

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

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.

Open to Public Inspection

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

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MERITUS MEDICAL CENTER, INC. | | D Employer identification number 52-0607949 |
| | Doing business as | | E Telephone number (301) 790-8872 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 11116 MEDICAL CAMPUS ROAD | | G Gross receipts \$ 1,185,694,287. |
| City or town, state or province, country, and ZIP or foreign postal code HAGERSTOWN, MD 21742 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| F Name and address of principal officer: MAULIK JOSHI, DR. P.H. SAME AS C ABOVE | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | If "No," attach a list. See instructions | |
| J Website: WWW.MERITUSHEALTH.COM | | H(c) Group exemption number ▶ | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1904 | M State of legal domicile: MD |

Part I Summary

| | | | |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF MERITUS MEDICAL CENTER, INC. (MMC) IS TO IMPROVE THE HEALTH OF OUR COMMUNITY. | | |
| | 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 | 21 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 3858 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 251 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 2,851,013. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 615,242. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 5,308,036. | 9,776,056. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 470,565,905. | 486,169,068. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 20,758,752. | 34,826,527. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,476,033. | 1,601,536. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 498,108,726. | 532,373,187. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 369,067. | 33,200. |
| | 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) | 236,365,140. | 279,827,201. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 191,582,800. | 216,307,411. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 428,317,007. | 496,167,812. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 69,791,719. | 36,205,375. | |
| 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) | 801,968,935. | 783,798,667. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 414,427,385. | 428,447,838. |
| | | 387,541,550. | 355,350,829. |

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 | COPY-DO NOT FILE | | | |
| | Signature of officer JOSHUA REPAC, CFO/TREASURER | Date | | |
| Paid Preparer Use Only | Print/Type preparer's name MARY TORRETTA | Preparer's signature <i>Mary Torretta</i> | Date 5/1/23 | Check if self-employed <input type="checkbox"/> PTIN P00847851 |
| | Firm's name ▶ GRANT THORNTON LLP | Firm's EIN ▶ 36-6055558 | Phone no. (703) 847-7500 | |
| | Firm's address ▶ 1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209 | | | |

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

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. MERITUS MEDICAL CENTER, INC. | Taxpayer identification number (TIN) 52-0607949 |
| 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. 11116 MEDICAL CAMPUS ROAD | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. HAGERSTOWN, MD 21742 | |

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 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 |
| Form 990-T (corporation) | 07 | | |

JOSHUA REPAC

- The books are in the care of ▶ **11116 MEDICAL CAMPUS ROAD - HAGERSTOWN, MD 21742**

Telephone No. ▶ **(301) 790-8872** 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 15, 2023** , 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, 2021** , and ending **JUN 30, 2022** .

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-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. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Product: **Exempt Extension**
 Name: **MERITUS MEDICAL CENTER, INC.**
 FEIN: *******7949**
 Bank Info:
 Fiscal Year Begin Date: **7/1/2021**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **6/30/2022**

IRS Center: **Ogden**
 e-Postmark: **10/7/2022 1:20 PM**
 Notification:
 eSigned:

Return Information

| Date | Return ID | Type of Activity | Submission ID | Refund/(Due) | Updated By | eSign Date |
|------------|----------------------|----------------------------------------------------|----------------------|--------------|------------------|------------|
| 10/07/2022 | 21X:0177625-00001:V1 | Upload Started | | | Hogben,Courtney | |
| 10/07/2022 | 21X:0177625-00001:V1 | Ready to Release by Customer | | | | |
| 10/07/2022 | 21X:0177625-00001:V1 | Released for Transmission - Validation in Progress | | | Heggestad, Sarah | |
| 10/07/2022 | 21X:0177625-00001:V1 | Ready to transmit - Validation Complete | | | | |
| 10/07/2022 | 21X:0177625-00001:V1 | Transmitted to FD | 54432620222800341e06 | | | |
| 10/07/2022 | 21X:0177625-00001:V1 | Accepted by FD on 10/7/2022 | | | | |

| ID | Status Date | Status | State/Other | State Category | FBAR | FBAR BSA ID |
|----|-------------|--------|-------------|----------------|------|-------------|
|----|-------------|--------|-------------|----------------|------|-------------|

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: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 409,746,952. including grants of \$ 33,200.) (Revenue \$ 487,765,341.) SEE SCHEDULE O

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 409,746,952.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question ID, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included on line 1a, above, who are independent (17); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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 [X] 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
JOSHUA REPAC - (301) 790-8872
11116 MEDICAL CAMPUS ROAD, HAGERSTOWN, MD 21742

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MAULIK JOSHI, DR. P.H PRESIDENT & CEO | 50.00 3.00 | X | | X | | | | 953,794. | 0. | 195,731. |
| (2) HEMANT CHATRATH, MD PHYSICIAN | 50.00 0.00 | | | | | X | | 1,028,390. | 0. | 40,269. |
| (3) ALI AKMAL PHYSICIAN | 50.00 0.00 | | | | | X | | 688,582. | 0. | 40,180. |
| (4) THOMAS T. CHAN CFO/TREASURER | 50.00 3.00 | | | X | | | | 570,102. | 0. | 75,880. |
| (5) MICHAEL MCCORMACK, MD PHYSICIAN | 50.00 0.00 | | | | | X | | 597,504. | 0. | 29,013. |
| (6) VICTORIA GIFFI, MD PHYSICIAN | 50.00 0.00 | | | | | X | | 602,836. | 0. | 14,798. |
| (7) FRANK COLLINS, MD PHYSICIAN | 50.00 0.00 | | | | | X | | 550,398. | 0. | 33,186. |
| (8) CARRIE ADAMS CHIEF OPERATING OFFICER | 50.00 0.00 | | | | X | | | 375,347. | 0. | 63,160. |
| (9) DAVID LEHR CHIEF STRATEGY OFFICER | 50.00 0.00 | | | | X | | | 382,227. | 0. | 19,493. |
| (10) LYNN HAINES VP, LEGAL SERVICES/SECRETARY | 50.00 3.00 | | | X | | | | 245,564. | 0. | 52,562. |
| (11) CAROLYN SIMONSEN FORMER EXECUTIVE VICE PRESIDENT | 0.00 0.00 | | | | | | X | 133,070. | 0. | 229. |
| (12) RASHID HANIF, MD DIRECTOR (THRU 09/2021) | 20.00 0.00 | X | | | | | | 94,352. | 0. | 0. |
| (13) SHAHEEN IQBAL, MD DIRECTOR | 20.00 0.00 | X | | | | | | 36,349. | 0. | 0. |
| (14) TOM AMALFITANO, MD DIRECTOR (AS OF 10/2021) | 20.00 0.00 | X | | | | | | 26,908. | 0. | 0. |
| (15) RALPH SALVAGNO, MD DIRECTOR | 3.00 0.00 | X | | | | | | 1,385. | 0. | 0. |
| (16) GREGORY SNOOK CHAIRMAN | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (17) REV. DR. D. STUART DUNNAN VICE CHAIR | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ROBERT GOETZ, JR DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) WAYNE ALTER, JR DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) BRENDAN D. FITZSIMMONS, PHD DIRECTOR (THRU 03/2022) | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) MARY J.C. HENDRIX, PHD DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) ERIN E. HERSHEY, MHA DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) STEVEN HULL DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) NEIL JESUELE DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) JAMES KERCHEVAL DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) SHARON MAILEY, PHD, RN DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 6,286,808. | 0. | 564,501. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 6,286,808. | 0. | 564,501. |

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 291

| | 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> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| MDICS AT MERITUS MEDICAL CENTER, 7250 PARKWAY DRIVE, SUITE 500, HANOVER, MD TRIMEDX, LLC | MEDICAL | 4,519,913. |
| P.O. BOX 636129, CINCINATTI, OH 45263 | MEDICAL | 3,914,992. |
| ROCHE DIAGNOSTICS CORP 9115 HAGUE ROAD, INDIANAPOLIS, IN 46250 | MEDICAL | 2,900,567. |
| ANACOSTIA MEDICAL ASSOCIATES 8408 ADLER COURT, MILLERSVILLE, MD 21108 | MEDICAL | 2,595,058. |
| MERCY SPECIALIZED BILLING SVCS PO BOX 505125, ST. LOUIS, MO 63150 | INFORMATION SERVICES | 2,220,691. |

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 93

SEE PART VII, SECTION A CONTINUATION SHEETS

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i> | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (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 | | | |
| (27) ALFRED E. MARTIN DIRECTOR | 3.00 0.00 | X | | | | | 0. | 0. | 0. |
| (28) KATHLEEN POOLE DIRECTOR | 3.00 0.00 | X | | | | | 0. | 0. | 0. |
| (29) KENT R REYNOLDS DIRECTOR | 3.00 0.00 | X | | | | | 0. | 0. | 0. |
| (30) JEANNE SINGER DIRECTOR | 3.00 0.00 | X | | | | | 0. | 0. | 0. |
| (31) JAMES R. STOJAK DIRECTOR | 3.00 0.00 | X | | | | | 0. | 0. | 0. |
| (32) WILLIAM SU, MD DIRECTOR | 3.00 0.00 | X | | | | | 0. | 0. | 0. |
| (33) SCOTT WORRELL, MD DIRECTOR | 3.00 0.00 | X | | | | | 0. | 0. | 0. |
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| Total to Part VII, Section A, line 1c | | | | | | | | | |

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 | 2,546,465. | | | |
| | e | Government grants (contributions) | 1e | 6,898,115. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 331,476. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h | Total. Add lines 1a-1f | | 9,776,056. | | | |
| Program Service Revenue | 2 a | PATIENT REVENUE | 621400 | 472,902,485. | 472,902,485. | | |
| | b | 340B PROGRAM REVENUE | 621400 | 4,140,506. | 4,140,506. | | |
| | c | MDPCP FEES | 621400 | 3,106,150. | 3,106,150. | | |
| | d | SCHOOL NURSING PROGRAM | 621400 | 2,757,776. | 2,757,776. | | |
| | e | CAFETERIA SALES | 621400 | 1,443,918. | | 1,443,918. | |
| | f | All other program service revenue | 621400 | 1,818,233. | 1,818,233. | | |
| | g | Total. Add lines 2a-2f | | 486,169,068. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 6,397,294. | 3,040,191. | 3,357,103. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | 415,825. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b | Less: rental expenses | 6b | 1,665,302. | | | |
| | c | Rental income or (loss) | 6c | -1,249,477. | | | |
| | d | Net rental income or (loss) | | -1,249,477. | | -1,249,477. | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 674,232,761. | | | |
| | | | (ii) Other | 5,852,270. | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 649,447,249. | 2,208,549. | | |
| c | Gain or (loss) | 7c | 24,785,512. | 3,643,721. | | | |
| d | Net gain or (loss) | | 28,429,233. | | 28,429,233. | | |
| 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 | LAB REVENUE | 621500 | 2,592,638. | | 2,592,638. | |
| | b | CLINICAL TRIALS | 541700 | 258,375. | | 258,375. | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 2,851,013. | | | |
| 12 | Total revenue. See instructions | | 532,373,187. | 487,765,341. | 2,851,013. | 31,980,777. | |

