflows from operating leases	\$ 21,854,000	\$ 21,756,000
Operating cash outflows from finance leases	1,000	1,000
Financing cash outflows from finance leases	27,000	26,000

The following table summarizes the maturity lease obligations as of June 30, 2021:

	Operating Leases	Finance Leases	Total
2022	\$ 8,320,000	\$ 28,000	\$ 8,348,000
2023	6,225,000	5,000	6,230,000
2024	4,904,000	–	4,904,000
2025	3,059,000	–	3,059,000
2026	2,655,000	–	2,655,000
Thereafter	14,796,000	–	14,796,000
Total lease payments	39,959,000	33,000	39,992,000
Less: Imputed interest	825,000	1,000	826,000
Total lease liabilities	\$ 39,134,000	\$ 32,000	\$ 39,166,000

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Commitments and Contingencies (continued)

Contingencies

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

Luminis' revenues may be subject to adjustment as a result of examination by government agencies or contractors, based upon differing interpretations of government regulations, medical diagnoses, charge coding, medical necessity, or other contract terms. The resolution of these matters, if any, often is not finalized until subsequent to the period during which the services were rendered. Section 302 of the Tax Relief and Health Care Act of 2006 authorized a permanent program involving the use of third-party recovery audit contractors (RACs) to identify Medicare overpayments and underpayments made to providers. Management has established protocols to respond to RAC requests and payment denials. Payment recoveries resulting from RAC reviews are appealable through administrative and judicial processes, and management intends to pursue the reversal of adverse determinations where appropriate. In addition to overpayments that are not reversed on appeal, management will incur additional costs to respond to requests for records and pursue the reversal of payment denials. As of June 30, 2021 and 2020, Luminis has recorded an estimated reserve regarding the Medicare overpayments. In the opinion of the Luminis' management, the ultimate settlement of this matter will not have a material adverse effect on the consolidated financial position of Luminis.

During the year ended June 30, 2020, LHDCMC recorded an accrual related to a billing error that was self-reported to the Department of Health and Human Services. LHDCMC is working with the U.S. Government to come to a resolution on this matter. It is possible that other regulatory conditions may be part of the final resolution. Based on consultation with legal counsel, management believes the final resolution will not have a material adverse effect on the June 30, 2021 consolidated financial statements.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

11. Functional Expenses

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

	Health Care Services	General and Administrative	Total
Year ended June 30, 2021			
Salaries and wages	\$ 436,725,000	\$ 71,998,000	\$ 508,723,000
Employee benefits	65,400,000	10,996,000	76,396,000
Supplies	182,201,000	7,016,000	189,217,000
Purchased services	114,908,000	132,768,000	247,676,000
Depreciation and amortization	19,885,000	26,998,000	46,883,000
Interest	14,404,000	–	14,404,000
Total operating expenses	<u>\$ 833,523,000</u>	<u>\$ 249,776,000</u>	<u>\$ 1,083,299,000</u>
Year ended June 30, 2020			
Salaries and wages	\$ 401,827,000	\$ 78,053,000	\$ 479,880,000
Employee benefits	63,580,000	12,350,000	75,930,000
Supplies	189,335,000	8,152,000	197,487,000
Purchased services	113,213,000	113,162,000	226,375,000
Depreciation and amortization	22,742,000	23,252,000	45,994,000
Interest	16,151,000	–	16,151,000
Total operating expenses	<u>\$ 806,848,000</u>	<u>\$ 234,969,000</u>	<u>\$ 1,041,817,000</u>

12. Fair Value of Financial Instruments

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

Investments and Assets Whose Use is Limited

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

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Fair Value of Financial Instruments (continued)

Pledges Receivable

Luminis estimates that the carrying value of pledges receivable approximates fair value, given the discount rates applied.

13. Net Assets

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

	June 30	
	2021	2020
Hospital capital additions	\$ 7,057,000	\$ 7,248,000
Hospital operating programs	19,355,000	16,613,000
	<u>\$ 26,412,000</u>	<u>\$ 23,861,000</u>

14. Liquidity and Availability

Financial assets available for general expenditure within one year of the balance sheet date comprise the following as of June 30, 2021:

Assets

Current assets:

Cash and cash equivalents	\$ 276,817,000
Short-term investments	3,447,000
Patient receivables, net	144,555,000
Investments*	448,850,000
Total financial assets	<u>\$ 873,669,000</u>

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

LHAAMC's bond covenant requires LHAAMC to maintain unrestricted cash and marketable securities on hand to meet 90 days of normal operating expenses. The LHAAMC obligated group was compliant with all financial covenants as of June 30, 2021 and 2020.

Luminis Health, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

14. Liquidity and Availability (continued)

LHDCMC's bond covenant requires LHDCMC to maintain unrestricted cash and marketable securities on hand to meet 60 days of normal operating expenses. The LHDCMC obligated group was compliant with all financial covenants as of June 30, 2021.

15. Subsequent Events

Luminis has evaluated the impact of subsequent events through October 28, 2021, representing the date at which the accompanying consolidated financial statements were issued.

No events have occurred that require disclosure in or adjustments to the accompanying consolidated financial statements.