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

| 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 | 33,200. | 33,200. | | |
| 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 | 2,618,115. | | 2,618,115. | |
| 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 | 232,649,338. | 184,294,288. | 48,355,050. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 7,192,254. | 5,753,803. | 1,438,451. | |
| 9 Other employee benefits | 22,741,912. | 18,193,530. | 4,548,382. | |
| 10 Payroll taxes | 14,625,582. | 11,700,466. | 2,925,116. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 1,165,443. | 932,354. | 233,089. | |
| c Accounting | 361,738. | 289,390. | 72,348. | |
| d Lobbying | 58,977. | 47,182. | 11,795. | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 519,761. | 415,809. | 103,952. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 48,849,986. | 39,079,989. | 9,769,997. | |
| 12 Advertising and promotion | 1,724,763. | 1,724,763. | | |
| 13 Office expenses | 620,717. | 496,574. | 124,143. | |
| 14 Information technology | 6,166,876. | 4,933,501. | 1,233,375. | |
| 15 Royalties | | | | |
| 16 Occupancy | 7,397,547. | 5,918,038. | 1,479,509. | |
| 17 Travel | 918,239. | 734,591. | 183,648. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 630,985. | 504,788. | 126,197. | |
| 20 Interest | 11,170,455. | 8,936,364. | 2,234,091. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 26,356,575. | 21,085,260. | 5,271,315. | |
| 23 Insurance | 6,679,863. | 5,343,890. | 1,335,973. | |
| 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 UBI TAXES | 165,490. | | 165,490. | |
| b DRUGS & PHARMACEUTICALS | 40,152,479. | 40,152,479. | | |
| c MEDICAL SUPPLIES | 29,965,762. | 29,965,762. | | |
| d BAD DEBT | 11,785,674. | 11,785,674. | | |
| e All other expenses | 21,616,081. | 17,425,257. | 4,190,824. | |
| 25 Total functional expenses. Add lines 1 through 24e | 496,167,812. | 409,746,952. | 86,420,860. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 189,802,810. | 2 | 124,378,604. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 40,803,430. | 4 | 41,632,841. |
| | 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 | 229,995. | 7 | 190,416. |
| | 8 Inventories for sale or use | 7,118,027. | 8 | 7,961,679. |
| | 9 Prepaid expenses and deferred charges | 4,401,727. | 9 | 4,698,381. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 491,642,966. | | |
| | b Less: accumulated depreciation | 10b 252,862,312. | | |
| | 11 Investments - publicly traded securities | 229,784,109. | 10c | 238,780,654. |
| | 12 Investments - other securities. See Part IV, line 11 | 217,259,562. | 11 | 232,307,383. |
| | 13 Investments - program-related. See Part IV, line 11 | 13,577,232. | 12 | 28,123,412. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 3,832,158. | 14 | 9,858,118. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 95,159,885. | 15 | 95,867,179. | |
| | 801,968,935. | 16 | 783,798,667. | |
| Liabilities | 17 Accounts payable and accrued expenses | 132,854,288. | 17 | 91,330,897. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 245,626,354. | 20 | 240,043,063. |
| | 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 | 60,480. | 23 | 60,194,379. |
| | 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 | 35,886,263. | 25 | 36,879,499. |
| | 26 Total liabilities. Add lines 17 through 25 | 414,427,385. | 26 | 428,447,838. |
| 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 | 383,735,980. | 27 | 353,332,676. |
| | 28 Net assets with donor restrictions | 3,805,570. | 28 | 2,018,153. |
| | 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 | 387,541,550. | 32 | 355,350,829. |
| | 33 Total liabilities and net assets/fund balances | 801,968,935. | 33 | 783,798,667. |

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 | 532,373,187. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 496,167,812. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 36,205,375. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 387,541,550. |
| 5 | Net unrealized gains (losses) on investments | 5 | -66,520,789. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -1,875,307. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 355,350,829. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

| | |
|---------------------------------------------------------------------|---------------------------------------------------------|
| Name of the organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|---------------------------------------------------------------------|---------------------------------------------------------|

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

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. 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; b 33 1/3% support test - 2020. 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; 17a 10% -facts-and-circumstances test - 2021. 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; b 10% -facts-and-circumstances test - 2020. 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; 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.

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

| | | |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--------------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

Part VI

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

Lined area for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

MERITUS MEDICAL CENTER, INC.

Employer identification number

52-0607949

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|-----------------------------------------------------------------|---------------------------------------------------------|
| Name of organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|-----------------------------------------------------------------|---------------------------------------------------------|

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/> | \$ 2,546,465. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 3,815,583. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 2,229,341. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 662,592. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 243,712. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 130,599. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|-----------------------------------------------------------------|---------------------------------------------------------|
| Name of organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|-----------------------------------------------------------------|---------------------------------------------------------|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | <hr/> <hr/> <hr/> | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 58,425. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 29,339. | 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.) |
| <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 MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|-----------------------------------------------------------------|---------------------------------------------------------|

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 MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|----------------------------------------------------------|--------------------------------------------------|

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 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 <p style="text-align: center;">MERITUS MEDICAL CENTER, INC.</p> | Employer identification number <p style="text-align: center;">52-0607949</p> |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

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-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | |
| d Other exempt purpose expenditures | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,000. | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (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 | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 58,977. |
| j Total. Add lines 1c through 1i | | | 58,977. |
| 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:

FOR FISCAL YEAR 2022, MMC PAID DUES TO THE MARYLAND HOSPITAL

ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION, AND A FEE TO A

GOVERNMENT RELATIONSHIP CONSULTING FIRM TO UNDERSTAND GOVERNMENTAL

POLICIES AND LEGISLATIVE MATTERS. SPECIFICALLY, THE RESPECTIVE TRADE

ASSOCIATIONS AND THE CONSULTING FIRM SHARE ON AN ANNUAL BASIS WITH MMC

Part IV Supplemental Information *(continued)*

THE SPECIFIC PERCENTAGE OF THE AMOUNTS PAID THAT ARE ATTRIBUTABLE TO

LOBBYING ACTIVITIES.

Multiple horizontal lines for data entry.

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

2021

Open to Public Inspection

Name of the organization: MERITUS MEDICAL CENTER, INC. Employer identification number: 52-0607949

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public exhibition. 1b: Reporting requirements for public service. 2: Reporting requirements for financial gain.

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 | 1,028,618. | 1,028,618. | 1,071,947. | 1,045,925. | 1,031,912. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | 14,167. | 26,022. | 14,013. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | 57,496. | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,028,618. | 1,028,618. | 1,028,618. | 1,071,947. | 1,045,925. |

- 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 100 %
 - 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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 | | 6,417,151. | | 6,417,151. |
| b Buildings | | 262,027,508. | 114,633,609. | 147,393,899. |
| c Leasehold improvements | | 3,538,772. | 1,781,003. | 1,757,769. |
| d Equipment | | 217,845,811. | 136,447,700. | 81,398,111. |
| e Other | | 1,813,724. | | 1,813,724. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 238,780,654. |

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) NET ASSETS HELD BY MHF | 848,584. |
| (2) OPERATING LEASES | 28,323,535. |
| (3) OTHER ASSETS | 6,935,186. |
| (4) RETRO PREMIUM CREDIT RECEIVABLE | 8,770,996. |
| (5) EQUITY INVESTMENTS IN AFFILIATES | 50,988,878. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 95,867,179. |

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) ACCRUED RETIREMENT BENEFITS | 3,568,638. |
| (3) DUE TO RELATED ENTITIES | 8,081,161. |
| (4) OPERATING LEASES | 25,229,700. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 36,879,499. |

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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 V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PAY THE OUTSTANDING BALANCES FOR THOSE PATIENTS WHO MEET CERTAIN CRITERIA. IN ORDER TO QUALIFY, INDIVIDUALS MUST HAVE MADE 10 CONSECUTIVE PAYMENTS, HAVE NOT BEEN TURNED OVER TO COLLECTIONS, AND HAVE NEVER APPLIED FOR FINANCIAL ASSISTANCE.

PART X, LINE 2:

MCM FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX POSITION WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MCM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX

**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

2021

Open to Public
Inspection

| | |
|-----------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|-----------------------------------------------------------------|-----------------------------------------------------|

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | INVESTMENTS | | 120,000. |
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| 3 a Subtotal | 0 | 0 | | | 120,000. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 120,000. |

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) |
|-------------------------------|----------------------------------------------|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
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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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
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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

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.

PART I, LINE 3:

INVESTMENTS IN MMC'S BOOKS AND THE FORM 990 ARE REPORTED ON AN ACCRUAL

BASIS.

**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

2021

Open to Public Inspection

| | |
|-----------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|-----------------------------------------------------------------|-----------------------------------------------------|

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 | 1a | X | |
| b If "Yes," was it a written policy? | 1b | 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: | 3a | X | |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | | |
| 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: | 3b | X | |
| <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | | |
| 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"? | 4 | X | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | X | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | 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? | 5c | | X |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a | X | |
| b If "Yes," did the organization make it available to the public? | 6b | 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) | | | 10,003,851. | | 10,003,851. | 2.07% |
| b Medicaid (from Worksheet 3, column a) | | | 6,397,288. | 5,171,841. | 1,225,447. | .25% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total. Financial Assistance and Means-Tested Government Programs | | | 16,401,139. | 5,171,841. | 11,229,298. | 2.32% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | 46,230 | 2,361,212. | 54,214. | 2,306,998. | .48% |
| f Health professions education (from Worksheet 5) | | 120 | 32,569. | | 32,569. | .01% |
| g Subsidized health services (from Worksheet 6) | | 218,903 | 100,575,103. | 62,350,481. | 38,224,622. | 7.89% |
| h Research (from Worksheet 7) | | | 626,670. | 280,275. | 346,395. | .07% |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 765,354. | | 765,354. | .16% |
| j Total. Other Benefits | | 265,253 | 104,360,908. | 62,684,970. | 41,675,938. | 8.61% |
| k Total. Add lines 7d and 7j | | 265,253 | 120,762,047. | 67,856,811. | 52,905,236. | 10.93% |

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 | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | 76 | 85,718. | | 85,718. | .02% |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | 76 | 85,718. | | 85,718. | .02% |

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 | 289,904,909. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 284,106,811. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | 5,798,098. |
| 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 checked="" type="checkbox"/> Cost to charge ratio <input 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 % |
|---------------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| 1 GENERAL SURGERY RE, LLC | REAL ESTATE | 50.00% | | 50.00% |
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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)

| 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) | 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 MERITUS MEDICAL CENTER, INC. 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742 WWW.MERITUSHEALTH.COM 21-0001 | X | X | | X | | | X | | Other (describe) | Facility reporting group |
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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 MERITUS MEDICAL CENTER, INC.

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: <u>20 22</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>WWW.MERITUSHEALTH.COM</u> | | |
| b <input type="checkbox"/> Other website (list url): _____ | | |
| 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: <u>20 22</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 VI, LINE 2</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 MERITUS MEDICAL CENTER, INC.

| | | 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>250</u> % | | |
| b | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" 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 checked="" type="checkbox"/> Other (describe in Section C) | | |

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group MERITUS MEDICAL CENTER, INC.

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>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?</p> | X | |
| <p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p> | | |
| <p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> | | X |
| <p>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):</p> <p>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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p> | | |

Policy Relating to Emergency Medical Care

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| <p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p> | X | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|

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 MERITUS MEDICAL CENTER, INC.

| | | 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? If "Yes," explain in Section C. | 23 | X |
| 24 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C. | 24 | X |

Schedule H (Form 990) 2021

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.

MERITUS MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 5: DURING THE PRIMARY DATA COLLECTION PROCESS,

TWENTY-ONE (21) KEY INFORMANTS, COMMUNITY STAKEHOLDERS RECOGNIZED AS

HAVING SPECIFIC KNOWLEDGE OF HEALTH AND HEALTH NEEDS OF PEOPLE ACROSS

WASHINGTON COUNTY, WERE INTERVIEWED USING A STANDARD SET OF QUESTIONS

DESIGNED AND APPROVED BY STEERING COMMITTEE MEMBERS WHO WERE RESPONSIBLE

FOR CONDUCTING THE INTERVIEWS. THESE INTERVIEWS WERE CONDUCTED BETWEEN

AUGUST 6, 2021 AND SEPTEMBER 7, 2021 AND INCLUDED INPUT FROM ORGANIZATIONS

SUCH AS, MERITUS HEALTH, WASHINGTON COUNTY COMMISSIONERS, COMMUNITY

FOUNDATION OF WASHINGTON COUNTY, MARYLAND DEPARTMENT OF HEALTH, COMMUNITY

FREE CLINIC, WASHINGTON COUNTY COMMISSION ON AGING, HEAD START, HAGERSTOWN

AREA OF RELIGIOUS COUNCIL, YMCA OF HAGERSTOWN, AND THE ARC OF WASHINGTON

COUNTY. THE KEY INFORMANTS ALSO COMPLETED A SURVEY QUESTIONNAIRE THAT WAS

DESIGNED TO OBTAIN MORE DETAILED EXPLANATIONS OF BARRIERS THAT PREVENT

PEOPLE FROM ACCESSING HEALTH CARE SERVICES: FINANCES, TRANSPORTATION,

HOURS OF OPERATION, SOCIAL NEEDS, LIMITATIONS, ETC. IN ADDITION TO THESE

INTERVIEWS, ELEVEN (11) COMMUNITY FOCUS GROUPS WERE CONDUCTED TO OBTAIN

MORE SPECIFIC INFORMATION FROM PERSONS HAVING EXPERTISE, KNOWLEDGE, OR

INTEREST IN THE FOLLOWING TOPICS: DIABETES, HEALTH AND PHYSICAL ACTIVITY,

MENTAL HEALTH AND SUBSTANCE ABUSE, MINORITY HEALTH ISSUES, PREVENTION AND

WELLNESS, AND SENIOR HEALTH ISSUES. MEMBERS OF THE FOCUS GROUPS AND

VOLUNTEERS WHO AGREED TO INDIVIDUAL INTERVIEWS PROVIDED INVALUABLE INSIGHT

INTO HEALTH NEEDS AND GAPS AS PERCEIVED BY PERSONS LIVING IN THE

COMMUNITY. THESE FOCUS GROUPS WERE CONDUCTED BETWEEN SEPTEMBER 25, 2021

AND OCTOBER 27, 2021, AND INCLUDED INPUT FROM UNDER-REPRESENTED

POPULATIONS SUCH AS BLACK/AFRICAN AMERICAN AND HISPANIC.

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.

MERITUS MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6B: THE OTHER GROUPS INVOLVED IN THE CHNA

CREATION ARE BROOKLANE, HEALTHY WASHINGTON COUNTY AND WASHINGTON COUNTY

HEALTH DEPARTMENT.

MERITUS MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 11: AS A COMMUNITY HOSPITAL, MMC PURPOSEFULLY

INCORPORATES OUR COMMITMENT TO COMMUNITY SERVICE INTO OUR INTERNAL

MANAGEMENT AND GOVERNANCE STRUCTURES AS WELL AS STRATEGIC AND OPERATIONAL

PLANS. MMC CONDUCTS A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS

TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS AND SERVICE GAPS. AN

ACTION PLAN OF INITIATIVES AND GOALS IS DEVELOPED TO ADDRESS THE

PRIORITIZED HEALTH NEEDS. THE ACTION PLAN IS REVIEWED BY THE MMC STRATEGIC

PLANNING COMMITTEE AND APPROVED BY THE MMC BOARD.

THE MOST RECENT PRIORITIZED COMMUNITY NEEDS FROM FY 2022 MMC CHNA INCLUDE:

1. OBESITY; LOSE 1 MILLION COMMUNITY POUNDS BY PROMOTING INCREASED

PHYSICAL ACTIVITY (DO), EATING A HEALTHY DIET (EAT), AND ACHIEVE EMOTIONAL

BALANCE (BELIEVE);

2. IMPROVE BEHAVIORAL HEALTH BY ENSURING TIMELY ACCESS TO APPROPRIATE,

QUALITY MENTAL HEALTH TREATMENT AND SUPPORT, AND REDUCE ADDICTION AND

OVERDOSE FATALITIES TO PROTECT THE HEALTH, SAFETY, AND QUALITY OF LIFE FOR

ALL;

3. IMPROVE PREVENTION AND MANAGEMENT OF TYPE II DIABETES AND REDUCE

MORTALITY;

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.

4. PREVENT HEART DISEASE, REDUCE MORTALITY, AND MANAGE HYPERTENSION;

5. INCREASE HEALTH EQUITY BY HELPING ALL PEOPLE ATTAIN THE HIGHEST LEVEL

OF HEALTH;

6. ENGAGE AND EMPOWER PEOPLE TO CHOOSE HEALTHY BEHAVIORS AND MAKE CHANGES

TO REDUCE RISKS.

OTHER IDENTIFIED CHNA NEEDS NOT ADDRESSED:

THE HOSPITAL HAS LIMITED, FINITE RESOURCES AND CANNOT SUCCESSFULLY MEET

ALL OF THE IDENTIFIED HEALTH NEEDS OF THE COMMUNITY. SOME OF THE HEALTH

NEEDS THAT THE COMMUNITY FACES INCLUDE CANCER PREVENTION AND DETECTION,

ACCESS TO DENTAL CARE, ACCESS TO AFFORDABLE HEALTHCARE, TEEN PREGNANCY,

SENIOR NEEDS, HOMELESSNESS, AND POVERTY. THE FY2022 CHNA FINDINGS CAN BE

USED TO SUPPORT GRANT PROCUREMENT, DONATIONS, AND GIFTS TO FUND NEW

PROGRAMS AND SERVICES. THE PRIORITIZATION CRITERION AND ASSIGNED WEIGHTS

HELPED THE COALITION FOCUS AND DIRECTLY ADDRESS THE ISSUES THAT WOULD HAVE

THE GREATEST IMPACT ON IMPROVING COMMUNITY HEALTH. IF OTHER COMMUNITY

ORGANIZATIONS HAVE A MISSION ALIGNED TO MEET THE IDENTIFIED CHNA NEEDS,

THE NEED WAS SCORED AS A LOWER PRIORITY FOR MMC. THIS AVOIDS DUPLICATING

EXISTING COMMUNITY SERVICES AND PROVIDES AN OPPORTUNITY TO COORDINATE THE

LINKAGE OF PATIENTS TO ALTERNATIVE SERVICES WHENEVER APPROPRIATE. OUR

COMMUNITY PROVIDERS ARE USING THE RESULTS OF THE CHNA TO HELP TARGET THESE

UNMET NEEDS BASED ON THE STRENGTHS, EXPERTISE, AND RESOURCES OF INDIVIDUAL

ORGANIZATIONS. NEW COLLABORATIVE RELATIONSHIPS BETWEEN ORGANIZATIONS WILL

BE FORMED IF INTERESTS ARE SHARED.

MERITUS 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, SECTION B, LINE 13B: MMC STRIVES TO ENSURE THAT THE FINANCIAL

CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM

FROM SEEKING OR RECEIVING CARE. MMC RESERVES THE RIGHT TO GRANT FINANCIAL

ASSISTANCE WITHOUT FORMAL APPLICATION BEING MADE BY PATIENTS. THESE

PATIENTS MAY INCLUDE THE HOMELESS OR INDIVIDUALS WITH RETURNED MAIL AND NO

FORWARDING ADDRESS. PATIENTS WHO ARE UNINSURED, UNDERINSURED, INELIGIBLE

FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY FOR MEDICALLY

NECESSARY CARE MAY BE ELIGIBLE FOR MMC'S FINANCIAL ASSISTANCE PROGRAM.