Supplementary Information

Public Disclosure Copy

Luminis Health, Inc. and Subsidiaries
Supplementary Consolidating Balance Sheet

June 30, 2021

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries	Luminis Health Imaging, Inc.	Luminis Health Care Services, Inc.	Luminis Health Real Estate Holding Company, Inc. and Subsidiaries	Luminis Health Research Institute, Inc.	Physician Enterprise, LLC	Anne Arundel Medical Center Collaborative Care Network LLC	Luminis Health Anne Arundel Medical Center Foundation, Inc.	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries	Eliminating Entries	Consolidated
Assets												
Current assets:												
Cash and cash equivalents	\$ (13,320,000)	\$ 129,331,000	\$ 390,000	\$ (19,000)	\$ 2,390,000	\$ 270,000	\$ 8,467,000	\$ 10,000	\$ 5,334,000	\$ 143,964,000	\$ –	\$ 276,817,000
Short-term investments	–	2,998,000	–	–	–	–	–	–	449,000	–	–	3,447,000
Current portion of assets whose use is limited	–	16,241,000	–	–	–	–	–	–	–	–	–	16,241,000
Patient receivables, net	(5,000)	81,844,000	3,411,000	–	–	1,274,000	20,672,000	–	–	37,359,000	–	144,555,000
Current portion of pledges receivable, net	–	–	–	–	–	–	–	–	1,312,000	–	–	1,312,000
Inventories	378,000	12,665,000	–	–	–	–	378,000	–	–	10,221,000	–	23,642,000
Prepaid expenses and other current assets	4,019,000	52,764,000	101,006,000	5,619,000	30,274,000	(182,000)	2,191,000	4,954,000	54,772,000	12,017,000	(248,436,000)	18,998,000
Total current assets	(8,928,000)	295,843,000	104,807,000	5,600,000	32,664,000	1,362,000	31,708,000	4,964,000	61,867,000	203,561,000	(248,436,000)	485,012,000
Property and equipment	666,000	794,145,000	28,970,000	3,789,000	139,187,000	95,000	26,820,000	–	2,013,000	134,186,000	–	1,129,871,000
Less accumulated depreciation and amortization	–	(447,245,000)	(27,176,000)	(1,984,000)	(69,927,000)	(77,000)	(16,639,000)	–	(173,000)	(20,048,000)	–	(583,269,000)
Net property and equipment	666,000	346,900,000	1,794,000	1,805,000	69,260,000	18,000	10,181,000	–	1,840,000	114,138,000	–	546,602,000
Other assets:												
Investments	–	425,984,000	–	–	–	–	–	–	1,960,000	20,906,000	–	448,850,000
Investments in joint ventures	–	–	–	481,000	6,789,000	–	–	–	–	6,189,000	–	13,459,000
Pledges receivable, net	–	–	–	–	–	–	–	–	1,662,000	–	–	1,662,000
Assets whose use is limited	–	32,609,000	–	–	–	–	–	–	20,424,000	–	–	53,033,000
Beneficial interest in net assets of LHAAMC Foundation, Inc.	–	27,071,000	–	–	–	–	–	–	–	–	(27,071,000)	–
Restricted collateral for interest rate swap contract	–	25,699,000	–	–	–	–	–	–	–	–	–	25,699,000
Right of use asset	–	5,696,000	755,000	335,000	10,252,000	–	16,540,000	–	–	3,950,000	–	37,528,000
Other assets	808,522,000	38,826,000	–	–	1,536,000	–	1,391,000	–	362,000	27,331,000	(809,407,000)	68,561,000
Total assets	\$ 800,260,000	\$ 1,198,628,000	\$ 107,356,000	\$ 8,221,000	\$ 120,501,000	\$ 1,380,000	\$ 59,820,000	\$ 4,964,000	\$ 88,115,000	\$ 376,075,000	\$ (1,084,914,000)	\$ 1,680,406,000

Luminis Health, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet (continued)