PART V, QUESTION 16A, B, AND C

[HTTPS://WWW.MERITUSHEALTH.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE/](https://www.meritushealth.com/patients-visitors/financial-assistance/)

MERITUS MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 16J: MERITUS MADE AVAILABLE BROCHURES INFORMING

THE PUBLIC OF ITS FINANCIAL ASSISTANCE POLICY. SUCH BROCHURES ARE

AVAILABLE THROUGHOUT THE COMMUNITY WITHIN MMC LOCATIONS. NOTICES OF THE

AVAILABILITY OF FINANCIAL ASSISTANCE ARE POSTED AT APPROPRIATE ADMISSION

AREAS, THE PATIENT FINANCIAL SERVICES DEPARTMENT, AND OTHER KEY PATIENT

ACCESS AREAS. A STATEMENT ON THE AVAILABILITY OF FINANCIAL ASSISTANCE IS

INCLUDED ON PATIENT BILLING STATEMENTS. IF THERE ARE ANY QUESTIONS

REGARDING THE FINANCIAL ASSISTANCE POLICY, THE PATIENT ACCESS/REGISTRATION

PERSONNEL REFER THE UNINSURED AND/OR LOW-INCOME PATIENTS TO FINANCIAL

COUNSELORS TO DISCUSS THE POLICY. THE FINANCIAL ASSISTANCE POLICY FOR MMC

IS AVAILABLE ON THE WEBSITE AND IS TRANSLATED INTO SPANISH.

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? _____ 0

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
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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 6A:

MMC PREPARES A COMMUNITY BENEFITS REPORT THROUGH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), AND IT IS AVAILABLE VIA THEIR WEBSITE. THIS IS IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT PREPARED BY MMC IN ACCORDANCE WITH IRC SECTION 501(R).

PART I, LINE 7:

THE DIRECT COST WAS CALCULATED BY USING THE EXPENSE CATEGORIES FOR SALARIES AND WAGES, BENEFITS, EXPENDABLE SUPPLIES, PURCHASED SERVICES, REPAIRS AND MAINTENANCE AND DEPRECIATION. THE INDIRECT COST WAS CALCULATED USING THE APPROVED METHODOLOGY ON THE COMMUNITY BENEFIT REPORT.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES FOR MERITUS MEDICAL CENTER INCLUDE THE FOLLOWING:

- (1) HOSPITAL OWNED PRACTICES
- (2) THE MEDICATION ASSISTANCE CENTER
- (3) MMG PHYSICIAN PRACTICES

Part VI Supplemental Information (Continuation)

(4) LEVEL III TRAUMA PROGRAM

(5) ON-CALL FEES FOR EMERGENCY SPECIALISTS

(6) VOLUNTARY WRITE-OFFS ON INPATIENT HOSPICE ACCOUNTS (HOSPICE OF WASHINGTON COUNTY)

(7) MEDICAL URGENT CARE

(8) HOSPITALIST SUBSIDY

(9) COMMUNITY HEALTH (COMMUNITY HEALTH, EMPLOYEE WELLNESS, PARISH NURSING)

(10) HEALTH@WORK

PART I, LN 7 COL(F):

MERITUS HEALTH COMPLIES WITH APPLICABLE FEDERAL CIVIL RIGHTS LAWS AND DOES

NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE,

DISABILITY, SEXUAL ORIENTATION OR GENDER IDENTITY AND EXPRESSION. IT IS

THE POLICY OF MMC TO ENSURE THAT ALL APPROPRIATE AND REASONABLE EFFORTS

HAVE BEEN MADE PRIOR TO REFERRING AN ACCOUNT TO BAD DEBT, A COLLECTION

AGENCY, OR OUTSIDE ATTORNEY. IN ADDITION, A SATISFACTORY LEVEL OF CONTROL

IS MAINTAINED OVER BAD DEBTS AND LEVELS OF MANAGEMENT ARE INVOLVED IN THE

DECISION-MAKING PROCESS PRIOR TO WRITE-OFF AND/OR ASSIGNMENT OF BAD DEBT.

THE PERCENTAGES IN COLUMN F ARE BASED ON COMMUNITY BENEFIT EXPENSE AS A

PERCENTAGE OF TOTAL EXPENSE LESS BAD DEBT EXPENSE OF \$11,785,674.

PART I, LINES 7A & 7B, COLUMNS (C) THROUGH (F):

MARYLAND'S UNIQUE ALL-PAYER SYSTEM INCLUDES A METHOD FOR FACTORING IN

UNCOMPENSATED CARE IN EACH PAYER'S RATES. THEREFORE, MARYLAND HOSPITALS

CANNOT ATTRIBUTE ANY DIRECT REVENUE OFFSET TO UNCOMPENSATED CARE,

EXCEPT FOR ITS EFFECT ON THE HOSPITAL'S SHARE OF THE MEDICAID

ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS ADDRESSED FISCAL

SHORTFALLS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH

Part VI Supplemental Information (Continuation)

THE RATE-SETTING SYSTEM.

THE LEGAL ENTITIES REFLECTED ON THIS FORM 990 INCLUDE MMC AND ITS CONSOLIDATED SUBSIDIARIES, WHICH ARE DISREGARDED ENTITIES STRUCTURED IN THE FORM OF LIMITED LIABILITY COMPANIES. MMC ACHIEVES ITS MISSIONS TO PROVIDE CARE TO PATIENTS AND COMMUNITY BENEFITS THROUGH ITS CONTROLLED ENTITIES. THESE ENTITIES ARE RESPONSIBLE FOR MANAGING AND OPERATING A RANGE OF HEALTHCARE SERVICES. THROUGH THESE ENTITIES, MMC PROVIDES CRITICAL MEDICAL SERVICES TO INDIVIDUALS WHO MAY NOT OTHERWISE HAVE ACCESS TO AFFORDABLE HEALTHCARE. IN TOTAL, THE CONTROLLED ENTITIES PROVIDED CHARITY CARE IN THE AMOUNT OF \$12,646,165 DURING FISCAL YEAR 2022.

PART II, COMMUNITY BUILDING ACTIVITIES:

TO SUPPORT COMMUNITY HEALTH, MMC PARTICIPATED IN VARIOUS COMMUNITY INITIATIVES DURING FY22. MMC SPENT \$85,718 ON COALITION ACTIVITIES, INCLUDING PARTNERSHIPS TO ADDRESS HUMAN TRAFFICKING, OPIOID USE, SEXUAL ASSAULTS (THROUGH RESPONSE TEAMS), WEIGHT MANAGEMENT, MATERNAL HEALTH/OUTREACH, CRITICAL INCIDENT TRAINING, AND CHILD WELFARE.

PART III, LINE 2:

MMC USES HISTORICAL REIMBURSEMENT TRENDS IN DETERMINING BAD DEBT EXPENSE AND ADJUSTS THE ACCOUNTING BASED ON KNOWN VARIANCES OR ADJUSTMENTS. MMC UTILIZES HFMA STATEMENT #15, "VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE, IMPLICIT PRICE CONCESSIONS AND BAD DEBTS BY INSTITUTIONAL HEALTHCARE PROVIDERS," TO REPORT BAD DEBT EXPENSE. BAD DEBT EXPENSE IS REPORTED AT THE UNDISCOUNTED RATE WHICH MATCHES THE REPORTING

Part VI Supplemental Information (Continuation)

OF THE BAD DEBT ON THE FINANCIAL STATEMENTS.

PART III, LINE 3:

THE COSTS FOR PATIENTS ACCEPTED UNDER MMC'S FINANCIAL ASSISTANCE POLICY
ARE INCLUDED IN CHARITY CARE AND ARE NOT A PART OF MMC'S BAD DEBT EXPENSE.
MMC USES AN ESTIMATION PROCESS TO CALCULATE MMC'S BAD DEBT EXPENSE. MMC
TAKES INTO ACCOUNT THE NUMBER OF FINANCIAL ASSISTANCE APPLICATIONS THAT
ARE DENIED. MMC HAS DETERMINED THERE IS HISTORICALLY A DENIAL RATE THAT
EQUATES TO APPROXIMATELY 15% OF TOTAL BAD DEBT EXPENSE. THESE DENIED
FINANCIAL ASSISTANCE APPLICANTS PRESENT AS FUTURE BAD DEBT CASES THAT ARE
WRITTEN OFF. THERE IS NO BAD DEBT EXPENSE INCLUDED IN THE NET COMMUNITY
BENEFIT EXPENSE.

PART III, LINE 4:

ESTIMATES FOR UNCOLLECTIBLE AMOUNTS ARE BASED ON THE AGING OF ACCOUNTS
RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE FOR SIMILAR PAYORS AND
PATIENTS, CURRENT MARKET CONDITIONS, AND OTHER RELEVANT FACTORS.
SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE
CHANGE IN THE PAYOR'S OR PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT
EXPENSE. BAD DEBT EXPENSE FOR THE YEAR ENDED JUNE 30, 2022 WAS NOT
SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

PART III, LINE 8:

MMC USES THE COST TO CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE
COSTS OF CARE RELATING TO TOTAL REVENUE RECEIVED FROM MEDICARE. MMC DID
NOT REPORT A SHORTFALL IN MEDICARE REVENUE RECEIVED THAT WOULD BE TREATED
AS A COMMUNITY BENEFIT.

Part VI Supplemental Information (Continuation)

PART III, LINE 9B:

1. MERITUS EXPECTS PATIENT PAYMENT AT THE TIME SERVICE IS PROVIDED OR WITHIN THIRTY (30) DAYS OF THE FIRST BILLING TO PATIENT FOR SERVICES NOT COVERED BY INSURANCE OR FINANCIAL ASSISTANCE.
2. MERITUS MUST TAKE EFFECTIVE ACTION TO MAINTAIN TIMELY ACCOUNTS RECEIVABLE TURNOVER AND ENSURE THAT THE VALUE OF ACCOUNTS RECEIVABLE IS ACCURATELY STATED. TO DO THIS, PATIENT ACCOUNTS WILL BE AGED AND WRITTEN OFF AS BAD DEBTS OR CHARITY AND MAY BE OUTSOURCED TO COLLECTION AGENCIES FOR FURTHER FOLLOW-UP.
3. EMERGENCY SERVICES WILL BE PROVIDED WITHOUT REGARD TO ABILITY TO PAY.
4. FINANCIAL ASSISTANCE IS POTENTIALLY AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN MERITUS' FINANCIAL ASSISTANCE POLICY. IT IS THE PATIENT'S RESPONSIBILITY TO PROVIDE ACCURATE INFORMATION REGARDING ADDRESS, EMPLOYMENT, AND HEALTH INSURANCE IN ORDER TO DETERMINE ELIGIBILITY FOR SERVICES, AMOUNTS DUE FROM THE PATIENT AND/OR ELIGIBILITY FOR FINANCIAL ASSISTANCE.
5. MERITUS COMPLIES WITH ALL STATE AND FEDERAL LAW AND THIRD-PARTY REGULATIONS TO PERFORM CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER.
6. MERITUS DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX, OR ABILITY TO PAY.
7. MERITUS WILL NOT SELL THE BAD DEBT RECEIVABLES OR CHARGE A PREJUDGMENT INTEREST RATE FOR SELF-PAY OR BALANCES AFTER INSURANCE.
8. MERITUS MAY USE EXTERNAL COLLECTION AGENCIES FOR EXTENDED BUSINESS OFFICE, LEGAL AND/OR COLLECTION ACTIVITY TO ASSIST WITH COLLECTING ON PATIENT ACCOUNTS. THESE AGENCIES DO NOT SELL THE RECEIVABLE AND ACT AS AN EXTENDED BUSINESS OFFICE ON BEHALF OF MERITUS.
9. MERITUS PROVIDES WRITTEN NOTICE TO THE PATIENT OR RESPONSIBLE PARTY AT

Part VI Supplemental Information (Continuation)

LEAST THIRTY (30) DAYS PRIOR TO INITIATING ANY EXTRAORDINARY COLLECTION

ACTIVITIES (ECAS). THIS WRITTEN NOTICE INFORMS THE PATIENT OF THE

AVAILABILITY OF FINANCIAL ASSISTANCE AND IDENTIFIES THE ACTIONS THAT

MERITUS INTENDS TO INITIATE TO OBTAIN PAYMENTS. THESE ACTIONS INCLUDE

REPORTING ADVERSE INFORMATION TO A CONSUMER CREDIT REPORTING AGENCY OR

CREDIT BUREAU, AND INITIATING A CIVIL ACTION WHICH MAY RESULT IN WAGE

GARNISHMENT OR ATTACHMENT OF BANK ACCOUNTS.

THE ABOVE LISTED COLLECTION PRACTICES ARE FOR ALL PATIENTS.

PART VI, LINE 2:

MMC CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT THAT CONFORMS TO THE IRS

DEFINITION. THIS REPORT INCLUDES A COMPREHENSIVE REVIEW AND ANALYSIS OF

THE DATA REGARDING HEALTH ISSUES AND NEEDS OF WASHINGTON COUNTY, MD.

UPON FULL REVIEW OF THE CHNA FINDINGS THE MMC BOARD OF DIRECTORS APPROVED

AND ADOPTED THE PLAN OF ACTION ON FEBRUARY 24, 2022. FOLLOWING BOARD

APPROVAL, THE FY2022 CHNA WAS PUBLICLY POSTED AT:

WWW.MERITUSHEALTH.COM/DOCUMENTS/CHNA/CHNA-FY2022-COVER-AND-BOOKLETPDF.PDF

PART VI, LINE 3:

FINANCIAL ASSISTANCE IS OFFERED BEFORE, DURING, OR AFTER SERVICES ARE

RENDERED AT MMC. MMC OFFERS FINANCIAL ASSISTANCE APPLICATION AND A

SELF-PAY BROCHURE AT THE POINT OF REGISTRATION. AFTER APPLYING, THE

HOSPITAL WILL SEND AN ACKNOWLEDGEMENT LETTER TO THE PATIENT WITHIN TWO (2)

BUSINESS DAYS AND AN ELIGIBILITY DETERMINATION WILL BE MADE WITHIN THIRTY

(30) DAYS.

NOTICE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE:

A. MMC MADE AVAILABLE BROCHURES INFORMING THE PUBLIC OF ITS FINANCIAL

Part VI Supplemental Information (Continuation)

ASSISTANCE POLICY. SUCH BROCHURES WILL BE AVAILABLE THROUGHOUT THE
COMMUNITY AND WITHIN MMC LOCATIONS.

B. NOTICES OF THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE POSTED AT
APPROPRIATE ADMISSION AREAS, THE PATIENT FINANCIAL SERVICES DEPARTMENT,
THE ER, AND OTHER KEY PATIENT ACCESS AREAS.

C. A STATEMENT OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IS INCLUDED ON
PATIENT BILLING STATEMENTS.

D. A PLAIN LANGUAGE SUMMARY OF MMC'S FINANCIAL ASSISTANCE POLICY IS
PROVIDED TO PATIENTS RECEIVING INPATIENT SERVICES WITH THEIR SUMMARY BILL
AND IS MADE AVAILABLE TO ALL PATIENTS UPON REQUEST.

E. MMC'S FINANCIAL ASSISTANCE POLICY, A PLAIN LANGUAGE SUMMARY OF THE
POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ARE AVAILABLE TO PATIENTS
UPON REQUEST AT MMC, THROUGH MAIL (POSTAL SERVICE), AND ON MMC'S WEBSITE
AT [HTTPS://WWW.MERITUSHEALTH.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE/](https://www.meritushealth.com/patients-visitors/financial-assistance/)

F. MMC'S FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY, AND
FINANCIAL ASSISTANCE APPLICATION ARE AVAILABLE IN SPANISH.

G. ON AN ANNUAL BASIS, MMC SHALL ASSESS THE NEEDS OF OUR LIMITED ENGLISH
PROFICIENCY COMMUNITY AND DETERMINE WHETHER ADDITIONAL TRANSLATIONS ARE
NEEDED.

H. MMC EMPLOYS AN ON-SITE WASHINGTON COUNTY SOCIAL WORKER THAT SCREENS AND
NOTIFIES PATIENTS AND POTENTIAL PATIENTS OF THEIR ELIGIBILITY FOR ALL
PUBLIC ASSISTANCE PROGRAMS OFFERED BY THE COUNTY, STATE, AND FEDERAL
GOVERNMENTS. MMC HAS POLICIES INCLUDING FINANCIAL ASSISTANCE, BILLING AND
COLLECTIONS, AND EMERGENCY CARE THAT ENSURE COMPLIANCE WITH THE
LEGISLATION OF SECTION 501(R).

PART VI, LINE 4:

IN ADDITION TO THE 154,705 RESIDENTS OF WASHINGTON COUNTY, MARYLAND, MMC

Part VI Supplemental Information (Continuation)

CARES FOR PEOPLE LIVING THROUGHOUT A 60-MILE RADIUS OF THE QUAD-STATE

AREA, WHICH INCLUDES MARYLAND, PENNSYLVANIA, VIRGINIA, AND WEST VIRGINIA.

ACCORDING TO THE 2022 CHNA, A PORTION OF THE POPULATION MMC SERVES

INCLUDES THOSE CONSIDERED "MEDICALLY UNDERSERVED" AS WELL AS POPULATIONS

AT RISK OF NOT RECEIVING ADEQUATE MEDICAL CARE AS A RESULT OF BEING

UNINSURED OR UNDERINSURED, OR DUE TO GEOGRAPHIC, LANGUAGE, FINANCIAL, OR

OTHER BARRIERS.

THE RACIAL DEMOGRAPHICS OF WASHINGTON COUNTY INCLUDES WHITE 75.9%, BLACK

OR AFRICAN AMERICAN 11.4%, ASIAN 2%, AMERICAN INDIAN 0.3%, SOME OTHER RACE

3%, AND TWO OR MORE RACES 7.3%. THE MEDIAN AGE IN WASHINGTON COUNTY IS 41.

THE AGE DEMOGRAPHICS IN WASHINGTON COUNTY INCLUDE PERSONS UNDER 5 YEARS

5.7%, PERSONS UNDER 18 YEARS 21.7%, PERSONS 65 YEARS AND OLDER 17.5%. THE

MEDIAN HOUSEHOLD INCOME IS \$60,860. THE PERCENTAGE OF FAMILIES LIVING AT

OR BELOW THE POVERTY LINE IS 12.3%, AND THE PERCENTAGE OF UNINSURED

RESIDENTS IS 6.7%.

PART VI, LINE 5:

MMC BELIEVES THAT HEALTHCARE IS NOT JUST FOR PEOPLE WHEN THEY ARE SICK OR

INJURED. THROUGH MANY AVENUES, WE REACH OUT TO THE COMMUNITY AND OFFER

WAYS TO HELP YOU STAY HEALTHY. ONE EXAMPLE IS THE COLLABORATION WITH THE

HERALD MAIL, MMC, AND WASHINGTON COUNTY PUBLIC SCHOOLS KNOWN AS "HEALTHY

WASHINGTON COUNTY." THE GOAL OF HEALTHY WASHINGTON COUNTY IS TO EDUCATE AS

MANY ADULTS IN THE REGION AS POSSIBLE ABOUT THE IMPORTANCE OF

UNDERSTANDING YOUR OWN PERSONAL HEALTH NUMBERS AND WHAT THEY MEAN FOR YOUR

OVERALL HEALTH STATUS.

THE MEDICATION ASSISTANCE CENTER (MAC) PROVIDES ACCESS TO FREE OR

REDUCED-COST PRESCRIPTION DRUGS TO LOW-INCOME OR CHRONICALLY ILL PATIENTS

Part VI Supplemental Information (Continuation)

WITH NO PRESCRIPTION INSURANCE. THE CENTER SERVES SOME 3,400 RESIDENTS OF

WASHINGTON COUNTY AND THOSE WHO ARE TREATED BY PHYSICIANS LOCATED IN

WASHINGTON COUNTY OR AT MMC. SINCE 2000, MMC HAS PROVIDED THIS SERVICE

FREE OF CHARGE.