June 30, 2021

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries	Luminis Health Imaging, Inc.	Luminis Health Care Services, Inc.	Luminis Health Real Estate Holding Company, Inc. and Subsidiaries	Luminis Health Research Institute, Inc.	Physician Enterprise, LLC	Anne Arundel Medical Center Collaborative Care Network LLC	Luminis Health Anne Arundel Medical Center Foundation, Inc.	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries	Eliminating Entries	Consolidated
Liabilities and net assets												
Current liabilities:												
Accounts payable	\$ 100,526,000	\$ 39,590,000	\$ 1,790,000	\$ 1,263,000	\$ 677,000	\$ 1,141,000	\$ 21,891,000	\$ 236,000	\$ 8,042,000	\$ 77,288,000	\$ (196,748,000)	\$ 55,696,000
Accrued salaries, wages, and benefits	16,113,000	31,128,000	382,000	2,026,000	–	153,000	6,928,000	17,000	69,000	19,877,000	–	76,693,000
Other accrued expenses	1,351,000	13,588,000	–	4,000	3,070,000	–	2,007,000	–	52,933,000	9,174,000	(52,720,000)	29,407,000
Current portion of long-term debt	–	7,685,000	–	–	8,868,000	–	–	–	–	5,085,000	–	21,638,000
Advances from third-party payors	10,000	116,708,000	306,000	–	545,000	–	9,024,000	1,782,000	–	49,780,000	–	178,155,000
Current portion of lease liability	1,000	2,704,000	32,000	273,000	1,342,000	–	2,716,000	–	–	1,119,000	–	8,187,000
Total current liabilities	118,001,000	211,403,000	2,510,000	3,566,000	14,502,000	1,294,000	42,566,000	2,035,000	61,044,000	162,323,000	(249,468,000)	369,776,000
Long-term debt, less current portion and unamortized original issue premium	–	281,879,000	–	–	48,453,000	–	–	–	–	118,843,000	–	449,175,000
Interest rate swap contract	–	90,010,000	–	–	–	–	–	–	–	–	–	90,010,000
Accrued pension liability	–	–	–	–	–	–	–	–	–	2,291,000	–	2,291,000
Lease liability, less current portion	2,000	3,069,000	737,000	62,000	9,169,000	–	14,229,000	–	–	3,711,000	–	30,979,000
Other long-term liabilities	(1,000)	45,203,000	–	–	–	–	167,000	–	–	8,675,000	–	54,044,000
Total liabilities	118,002,000	631,564,000	3,247,000	3,628,000	72,124,000	1,294,000	56,962,000	2,035,000	61,044,000	295,843,000	(249,468,000)	996,275,000
Net assets:												
Without donor restrictions	659,548,000	540,814,000	104,109,000	4,593,000	48,377,000	86,000	2,858,000	2,929,000	462,000	76,923,000	(785,822,000)	654,877,000
With donor restrictions	22,710,000	26,250,000	–	–	–	–	–	–	26,609,000	467,000	(49,624,000)	26,412,000
Non-controlling interest	–	–	–	–	–	–	–	–	–	2,842,000	–	2,842,000
Total net assets	682,258,000	567,064,000	104,109,000	4,593,000	48,377,000	86,000	2,858,000	2,929,000	27,071,000	80,232,000	(835,446,000)	684,131,000
Total liabilities and net assets	\$ 800,260,000	\$ 1,198,628,000	\$ 107,356,000	\$ 8,221,000	\$ 120,501,000	\$ 1,380,000	\$ 59,820,000	\$ 4,964,000	\$ 88,115,000	\$ 376,075,000	\$ (1,084,914,000)	\$ 1,680,406,000

Luminis Health, Inc. and Subsidiaries

Supplementary Consolidating Statement of Operations

Year Ended June 30, 2021

	Luminis Health, Inc.	Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries	Luminis Health Imaging, Inc.	Luminis Health Care Services, Inc.	Luminis Health Real Estate Holding Company, Inc. and Subsidiaries	Luminis Health Research Institute, Inc.	Physician Enterprise, LLC	Anne Arundel Medical Center Collaborative Care Network LLC	Luminis Health Anne Arundel Medical Center Foundation, Inc.	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries	Eliminating Entries	Consolidated
Operating revenue:												
Net patient service revenue	\$ -	\$ 623,084,000	\$ 31,767,000	\$ -	\$ -	\$ (36,000)	\$ 162,841,000	\$ -	\$ -	\$ 218,779,000	\$ -	\$ 1,036,435,000
Other operating revenue	89,000	27,313,000	-	23,596,000	23,711,000	2,539,000	39,896,000	2,967,000	5,571,000	20,189,000	(76,416,000)	69,455,000
Total operating revenue	89,000	650,397,000	31,767,000	23,596,000	23,711,000	2,503,000	202,737,000	2,967,000	5,571,000	238,968,000	(76,416,000)	1,105,890,000
Operating expenses:												
Salaries and wages	48,307,000	208,743,000	6,132,000	15,027,000	-	1,661,000	141,997,000	560,000	1,407,000	84,888,000	-	508,722,000
Employee benefits	5,579,000	37,647,000	1,101,000	2,416,000	-	300,000	13,059,000	73,000	183,000	16,038,000	-	76,396,000
Supplies	622,000	127,658,000	1,317,000	356,000	120,000	11,000	21,231,000	-	18,000	37,884,000	-	189,217,000
Purchased services	52,837,000	117,189,000	14,919,000	7,007,000	10,307,000	1,195,000	55,001,000	2,549,000	682,000	61,792,000	(75,802,000)	247,676,000
Foundation transfer to LHAAMC and subsidiaries	-	(3,654,000)	-	-	-	-	-	-	4,390,000	-	(736,000)	-
Depreciation and amortization	-	27,378,000	839,000	79,000	3,409,000	-	2,116,000	-	27,000	13,036,000	-	46,884,000
Interest	43,000	9,098,000	-	-	772,000	-	-	-	-	4,512,000	(21,000)	14,404,000
Shared services	(107,034,000)	85,022,000	-	-	-	-	-	-	-	22,012,000	-	-
Total operating expenses	354,000	609,081,000	24,308,000	24,885,000	14,608,000	3,167,000	233,404,000	3,182,000	6,707,000	240,162,000	(76,559,000)	1,083,299,000
Operating (loss) income	(265,000)	41,316,000	7,459,000	(1,289,000)	9,103,000	(664,000)	(30,667,000)	(215,000)	(1,136,000)	(1,194,000)	143,000	22,591,000
Other income (loss):												
Investment income, net	-	13,157,000	-	-	1,000	-	-	-	85,000	224,000	-	13,467,000
Loss from joint ventures and other, net	162,088,000	(298,000)	-	227,000	346,000	-	-	-	-	(367,000)	(162,089,000)	(93,000)
Pension expense, net	-	(2,913,000)	-	-	-	-	-	-	-	(533,000)	-	(3,446,000)
Change in unrealized gains on trading securities, net	-	103,270,000	-	-	255,000	-	-	-	300,000	681,000	-	104,506,000
Realized and unrealized gains on interest rate swap contracts, net	-	20,165,000	-	-	-	-	-	-	-	-	-	20,165,000
Total other income (loss), net	162,088,000	133,381,000	-	227,000	602,000	-	-	-	385,000	5,000	(162,089,000)	134,599,000
Excess (deficit) of revenue over expenses	\$ 161,823,000	\$ 174,697,000	\$ 7,459,000	\$ (1,062,000)	\$ 9,705,000	\$ (664,000)	\$ (30,667,000)	\$ (215,000)	\$ (751,000)	\$ (1,189,000)	\$ (161,946,000)	\$ 157,190,000

Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet

June 30, 2021

	Luminis Health Anne Arundel Medical Center Inc.	Luminis Health Pathways Inc.	Luminis Health McNew Family Medical Center Inc.	Cottage Insurance Company Ltd.	Consolidating and Eliminating Entries	Consolidated
Assets						
Current assets:						
Cash and cash equivalents	\$ 129,229,000	\$ (23,000)	\$ 125,000	\$ –	\$ –	\$ 129,331,000
Short-term investments	2,998,000	–	–	–	–	2,998,000
Current portion of assets whose use is limited	12,538,000	–	–	3,703,000	–	16,241,000
Patient receivables, net	80,280,000	12,000	1,552,000	–	–	81,844,000
Inventories	12,665,000	–	–	–	–	12,665,000
Due from affiliates, net	74,776,000	1,505,000	–	–	(28,902,000)	47,379,000
Prepaid expenses and other current assets	5,334,000	4,000	14,000	33,000	–	5,385,000
Total current assets	317,820,000	1,498,000	1,691,000	3,736,000	(28,902,000)	295,843,000
Property and equipment	756,140,000	9,574,000	28,431,000	–	–	794,145,000
Less accumulated depreciation and amortization	(440,834,000)	(5,154,000)	(1,257,000)	–	–	(447,245,000)
Net property and equipment	315,306,000	4,420,000	27,174,000	–	–	346,900,000
Other assets:						
Investments	425,984,000	–	–	–	–	425,984,000
Investments in joint ventures	–	–	–	–	–	–
Assets whose use is limited	7,000	–	–	32,602,000	–	32,609,000
Beneficial interest in net assets of LHAAMC Foundation, Inc.	27,071,000	–	–	–	–	27,071,000
Notes receivable from affiliate	1,040,000	–	–	–	–	1,040,000
Restricted collateral for interest rate swap contract	25,699,000	–	–	–	–	25,699,000
Right-of-use asset	5,696,000	–	–	–	–	5,696,000
Other assets	34,506,000	–	–	11,585,000	(8,305,000)	37,786,000
Total assets	\$ 1,153,129,000	\$ 5,918,000	\$ 28,865,000	\$ 47,923,000	\$ (37,207,000)	\$ 1,198,628,000

Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet (continued)

June 30, 2021

	Luminis Health Anne Arundel Medical Center Inc.	Luminis Health Pathways Inc.	Luminis Health McNew Family Medical Center Inc.	Cottage Insurance Company Ltd.	Consolidating and Eliminating Entries	Consolidated
Liabilities and net assets						
Current liabilities:						
Accounts payable	\$ 39,234,000	\$ 39,000	\$ 75,000	\$ 55,000	\$ –	\$ 39,403,000
Accrued salaries, wages, and benefits	30,751,000	195,000	182,000	–	–	31,128,000
Other accrued expenses	17,493,000	1,000	–	–	–	17,494,000
Current portion of long-term debt	7,685,000	–	–	–	–	7,685,000
Intercompany payables	(3,512,000)	(32,000)	28,608,000	–	(28,783,000)	(3,719,000)
Advances from third-party payors	116,708,000	–	–	–	–	116,708,000
Current portion of lease liability	2,704,000	–	–	–	–	2,704,000
Total current liabilities	211,063,000	203,000	28,865,000	55,000	(28,783,000)	211,403,000
Long-term debt, less current portion and unamortized original issue premium	281,879,000	–	–	–	–	281,879,000
Interest rate swap contracts	90,010,000	–	–	–	–	90,010,000
Accrued pension liability	–	–	–	–	–	–
Lease liability, less current portion	3,069,000	–	–	–	–	3,069,000
Other long-term liabilities	(76,000)	–	–	45,279,000	–	45,203,000
Total liabilities	585,945,000	203,000	28,865,000	45,334,000	(28,783,000)	631,564,000
Net assets:						
Without donor restrictions	540,934,000	5,715,000	–	2,589,000	(8,424,000)	540,814,000
With donor restrictions	26,250,000	–	–	–	–	26,250,000
Total net assets	567,184,000	5,715,000	–	2,589,000	(8,424,000)	567,064,000
Total liabilities and net assets	\$ 1,153,129,000	\$ 5,918,000	\$ 28,865,000	\$ 47,923,000	\$ (37,207,000)	\$ 1,198,628,000