MEDICAL SCREENINGS KEEP OUR COMMUNITY HEALTHY AND ARE HELD THROUGHOUT THE

YEAR. FREE VASCULAR, BLOOD PRESSURE, AND OTHER SCREENINGS ARE HELD AT MMC,

THE WALNUT STREET HEALTH FAIR, AND OTHER COMMUNITY EVENTS.

THE MAKE A DIFFERENCE BREAST CANCER PROGRAM IS A BREAST CANCER OUTREACH,

EDUCATION, AND SCREENING PROJECT THAT PROVIDE SERVICES TO UNINSURED AND

UNDERINSURED WOMEN OF WASHINGTON COUNTY AND THE TRI-STATE AREA. THE

PROGRAM IS FUNDED BY A GRANT FROM THE MARYLAND AFFILIATE OF SUSAN G. KOMEN

FOR THE CURE, MMC'S JOHN R. MARSH CANCER CENTER, WASHINGTON COUNTY HEALTH

DEPARTMENT'S BREAST AND CERVICAL CANCER PROGRAM (BCCP), AND BREAST CANCER

AWARENESS - CUMBERLAND VALLEY (BCA-CV) AND DIAGNOSTIC IMAGING SERVICES.

OUR FINANCIAL ASSISTANCE PROGRAM SERVICES MMC PATIENTS WHO ARE UNABLE TO

PAY FOR ALL OR PART OF THEIR MEDICAL BILLS. IMPROVING HEALTHCARE ACCESS TO

THOSE WITH LIMITED INCOMES AND RESOURCES IS AN IMPORTANT PART OF MMC'S

MISSION.

THE YOUR HEALTH MATTERS PROGRAM USES MAGAZINE, RADIO, AND NEWSLETTERS TO

KEEP THE PUBLIC INFORMED OF MMC-SPONSORED COMMUNITY WORKSHOPS, SUPPORT

GROUPS, CLASSES - AND OFFERS TIPS ON LIVING A HEALTHIER LIFE.

SPRING THROUGH FALL OUR FARMER'S MARKET PRESENTS THE PUBLIC WITH HEALTHY

FOOD CHOICES AND GIVES LOCAL FARMERS AN OPPORTUNITY TO MARKET THEIR FRESH

PRODUCE.

55 AND UP IS FOR PEOPLE AGE 55 AND OLDER WHO ENJOY LEARNING ABOUT

HEALTH-RELATED TOPICS OVER LUNCH. THE GROUP MEETS WITH PHYSICIANS AND

HEALTHCARE PROFESSIONALS ONCE A MONTH TO UNDERSTAND HEALTH TOPICS OF

INTEREST.

Part VI Supplemental Information (Continuation)

PARISH NURSING, OR FAITH COMMUNITY NURSING, ENCOURAGES PARISHIONERS OF ALL

AGES AND FAITHS TO BECOME ACTIVE PARTNERS IN THE MANAGEMENT OF THEIR

HEALTH.

THE SEXUAL ASSAULT FORENSIC EXAMINER (SAFE) PROGRAM IS A COMPREHENSIVE AND

COMPASSIONATE APPROACH TO THE TREATMENT OF VICTIMS OF SEXUAL ASSAULT AND

ABUSE. THE PROGRAM USES TRAINED AND CERTIFIED SAFE EXAMINERS TO PROVIDE

SPECIALIZED MEDICAL CARE, EVIDENCE COLLECTION, AND EMOTIONAL SUPPORT TO

VICTIMS OF SEXUAL ASSAULT.

EACH YEAR MMC EMPLOYEES CONTRIBUTE TIME AND MONEY TO IMPROVE THE

WELL-BEING OF OUR FRIENDS AND NEIGHBORS. FUNDRAISING CAMPAIGNS, LIKE THE

UNITED WAY, MARCH OF DIMES, AND THE WALK TO END ALZHEIMER'S, INSPIRE OUR

HEALTHCARE PROFESSIONALS TO GIVE BACK TO CAUSES NEAR TO THEIR HEARTS AND

PROFESSIONS. DURING THE HOLIDAY SEASON, OUR PHYSICIANS AND EMPLOYEES MAKE

AND DELIVER HOT MEALS TO AREA FAMILIES AND SENIORS THROUGH OUR LEND-A-HAND

EVENT. CANCER SURVIVORS CELEBRATE THE GIFT OF LIFE EACH JUNE WHEN THE JOHN

R. MARSH CANCER CENTER SPONSORS A FAMILY PICNIC FOR THOSE TOUCHED BY THIS

LIFE-CHANGING DISEASE.

CANCER CONTINUES TO BE THE SECOND LEADING CAUSE OF DEATH FOR WASHINGTON

COUNTY RESIDENTS. MERITUS MEDICAL CENTER WILL CONTINUE INVESTMENT IN THE

CANCER SERVICE PROGRAMS TO INCLUDE THE DEVELOPMENT OF THE MERITUS

HEMATOLOGY ONCOLOGY SPECIALISTS PRACTICE, PROVIDING FOUR REGISTERED NURSE

CLINICAL NAVIGATORS, ADDING REGISTERED DIETICIAN SERVICES, AND INITIATING

THE HOPE SOARS SURVIVORSHIP PROGRAM AS A SUPPORT TO PATIENTS IN RECOVERY.

THE JOHN R. MARSH CANCER CENTER, ACCREDITED WITH COMMENDATION BY THE

COMMISSION ON CANCER, IS PART OF COMPREHENSIVE CANCER SERVICES THAT

INCLUDE SCREENINGS, DIAGNOSIS, TREATMENT, AND RECOVERY. A PART OF THE MMC

COMMITMENT TO OFFER PATIENTS EXPERT CARE, CLOSE TO HOME, IS MERITUS

MEDICAL GROUP, A MEDICAL NEIGHBORHOOD OF PRIMARY AND SPECIALTY CARE

Part VI Supplemental Information (Continuation)

PRACTICES, PROVIDING A FULL SPECTRUM OF OUTPATIENT SERVICES FROM A TEAM OF

MORE THAN 100 HEALTH CARE PROFESSIONALS LOCATED THROUGHOUT THE COMMUNITY.

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

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization MERITUS MEDICAL CENTER, INC. Employer identification number 52-0607949

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
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- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| HSCRC NURSING GRANT | 22 | 33,200. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

THE HSCRC GRANT PROVIDES MONEY TO EMPLOYEES OF THE HOSPITAL WHO ARE ENROLLED IN THE HAGERSTOWN COMMUNITY COLLEGE NURSING PROGRAM. THE GRANT PROGRAM PAYS FOR ALL OF THE STUDENT'S TUITION, BOOKS, AND FEES WITH AN AGREEMENT THAT UPON GRADUATION THE STUDENT WILL WORK FOR THE HOSPITAL AS A REGISTERED NURSE. THE GRANT ALSO PROVIDES MONIES FOR REGISTERED NURSES WHO ARE WORKING ON THEIR MSN IN EDUCATION. EACH AWARD RECIPIENT WILL BE REQUIRED TO SIGN A SERVICE CARD AGREEMENT WITH MERITUS MEDICAL CENTER. THE LENGTH OF PAYBACK WILL BE ONE YEAR OF SERVICE (EQUIVALENT TO 2,080 HOURS OF

Part IV Supplemental Information

SERVICE) FOR EACH YEAR OF THE GRANT YOU RECEIVE. THE PROGRAM IS FIVE

SEMESTERS LONG AND MOST RECIPIENTS WILL OWE 4,160 HOURS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

Name of the organization: **MERITUS MEDICAL CENTER, INC.** Employer identification number: **52-0607949**

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.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----------------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MAULIK JOSHI, DR. P.H PRESIDENT & CEO | (i) | 677,703. | 256,591. | 19,500. | 174,370. | 21,361. | 1,149,525. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) HEMANT CHATRATH, MD PHYSICIAN | (i) | 657,468. | 326,965. | 43,957. | 13,050. | 27,219. | 1,068,659. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) ALI AKMAL PHYSICIAN | (i) | 669,082. | 0. | 19,500. | 13,050. | 27,130. | 728,762. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) THOMAS T. CHAN CFO/TREASURER | (i) | 403,498. | 87,488. | 79,116. | 55,610. | 20,270. | 645,982. | 59,616. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) MICHAEL MCCORMACK, MD PHYSICIAN | (i) | 597,238. | 0. | 266. | 12,091. | 16,922. | 626,517. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) VICTORIA GIFFI, MD PHYSICIAN | (i) | 405,662. | 197,174. | 0. | 9,887. | 4,911. | 617,634. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) FRANK COLLINS, MD PHYSICIAN | (i) | 550,398. | 0. | 0. | 12,166. | 21,020. | 583,584. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) CARRIE ADAMS CHIEF OPERATING OFFICER | (i) | 308,001. | 67,346. | 0. | 38,684. | 24,476. | 438,507. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) DAVID LEHR CHIEF STRATEGY OFFICER | (i) | 320,967. | 60,480. | 780. | 375. | 19,118. | 401,720. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) LYNN HAINES VP, LEGAL SERVICES/SECRETARY | (i) | 201,031. | 44,533. | 0. | 28,522. | 24,040. | 298,126. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) CAROLYN SIMONSEN FORMER EXECUTIVE VICE PRESIDENT | (i) | 4,765. | 40,923. | 87,382. | 208. | 21. | 133,299. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

MMC PROVIDED RELOCATION EXPENSES WHICH ARE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE AS PART OF THE COMPENSATION ANALYSIS. THE FOLLOWING INDIVIDUALS RECEIVED REIMBURSEMENT FOR RELOCATION EXPENSES, WHICH WERE CONSIDERED PART OF THEIR TAXABLE WAGES: DAVID LEHR \$780.

PART I, LINE 4B:

SEVERAL OFFICERS ARE PARTICIPANTS IN A 457F PLAN THAT WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE MMC BOARD OF DIRECTORS. FOR THE CURRENT YEAR, THE FOLLOWING AMOUNTS WERE DEFERRED BY MMC AND ARE NOT SUBSTANTIALLY VESTED AND SUBJECT TO CREDITOR CLAIMS AND FORFEITURES:

MAULIK JOSHI \$166,125

THOMAS CHAN \$45,560

LYNN HAINES \$17,181

CARRIE ADAMS \$29,690

TOM CHAN RECEIVED A 457F DISTRIBUTION OF \$59,616.