Luminis Health Anne Arundel Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Statement of Operations

Year Ended June 30, 2021

	Luminis Health Anne Arundel Medical Center Inc.	Luminis Health Pathways Inc.	Luminis Health McNew Family Medical Center Inc.	Cottage Insurance Company Ltd.	Consolidating and Eliminating Entries	Consolidated
Operating revenue:						
Net patient service revenue	\$ 611,873,000	\$ 4,077,000	\$ 7,134,000	\$ –	\$ –	\$ 623,084,000
Other operating revenue	30,041,000	728,000	732,000	8,965,000	(13,153,000)	27,313,000
Total operating revenue	<u>641,914,000</u>	<u>4,805,000</u>	<u>7,866,000</u>	<u>8,965,000</u>	<u>(13,153,000)</u>	<u>650,397,000</u>
Operating expenses:						
Salaries and wages	200,495,000	4,146,000	4,102,000	–	–	208,743,000
Employee benefits	36,416,000	599,000	632,000	–	–	37,647,000
Supplies	127,068,000	471,000	359,000	–	(240,000)	127,658,000
Purchased services	105,470,000	729,000	2,335,000	17,795,000	(9,140,000)	117,189,000
Foundation transfer to LHAAMC Foundation, Inc. and subsidiaries	–	–	–	–	(3,654,000)	(3,654,000)
Depreciation and amortization	25,937,000	410,000	1,031,000	–	–	27,378,000
Interest	9,098,000	–	–	–	–	9,098,000
Shared Services	85,022,000	–	–	–	–	85,022,000
Total operating expenses	<u>589,506,000</u>	<u>6,355,000</u>	<u>8,459,000</u>	<u>17,795,000</u>	<u>(13,034,000)</u>	<u>609,081,000</u>
Operating income (loss)	<u>52,408,000</u>	<u>(1,550,000)</u>	<u>(593,000)</u>	<u>(8,830,000)</u>	<u>(119,000)</u>	<u>41,316,000</u>
Other income (loss):						
Investment income, (loss) net	7,985,000	–	–	5,172,000	–	13,157,000
Loss from joint ventures and other, net	(6,329,000)	–	–	–	6,031,000	(298,000)
Pension credit (expense), net	(2,913,000)	–	–	–	–	(2,913,000)
Change in unrealized gains (losses) on trading securities, net	103,497,000	–	–	(227,000)	–	103,270,000
Realized and unrealized gains (losses) on interest rate swap contracts, net	20,165,000	–	–	–	–	20,165,000
Total other gain (loss), net	<u>122,405,000</u>	<u>–</u>	<u>–</u>	<u>4,945,000</u>	<u>6,031,000</u>	<u>133,381,000</u>
Excess (deficit) of revenue over expenses	<u>\$ 174,813,000</u>	<u>\$ (1,550,000)</u>	<u>\$ (593,000)</u>	<u>\$ (3,885,000)</u>	<u>\$ 5,912,000</u>	<u>\$ 174,697,000</u>

Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet

June 30, 2021

	Luminis Health Doctors Community Medical Center Inc.	Doctors Community Healthcare Programs, LLC	Doctors Community Medical Center Foundation, Inc.	Doctors Community Health Ventures, LLC	Eliminations	Total Doctors Community Medical Center Obligated Group	Doctors Regional Cancer Center, Inc.	Magnolia Gardens, Metro Ambulatory Urologic Institute, LLC & Diagnostic Imaging, LLC	Spine Team of Maryland, LLC & DCH Integrated Healthcare Network, LLC	Eliminations	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries
Assets											
Current assets:											
Cash and cash equivalents	\$ 136,392,000	\$ 1,907,000	\$ 664,000	\$ 631,000	\$ -	\$ 139,594,000	\$ 4,327,000	\$ -	\$ 43,000	\$ -	\$ 143,964,000
Short-term investments	-	-	-	-	-	-	-	-	-	-	-
Current portion of assets whose use is limited	-	-	-	-	-	-	-	-	-	-	-
Patient receivables, net	33,290,000	3,258,000	-	(284,000)	-	36,264,000	1,071,000	-	24,000	-	37,359,000
Inventories	10,202,000	-	-	19,000	-	10,221,000	-	-	-	-	10,221,000
Due from affiliates, net	-	-	-	-	-	-	-	-	-	-	-
Prepaid expenses and other current assets	39,699,000	1,060,000	466,000	952,000	(20,921,000)	21,256,000	183,000	-	88,000	(9,510,000)	12,017,000
Total current assets	219,583,000	6,225,000	1,130,000	1,318,000	(20,921,000)	207,335,000	5,581,000	-	155,000	(9,510,000)	203,561,000
Property and equipment	130,305,000	1,272,000	-	529,000	-	132,106,000	2,080,000	-	-	-	134,186,000
Less accumulated depreciation and amortization	(18,635,000)	(476,000)	-	(41,000)	-	(19,152,000)	(896,000)	-	-	-	(20,048,000)
Net property and equipment	111,670,000	796,000	-	488,000	-	112,954,000	1,184,000	-	-	-	114,138,000
Other assets:											
Investments	19,062,000	-	-	-	-	19,062,000	1,844,000	-	-	-	20,906,000
Investments in joint ventures	-	-	-	6,189,000	(6,189,000)	-	-	6,189,000	-	-	6,189,000
Assets whose use is limited	-	-	-	-	-	-	-	-	-	-	-
Beneficial interest in net assets of LHDCMC Foundation, Inc.	148,000	-	-	-	(148,000)	-	-	-	-	-	-
Notes receivable from affiliate	-	-	-	-	-	-	-	-	-	-	-
Restricted collateral for interest rate swap contract	-	-	-	-	-	-	-	-	-	-	-
Right of use asset	3,950,000	-	-	-	-	3,950,000	-	-	-	-	3,950,000
Other assets	(50,865,000)	-	-	7,000	78,182,000	27,324,000	-	7,000	-	-	27,331,000
Total assets	\$ 303,548,000	\$ 7,021,000	\$ 1,130,000	\$ 8,002,000	\$ 50,924,000	\$ 370,625,000	\$ 8,609,000	\$ 6,196,000	\$ 155,000	\$ (9,510,000)	\$ 376,075,000

Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet (continued)

June 30, 2021

	Luminis Health Doctors Community Medical Center Inc.	Doctors Community Healthcare Programs, LLC	Doctors Community Medical Center Foundation, Inc.	Doctors Community Health Ventures, LLC	Eliminations	Total Doctors Community Medical Center Obligated Group	Doctors Regional Cancer Center, Inc.	Magnolia Gardens, Metro Ambulatory Urologic Institute, LLC & Diagnostic Imaging, LLC	Spine Team of Maryland, LLC & DCH Integrated Healthcare Network, LLC	Eliminations	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries
Liabilities and net assets											
Current liabilities:											
Accounts payable	\$ 7,967,000	\$ 50,830,000	\$ 665,000	\$ 4,495,000	\$ 12,672,000	\$ 76,629,000	\$ 1,505,000	\$ –	\$ 8,664,000	\$ (9,510,000)	\$ 77,288,000
Accrued salaries, wages, and benefits	20,183,000	(114,000)	–	(192,000)	–	19,877,000	–	–	–	–	19,877,000
Other accrued expenses	9,174,000	–	–	33,560,000	(33,560,000)	9,174,000	–	–	–	–	9,174,000
Current portion of long-term debt	5,085,000	–	–	–	–	5,085,000	–	–	–	–	5,085,000
Advances from third-party payors	48,192,000	1,017,000	–	571,000	–	49,780,000	–	–	–	–	49,780,000
Current portion of lease liability	1,119,000	–	–	–	–	1,119,000	–	–	–	–	1,119,000
Total current liabilities	91,720,000	51,733,000	665,000	38,434,000	(20,888,000)	161,664,000	1,505,000	–	8,664,000	(9,510,000)	162,323,000
Long-term debt, less current portion and unamortized original issue premium	118,843,000	–	–	–	–	118,843,000	–	–	–	–	118,843,000
Accrued pension liability	2,201,000	–	–	90,000	–	2,291,000	–	–	–	–	2,291,000
Lease liability, less current portion	3,711,000	–	–	–	–	3,711,000	–	–	–	–	3,711,000
Other long-term liabilities	8,675,000	–	–	–	–	8,675,000	–	–	–	–	8,675,000
Total liabilities	225,150,000	51,733,000	665,000	38,524,000	(20,888,000)	295,184,000	1,505,000	–	8,664,000	(9,510,000)	295,843,000
Net assets:											
Without donor restrictions	78,304,000	(44,712,000)	140,000	(30,522,000)	68,922,000	72,132,000	7,104,000	6,196,000	(8,509,000)	–	76,923,000
With donor restrictions	94,000	–	325,000	–	48,000	467,000	–	–	–	–	467,000
Non-controlling interest	–	–	–	–	2,842,000	2,842,000	–	–	–	–	2,842,000
Total net assets	78,398,000	(44,712,000)	465,000	(30,522,000)	71,812,000	75,441,000	7,104,000	6,196,000	(8,509,000)	–	80,232,000
Total liabilities and net assets	\$ 303,548,000	\$ 7,021,000	\$ 1,130,000	\$ 8,002,000	\$ 50,924,000	\$ 370,625,000	\$ 8,609,000	\$ 6,196,000	\$ 155,000	\$ (9,510,000)	\$ 376,075,000

Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Statement of Operations

Year Ended June 30, 2021

	Luminis Health Doctors Community Medical Center Inc.	Doctors Community Healthcare Programs, LLC	Doctors Community Medical Center Foundation, Inc.	Doctors Community Health Ventures, LLC	Eliminations	Total Doctors Community Medical Center Obligated Group	Doctors Regional Cancer Center, Inc.	Magnolia Gardens, Metro Ambulatory Urologic Institute, LLC & Diagnostic Imaging, LLC	Spine Team of Maryland, LLC & DCH Integrated Healthcare Network, LLC	Eliminations	Luminis Health Doctors Community Medical Center, Inc. and Subsidiaries
Operating revenue:											
Net patient service revenue	\$ 210,799,000	\$ -	\$ -	\$ -	\$ -	\$ 210,799,000	\$ 7,980,000	\$ -	\$ -	\$ -	\$ 218,779,000
Other operating revenue	18,563,000	774,000	730,000	155,000	(33,000)	20,189,000	-	-	-	-	20,189,000
Total operating revenue	229,362,000	774,000	730,000	155,000	(33,000)	230,988,000	7,980,000	-	-	-	238,968,000
Operating expenses:											
Salaries and wages	82,472,000	481,000	394,000	209,000	-	83,556,000	1,332,000	-	-	-	84,888,000
Employee benefits	15,540,000	62,000	79,000	56,000	-	15,737,000	301,000	-	-	-	16,038,000
Supplies	37,762,000	8,000	36,000	(19,000)	-	37,787,000	97,000	-	-	-	37,884,000
Purchased services	55,532,000	260,000	129,000	123,000	-	56,044,000	5,762,000	-	(14,000)	-	61,792,000
Depreciation and amortization	12,571,000	19,000	-	2,000	-	12,592,000	444,000	-	-	-	13,036,000
Interest	4,512,000	-	-	-	-	4,512,000	-	-	-	-	4,512,000
Shared services	22,012,000	-	-	-	-	22,012,000	-	-	-	-	22,012,000
Total operating expenses	230,401,000	830,000	638,000	371,000	-	232,240,000	7,936,000	-	(14,000)	-	240,162,000
Operating income (loss)	(1,039,000)	(56,000)	92,000	(216,000)	(33,000)	(1,252,000)	44,000	-	14,000	-	(1,194,000)
Other income (loss):											
Investment income, (loss) net	386,000	-	-	(162,000)	-	224,000	-	-	-	-	224,000
Loss from joint ventures and other, net	(544,000)	10,000	-	70,000	107,000	(357,000)	(10,000)	-	-	-	(367,000)
Pension credit (expense), net	(533,000)	-	-	-	-	(533,000)	-	-	-	-	(533,000)
Change in unrealized gains (losses) on trading securities, net	681,000	-	-	-	-	681,000	-	-	-	-	681,000
Realized and unrealized gains (losses) on interest rate swap contracts, net	-	-	-	-	-	-	-	-	-	-	-
Total other gain (loss), net	(10,000)	10,000	-	(92,000)	107,000	15,000	(10,000)	-	-	-	5,000
Excess (deficit) of revenue over expenses	\$ (1,049,000)	\$ (46,000)	\$ 92,000	\$ (308,000)	\$ 74,000	\$ (1,237,000)	\$ 34,000	\$ -	\$ 14,000	\$ -	\$ (1,189,000)

Luminis Health, Inc. and Subsidiaries

Supplementary Description of Consolidating and Eliminating Entries

June 30, 2021

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

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Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form4720 for instructions and the latest information.

For calendar year 2020 or other tax year beginning JUL 1 , 2020, and ending JUN 30 , 2021	
Name of organization, entity, or person subject to tax LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.	EIN or SSN 52-1638026
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) 2000 MEDICAL PARKWAY, NO. 606	<input type="checkbox"/> Amended return
City or town, state or province, country, and ZIP or foreign postal code ANNAPOLIS, MD 21401	Check box for type of annual return: <input checked="" type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227

	Yes	No	N/A
A Is the organization a foreign private foundation within the meaning of section 4948(b)? Show conversion rate to U.S. dollars. See instructions ▶ _____		X	
B Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? If "Yes," attach a detailed description of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ _____. If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions).			X

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1 Tax on undistributed income - Schedule B, line 4	1	
2 Tax on excess business holdings - Schedule C, line 7	2	
3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)	3	
4 Tax on taxable expenditures - Schedule E, Part I, column (g)	4	
5 Tax on political expenditures - Schedule F, Part I, column (e)	5	
6 Tax on excess lobbying expenditures - Schedule G, line 4	6	
7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8 Tax on premiums paid on personal benefit contracts	8	
9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10 Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12	
13 Tax on excess executive compensation - Schedule N	13	208,273.
14 Tax on net investment income of private colleges and universities - Schedule O	14	
15 Total (add lines 1 - 14)	15	208,273.

Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code	Employer identification number	
1 Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1	
2 Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2	
3 Tax on taxable expenditures - Schedule E, Part II, column (d)	3	
4 Tax on political expenditures - Schedule F, Part II, column (d)	4	
5 Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5	
6 Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6	
7 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7	
8 Tax on taxable distributions - Schedule K, Part II, column (d)	8	
9 Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9	
10 Total - Add lines 1 through 9	10	

Part III Tax Payments

1 Total tax (Part I, line 15 or Part II, line 10)	1	208,273.
2 Total payments including amount paid with Form 8868 (see instructions)	2	210,000.
3 Tax due. If line 1 is larger than line 2, enter amount owed (see instructions)	3	
4 Overpayment. If line 1 is smaller than line 2, enter the difference. This is your refund	4	1,727.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 4720 (2020)

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation			
(a) Act number	(b) Date of act	(c) Description of act	
1			
2			
3			
4			
5			
(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act		(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col. (e))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2019 (from Form 990-PF for 2020, Part XIII, line 6d)	1	
2	Undistributed income for 2019 (from Form 990-PF for 2020, Part XIII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2020 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	Tax - Enter 30% of line 3 here and on Part I, line 1	4	