PART I, LINE 7:

INCENTIVE BASED COMPENSATION IS DETERMINED BY AGREED UPON INDIVIDUAL AND

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.

CORPORATE GOALS BY THE EXECUTIVE COMMITTEE OF THE MMC BOARD. EXECUTIVE
COMPENSATION IS PREDETERMINED AT THE BEGINNING OF THE FISCAL YEAR BY THE
EXECUTIVE COMMITTEE WITH THE HELP OF INDEPENDENT CONSULTANTS USING
BENCHMARKED INFORMATION TO ENSURE MARKET COMPETITIVENESS ON AN ANNUAL
BASIS. TOTAL COMPENSATION RECEIVED BY EACH INDIVIDUAL IS REVIEWED FOR
REASONABLENESS BY THOSE TASKED WITH GOVERNANCE PRIOR TO ALL DISTRIBUTIONS.

SCHEDULE J, PART III

CERTAIN MMC EXECUTIVES RECEIVE TAXABLE FRINGE BENEFITS, SUCH AS
EXECUTIVE LIFE INSURANCE. THE VALUE OF THESE TAXABLE FRINGE BENEFITS IS
INCLUDED IN FORM W-2 WAGES. TOTAL COMPENSATION OF ALL EXECUTIVES IS
ADJUSTED TO MARKET COMPETITIVENESS, REVIEWED TO ENSURE REASONABLENESS,
AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE MMC BOARD.

THE EXECUTIVE COMMITTEE OF THE MMC BOARD, WHICH IS COMPRISED OF
INDEPENDENT BOARD MEMBERS, REVIEWS ON AN ANNUAL BASIS THE FOLLOWING AS
IT RELATES TO THE COMPENSATION OF THE CEO AND OTHER KEY EXECUTIVES: 1)
ANNUAL PERFORMANCE EVALUATIONS OF THE CEO AND EXECUTIVES; 2)
ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE IN ACHIEVEMENT OF STRATEGIC
AND INDIVIDUAL INCENTIVE GOALS; 3) MARKET DATA PRESENTED BY AN

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.

INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT; AND 4) BASE SALARY AND

INCENTIVE RECOMMENDATIONS. THE INDEPENDENT THIRD-PARTY CONSULTANT

CONDUCTS AND PRESENTS A REASONABLENESS REVIEW OF BOTH BASE SALARY AND

TOTAL COMPENSATION FOR THE CEO AND KEY EXECUTIVES. THE COMMITTEE

DISCUSSES, DELIBERATES, AND APPROVES BASE SALARY AND INCENTIVE

COMPENSATION RECOMMENDATIONS. RESULTS ARE REPORTED TO THE MMC BOARD.

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 **MERITUS MEDICAL CENTER, INC.** Employer identification number **52-0607949**

| Part I Bond Issues | | | | | | | | | | | |
|-----------------------------------|----------------|-------------|-----------------|-----------------|--------------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A MD HITH & HID ED FAC AUT | 52-0936091 | 574218YA5 | 07/09/15 | 272,718,190. | REFUND O/S BONDS/CONS PROJECTS | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|-----|----|-----|----|-----|----|-----|----|
| | A | | B | | C | | D | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired | 27,180,000. | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 272,760,487. | | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | |
| 6 Proceeds in refunding escrows | 252,565,608. | | | | | | | | | |
| 7 Issuance costs from proceeds | 180,518. | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | 20,014,308. | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2017 | | | | | | | | | |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | | | | | | | | |
| 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 | | | | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | | | |

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

Schedule K (Form 990) 2021

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 | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | | | | | | |
| 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 | | .01 % | | % | | % | | % |
| 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 | | .01 % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | 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 | | | | | | |
| 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 | | | | | | | |

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 | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | | | | | |
| b Exception to rebate? | | X | | | | | | |
| c No rebate due? | 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 | | | | | | |

Part IV Arbitrage (continued)

| | A | | B | | C | | D | |
|--------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

Part V Procedures To Undertake Corrective Action

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

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: MD HITH & HID ED FAC AUT

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

PART II, LINE 3, COLUMN A

THE DIFFERENCE BETWEEN THE ISSUE PRICE OF THE BONDS AND THE TOTAL PROCEEDS OF THE ISSUE IS INVESTMENT EARNINGS IN THE AMOUNT OF \$42,297.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

MERITUS MEDICAL CENTER, INC.

Employer identification number

52-0607949

FORM 990, PART I, LINE 6

MMC RECEIVES VOLUNTEERS THAT ARE RECRUITED BY THE MERITUS MEDICAL
CENTER AUXILIARY, INC. (AUXILIARY). THE MISSION OF THE AUXILIARY IS TO
COOPERATE AND ASSIST IN THE WORK OF MMC BY PROMOTING MMC'S WORK IN THE
COMMUNITY AND SUPPLEMENTING THE WORK OF THE STAFF OF MMC.

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

MISSION: IMPROVE THE HEALTH OF OUR COMMUNITY.

VISION: TO BE THE BEST HEALTH SYSTEM.

OUR VALUES

AT MMC, WE EACH SUPPORT OUR MISSION AND VISION BY LIVING OUR VALUES
EACH AND EVERY DAY. BY FOLLOWING OUR PLEDGE, "I ACT", WE EACH SUPPORT
MMC WITH:

I=INTEGRITY - WE DO THE RIGHT THING, NO MATTER WHAT.

A=ALL IN FOR QUALITY AND OUTCOMES - QUALITY IMPROVEMENT ISN'T JUST
SOMETHING WE TALK ABOUT, IT'S A COMMITMENT WE EACH LIVE.

C=COMMUNITY OBSESSED - WE ARE OUR COMMUNITY AND WE ARE HERE TO TAKE
CARE OF OUR NEIGHBORS. THIS ISN'T JUST ABOUT MEDICAL CARE, IT'S ABOUT
CARING FOR THE WHOLE PERSON.

T=TEAMWORK - NOBODY CAN DO IT ALONE. AT MMC, WE ARE ONE TEAM THAT IS
DIVERSE AND INCLUSIVE, AND WE SUPPORT ONE ANOTHER AND OUR GOALS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MMC IS AN ACUTE CARE HOSPITAL LOCATED IN HAGERSTOWN, MARYLAND AND
SERVES THE RESIDENTS OF WESTERN MARYLAND, SOUTHERN PENNSYLVANIA, AND
THE EASTERN PANHANDLE OF WEST VIRGINIA. DURING FY22, MMC'S PATIENT DAYS

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

Schedule O (Form 990) 2021

132211 11-11-21

| | |
|----------------------------------------------------------|----------------------------------------------|
| Name of the organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|----------------------------------------------------------|----------------------------------------------|

TOTALED 73,636, ADMISSIONS TOTALED 15,754, ER VISITS TOTALED 58,458,

AND OVER 2 MILLION LABORATORY PROCEDURES WERE PERFORMED. IN ADDITION,

THERE WERE 21,927 HOME HEALTH VISITS, 47,892 OUTPATIENT REHAB VISITS,

19,713 OUTPATIENT BEHAVIORAL HEALTH VISITS, AND 21,290 CANCER CENTER

VISITS. MMC'S PHYSICIAN PRACTICES COMPLETED 144,622 PRIMARY CARE

VISITS, 127,044 SPECIALTY CARE VISITS, AND 29,237 URGENT CARE VISITS.

THE MMC STRATEGIC PLAN HAS BOLD GOALS TO BE ACHIEVED BY 2030. UTILIZING

THE QUADRUPLE AIM FRAMEWORK, THE 2030 BOLD GOALS CONSIST OF THE

FOLLOWING PILLARS OF SUCCESS: IMPROVE HEALTH IN OUR COMMUNITY, IMPROVE

HEALTHCARE, HAVE JOY AT WORK, PROVIDE MEDICAL CARE THAT IS AFFORDABLE

FOR OUR COMMUNITY. LISTED BELOW ARE THE ACCOMPLISHMENTS UNDER EACH

PILLAR.

HEALTH

- SIGNED UP OVER 120K MYCHART USERS

- LAUNCHED PILOT CARE CALLER PROGRAM TO CONTACT INDIVIDUALS WHO

IDENTIFY AS LONELY. OVER 60 PATIENTS RECEIVE CALLS WEEKLY FROM 30

VOLUNTEERS.

- RECEIVED THE PANDEMIC HEROISM AWARD FROM THE LEAPFROG GROUP.

- OVER 45K POUNDS LOST SINCE START OF INITIATIVE.

- OUTREACH PROGRAM TO INCREASE WELLNESS VISITS EXCEEDED GOAL OF 5K

ANNUAL WELLNESS VISITS.

- MERITUS MOBILE CLINIC LAUNCHED AND ADMINISTERED OVER 10K VACCINES

THROUGHOUT THE COUNTY.

- RECEIVED TOP PERFORMER HEALTH EQUITY INDEX DESIGNATION FOR HUMAN

RIGHTS CAMPAIGN.

| | |
|----------------------------------------------------------|----------------------------------------------|
| Name of the organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|----------------------------------------------------------|----------------------------------------------|

HEALTHCARE

- WON THE PLATINUM GOVERNOR'S EXCELLENCE AWARD (HIGHEST IN THE STATE),

BASED ON THE NATIONAL BALDRIGE CRITERIA.

- RECEIVED ACEP GERIATRIC ED CERTIFICATE, SAFE SLEEP CERTIFICATION, TOP

MATERNITY AWARD FROM NEWSWEEK, AND PATIENT SAFETY CENTER CIRCLE OF

HONORS AWARD.

- ADDITION OF PHYSICIAN PRACTICES: AFTER HOURS PEDIATRICS, PULMONARY,

ORTHOPEDICS, AND CARDIOLOGY.

- FOLLOW-UP APPOINTMENTS FOR 86% OF PATIENTS SCHEDULED PRIOR TO

DISCHARGE.

- REDUCTION OF VIOLENCE IN THE INPATIENT PSYCHIATRIC UNITS FROM 62

INCIDENTS IN FY21 TO 8 IN FY22.

- REDUCTION OF 30K UNNECESSARY STANDING LAB TESTS ORDERED IN THE ICU

AND IMAGING IN THE ED COMPARED TO LAST FISCAL YEAR.

JOY AT WORK

- PRODUCED PANDEMIC REFLECTIONS VIDEOS.