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1		
2	Permitted holdings in business enterprise	2		
3	Value of excess holdings in business enterprise	3		
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5	Taxable excess holdings in business enterprise - line 3 minus line 4	5		
6	Tax - Enter 10% of line 5	6		
7	Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7		

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 3					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I Expenditures and Computation of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on foundation (20% of col. (b))	(h) Initial tax imposed on foundation managers (if applicable)- (lesser of \$10,000 or 5% of col. (b))
Total - Column (g). Enter here and on Part I, line 4				
Total - Column (h). Enter total (or prorated amount) here and in Part II, column (c), below				

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 5					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c) (see instructions))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation		
(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) *Continued*

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments			
(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments			
(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions)				
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction	
1				
2				
3				
4				
5				
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Total - Column (h). Enter here and on Part I, line 9				

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Fund Managers and Proration of Payments			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)				
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax	
1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) 1
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 2

SCHEDULE N - Tax on Excess Executive Compensation (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1	SEE STATEMENT 1			
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			
Total (add column (e) items 1 - 6)				991,777.
Tax. Enter 21% of the amount above here and on Part I, line 13				208,273.

SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary					
6	Total					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14					

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL
CENTER, INC.

Form 4720 (2020)

52-1638026 Page 10

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

Sign Here

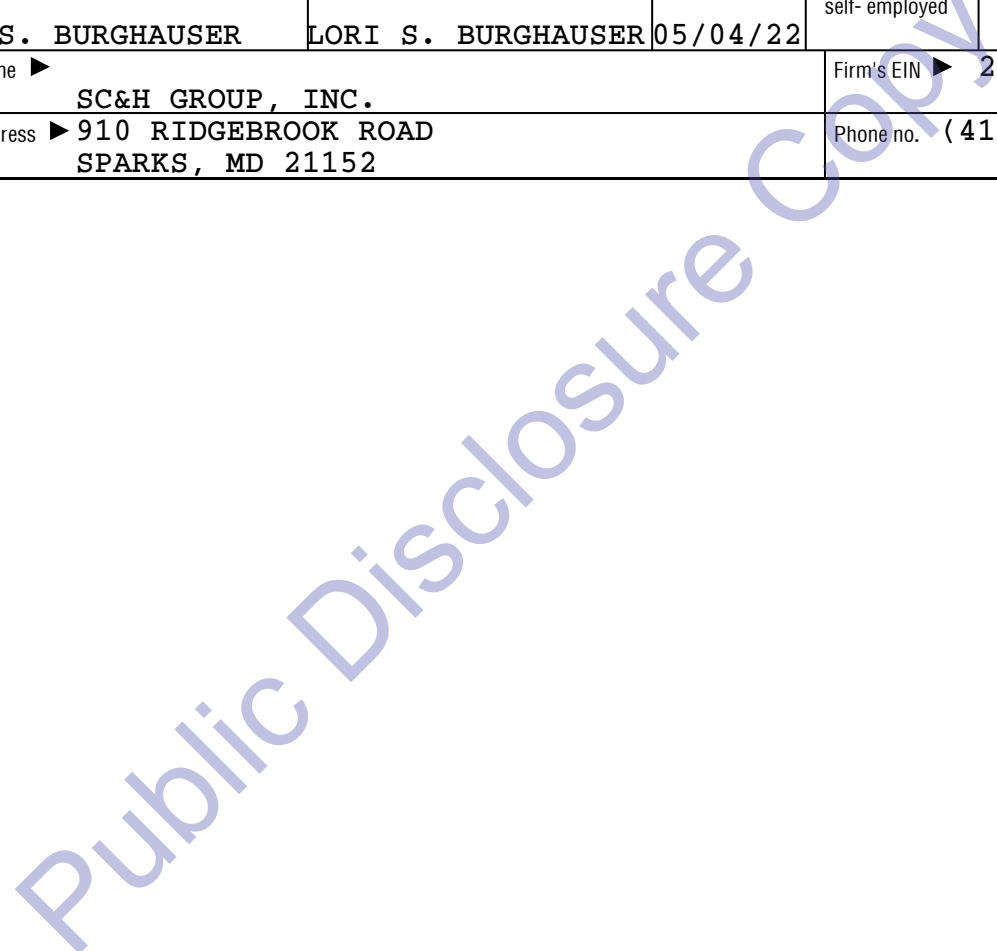
	CFO	
Signature of officer or trustee	Title	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date

May the IRS discuss this return with the preparer shown below? (see instructions) Yes No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/04/22		P00370694
Firm's name ▶	SC&H GROUP, INC.		Firm's EIN ▶	20-5991824
Firm's address ▶	910 RIDGEBROOK ROAD SPARKS, MD 21152		Phone no.	(410) 403-1500

Form 4720 (2020)



FORM 4720

SCHEDULE N - TAX ON EXECUTIVE COMPENSATION

STATEMENT 1

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE
1.	PHILLIP DOWN

(C) EXCESS REMUNERATION
706,798.

(D) EXCESS PARACHUTE PAYMENT
-

(E) TOTAL
706,798.

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE
2.	PAUL GRENALDO

(C) EXCESS REMUNERATION
284,979.

(D) EXCESS PARACHUTE PAYMENT
-

(E) TOTAL
284,979.

TOTAL EXCESS EXECUTIVE COMPENSATION

991,777.

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