- OVER \$6M IN MARKET ADJUSTMENTS.

- LOYALTY BONUSES TO BOLSTER RETENTION.

- MONTHLY CARING FOR OUR TEAM EVENTS.

- DEVELOPED MERITUS GARDENS.

- CONDUCTED UNCONSCIOUS BIAS TRAINING THROUGH INTERACTIVE THEATRE.

- NURSE RESIDENCY PROGRAM ACHIEVING ANCC PRACTICE TRANSITION

ACCREDITATION PROGRAM DESIGNATION, FIRST IN WESTERN MD REGION.

- DECREASE IN PROVIDER TIME IN EPIC BY OVER 22%.

AFFORDABILITY

- LAUNCHED THE MERITUS PHARMACY.

| | |
|----------------------------------------------------------|----------------------------------------------|
| Name of the organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|----------------------------------------------------------|----------------------------------------------|

- ESTABLISHED VALUED BASED ARRANGEMENT WITH MARYLAND PHYSICIANS CARE.

- IMPLEMENTED 340B CONTRACT RETAIL PHARMACY PROGRAM WITH SIX RETAIL

PHARMACY COMPANIES.

- SUPPLY CHAIN SAVINGS OF \$1.8M.

- ISSUED A TAXABLE BOND IN THE AMOUNT OF \$60.35M WHICH BEARS A FIXED

INTEREST AT 2.59%.

- RECEIVED FEMA REIMBURSEMENT FOR SURGE AGENCY STAFFING IN FY22.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF UP TO SEVEN (7) DIRECTORS, AS

DETERMINED BY THE BOARD IN ACCORDANCE WITH THE BYLAWS. THE COMMITTEE, WHICH

MEETS BI-MONTHLY BETWEEN REGULARLY SCHEDULED BOARD MEETINGS, MAY IN ITS

DISCRETION EXERCISE THE FULL POWERS, DUTIES, RESPONSIBILITIES AND AUTHORITY

OF THE BOARD, EXCEPT WHERE PROHIBITED BY LAW AND SUBJECT TO ANY LIMITATIONS

IMPOSED BY THE BYLAWS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 2:

MMC BOARD DIRECTOR MARY J.C. HENDRIX IS THE PRESIDENT OF SHEPHERD

UNIVERSITY AND MMC BOARD DIRECTOR SHARON MAILEY, PHD, RN, IS THE DEAN OF

THE COLLEGE OF NURSING, EDUCATION AND HEALTH SCIENCES AND DIRECTOR OF THE

SCHOOL OF NURSING AT SHEPHERD UNIVERSITY.

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

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY

THE FINANCE DEPARTMENT. A COPY OF THE FORM 990 WAS PROVIDED TO THE AUDIT

AND BUSINESS INTEGRITY COMMITTEE OF THE BOARD. ACTING UNDER THE AUTHORITY

OF THE BOARD, THE COMMITTEE REVIEWED THE FORM 990 PRIOR TO SUBMISSION TO

THE INTERNAL REVENUE SERVICE. IN ADDITION, THE FORM 990 WILL BE PROVIDED TO

| | |
|----------------------------------------------------------|----------------------------------------------|
| Name of the organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|----------------------------------------------------------|----------------------------------------------|

ALL MEMBERS OF THE BOARD BY MAY 15, 2023.

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

AN ANNUAL DISCLOSURE OF INTEREST IS REQUIRED FOR ALL OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES. THESE DISCLOSURES ARE REVIEWED AGAINST THE ACCOUNTS PAYABLE SYSTEM TO IDENTIFY TRANSACTIONS WITH THE ORGANIZATION. ALL DISCLOSURES AND TRANSACTIONS ARE REVIEWED BY THE AUDIT & BUSINESS INTEGRITY COMMITTEE. AFTER THIS REVIEW, A COPY OF THE DISCLOSURES, BY BOARD OR COMMITTEE, LISTING THE TYPE OF INVOLVEMENT/TRANSACTIONS THE ENTITY HAS WITH THE NAMED DISCLOSURE, IF ANY, ARE PROVIDED TO THE CHAIR OF THE BOARD OR COMMITTEE. ANY DIRECTOR WITH A DETERMINED CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S OR COMMITTEE'S DISCUSSIONS AND DECISIONS WITH REGARDS TO THAT TRANSACTION AND MUST NOT ONLY RECUSE THEMSELVES BUT LEAVE THE ROOM DURING THE DISCUSSIONS.

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

THE EXECUTIVE COMMITTEE OF THE MMC BOARD, WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS, REVIEWS ON AN ANNUAL BASIS THE FOLLOWING AS IT RELATES TO THE COMPENSATION OF THE CEO AND OTHER KEY EXECUTIVES: 1) ANNUAL PERFORMANCE EVALUATIONS OF THE CEO AND EXECUTIVES; 2) ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE IN ACHIEVEMENT OF STRATEGIC AND INDIVIDUAL INCENTIVE GOALS; 3) MARKET DATA PRESENTED BY AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT; AND 4) BASE SALARY AND INCENTIVE RECOMMENDATIONS. THE INDEPENDENT THIRD-PARTY CONSULTANT CONDUCTS AND PRESENTS A REASONABLENESS REVIEW OF BOTH BASE SALARY AND TOTAL COMPENSATION FOR THE CEO AND KEY EXECUTIVES. THE COMMITTEE DISCUSSES, DELIBERATES, AND APPROVES BASE SALARY AND INCENTIVE COMPENSATION RECOMMENDATIONS. RESULTS ARE REPORTED TO THE MMC BOARD.

| | |
|----------------------------------------------------------|----------------------------------------------|
| Name of the organization MERITUS MEDICAL CENTER, INC. | Employer identification number 52-0607949 |
|----------------------------------------------------------|----------------------------------------------|

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

THE GOVERNING DOCUMENTS FOR MMC ARE LOCATED ON THE STATE OF MARYLAND DEPARTMENT OF TAXATION'S WEBSITE. MMC'S FINANCIAL STATEMENTS ARE MADE PUBLIC THROUGH THE STATE OF MARYLAND CHARITABLE REGISTRATION DIVISION. FINANCIAL STATEMENTS FOR MMC ARE ALSO AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE VIA THE CONTINUING DISCLOSURE DOCUMENT. THE CONFLICT OF INTEREST POLICY FOR MMC IS NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, SECTION A

THE COMPENSATION THAT DR. IQBAL, DR. AMALFITANO, DR. HANIF AND DR. SALVAGNO RECEIVED WERE FOR THEIR SERVICES AS PHYSICIANS. COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FOR SERVICES PROVIDED IN THEIR CAPACITY AS INDEPENDENT CONTRACTORS/EMPLOYEES OF MMC AND AFFILIATES, NOT IN THEIR CAPACITIES AS DIRECTORS.

THE AVERAGE HOURS PER WEEK LISTED FOR ALL OF THE OFFICERS AND DIRECTORS INCLUDES, BUT IS NOT LIMITED TO, THEIR TIME SPENT PREPARING FOR AND ATTENDING BOARD COMMITTEE MEETINGS, FUNDRAISING AND ATTENDANCE AT COMMUNITY FUNCTIONS ON BEHALF OF MMC.

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

CHANGE IN NET ASSETS HELD BY MERITUS HEALTHCARE FOUNDATION -1,875,307.

FORM 990, PART XII, LINE 2B

MMC RECEIVED CONSOLIDATED AUDITED FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GAAP FROM AN INDEPENDENT ACCOUNTING FIRM.

**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

2021

**Open to Public
Inspection**

Name of the organization **MERITUS MEDICAL CENTER, INC.** Employer identification number **52-0607949**

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 |
|--------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
| MERITUS HOLDINGS, LLC - 45-2382196 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742 | HEALTH SERVICE | MARYLAND | 164,661. | 125,340. | MMC |
| MERITUS URGENT CARE, LLC - 71-1050982 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742 | HEALTH SERVICE | MARYLAND | -1,350,901. | 9,611,344. | MERITUS HOLDINGS, LLC |
| MERITUS MEDICAL LAB LLC - 80-0728035 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742 | HEALTH SERVICE | MARYLAND | 11,442,367. | 2,857,117. | MERITUS HOLDINGS, LLC |
| HEALTH @ WORK LLC - 34-2014438 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742 | HEALTH SERVICE | MARYLAND | -184,859. | 736,860. | MERITUS HOLDINGS, LLC |

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 |
| MERITUS HEALTHCARE FOUNDATION INC - 01-0639265, 11116 MEDICAL CAMPUS ROAD, HAGERSTOWN, MD 21742 | FUNDRAISING | MARYLAND | 501(C)(3) | LINE 12A, I | MERITUS MEDICAL CENTER, INC. | X | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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 |
|-------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
| MEDICAL PRACTICES OF ANTIETAM LLC - 52-2315129, 11116 MEDICAL CAMPUS ROAD, HAGERSTOWN, MD 21742 | HEALTH SERVICE | MARYLAND | -18,689,169. | 11,346,055. | MERITUS HOLDINGS, LLC |
| MERITUS HEALTH ACO LLC - 81-2639390 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742 | HEALTH SERVICE | MARYLAND | -185,076. | -12,247. | MMC |
| TRI-STATE HEALTH PARTNERS INC - 52-1953898 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742 | HEALTH SERVICE | MARYLAND | -16,015. | 194,430. | MMC |
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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 | |
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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 |
| MERITUS INSURANCE COMPANY LTD - 98-0462257 P.O. BOX 1109GT GRAND CAYMAN, CAYMAN ISLANDS | CAPTIVE INSURANCE | CAYMAN ISLANDS | MMC | | 0. | 18,014,814. | 100% | X | |
| MERITUS ENTERPRISES INC - 52-1393624 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742 | HEALTH SERVICE | MD | MMC | C CORP | 5,021,014. | 26,498,418. | 100% | X | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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) MERITUS HEALTHCARE FOUNDATION | C | 2,546,465. | COST |
| (2) MERITUS HEALTHCARE FOUNDATION | P | 180,270. | COST |
| (3) MERITUS INSURANCE COMPANY LTD | F | 151,062. | DIVIDEND RECEIVED |
| (4) MERITUS INSURANCE COMPANY LTD | Q | 114,537. | COST |
| (5) | | | |
| (6) | | | |

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 | |
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Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.