

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable:	C Name of organization MERITUS MEDICAL CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11116 MEDICAL CAMPUS ROAD City or town, state or province, country, and ZIP or foreign postal code HAGERSTOWN, MD 21742	D Employer identification number 52-0607949
Address change		E Telephone number (301) 790-8872
Name change		
Initial return		G Gross receipts \$ 663,322,194.
Final return/terminated		
Amended return		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Application pending		
F Name and address of principal officer: MAULIK JOSHI, DR. P.H. SAME AS C ABOVE		H(b) Are all subordinates included? Yes No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number
J Website: www.MERITUSHEALTH.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1904
		M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
Activities & Governance	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		22	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		19	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5		3500	
	6 Total number of volunteers (estimate if necessary)	6		245	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		2,429,751.	
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		394,431.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	14,655,527.		5,308,036.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	385,975,662.		470,565,905.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,627,407.		20,758,752.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	410,126,603.		498,108,726.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	334,320.		369,067.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	202,092,303.		236,365,140.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	0.		0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	206,683,001.		191,582,800.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	409,109,624.		428,317,007.	
19 Revenue less expenses. Subtract line 18 from line 12	1,016,979.		69,791,719.		
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)	696,768,766.		801,968,935.	
	22 Net assets or fund balances. Subtract line 21 from line 20	415,761,796.		414,427,385.	
		281,006,970.		387,541,550.	

Part II Signature Block

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

Sign Here	Signature of officer THOMAS CHAN, CFO/TREASURER	Date		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MARY TORRETTA	Preparer's signature <i>Mary Torretta</i>	Date 5/11/22	Check if self-employed <input type="checkbox"/>
	Firm's name GRANT THORNTON LLP			PTIN P00847851
	Firm's address 1000 WILSON BOULEVARD, SUITE 1400 ARLINGTON, VA 22209		Firm's EIN 36-6055558	
			Phone no. (703) 847-7500	

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)

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

THOMAS T. CHAN

- 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 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

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

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

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

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 No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

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

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

4a (Code:) (Expenses \$ 354,901,598. Including grants of \$ 369,067.) (Revenue \$ 482,341,415.)

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 354,901,598.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements.

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, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	22			
b Enter the number of voting members included on line 1a, above, who are independent		19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MD**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **THOMAS T. CHAN - (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 instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MAULIK JOSHI, DR. P.H PRESIDENT & CEO	50.00 3.00	X		X				1,055,636.	0.	186,765.
(2) HEMANT CHATRATH, MD PHYSICIAN	50.00 0.00					X		1,094,197.	0.	60,203.
(3) ALI AKMAL PHYSICIAN	40.00 0.00					X		731,838.	0.	78,912.
(4) THOMAS T. CHAN CFO/TREASURER	50.00 3.00			X				660,446.	0.	117,046.
(5) FRANK COLLINS, MD PHYSICIAN	40.00 0.00					X		670,477.	0.	59,702.
(6) VICTORIA GIFFI, MD PHYSICIAN	40.00 0.00					X		641,219.	0.	31,053.
(7) MICHAEL MCCORMACK, MD PHYSICIAN	40.00 0.00					X		595,644.	0.	54,878.
(8) BROOKE BUCKLEY FORMER CMO	50.00 0.00						X	633,337.	0.	14,253.
(9) CAROLYN M. SIMONSEN EXECUTIVE VP (THRU 12/2020)	50.00 3.00			X				571,663.	0.	66,162.
(10) DOUGLAS SPOTTS, MD CHIEF HEALTH OFFICER	50.00 0.00				X			517,505.	0.	119,321.
(11) MELANIE HEUSTON CNO & CHIEF PT SVC OFFICER	50.00 0.00				X			477,852.	0.	111,136.
(12) CARRIE ADAMS CHIEF QUALITY/TRANSFORM OFFICER	50.00 0.00				X			422,640.	0.	79,061.
(13) JASON COLE VICE PRESIDENT/CIO	50.00 0.00				X			387,365.	0.	102,899.
(14) DAVID HOPE VP PHYSICIAN SERVICES	50.00 0.00				X			350,679.	0.	85,457.
(15) LAURIE BENDER CHIEF COMPLIANCE OFFICER	50.00 0.00				X			296,411.	0.	98,690.
(16) LAURA MINTZER VP HUMAN RESOURCES	50.00 0.00				X			340,114.	0.	43,004.
(17) JOSHUA REPAC VP REV CYCLE & CLIN SUPP SVCS	50.00 0.00				X			290,029.	0.	78,459.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AARON GEORGE, MD CMO	50.00 0.00				X			284,691.	0.	62,638.
(19) ANTHONY SHAVER VP SUPPORT SERVICES	50.00 0.00				X			293,258.	0.	27,305.
(20) LYNN HAINES VP, LEGAL SERVICES/SECRETARY	50.00 3.00			X				184,233.	0.	55,377.
(21) JOSEPH ROSS FORMER CEO	0.00 0.00						X	223,603.	0.	0.
(22) SHAHEEN IQBAL, MD DIRECTOR	40.00 0.00	X						144,015.	0.	0.
(23) STEPHEN NELSON FORMER SECRETARY (THRU 03/2020)	50.00 3.00						X	102,512.	0.	12,543.
(24) RASHID HANIF, MD DIRECTOR	20.00 0.00	X						78,354.	0.	0.
(25) SCOTT WORRELL, MD DIRECTOR	3.00 0.00	X						0.	0.	0.
(26) GREGORY SNOOK CHAIRMAN	5.00 0.00	X	X					0.	0.	0.
1b Subtotal								11,047,718.	0.	1,544,864.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								11,047,718.	0.	1,544,864.

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

279

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MERCY SPECIALIZED BILLING SVCS PO BOX 505125, ST. LOUIS, MO 63150	INFORMATION SERVICES	4,445,193.
TRIMEDX, LLC PO BOX 636129, CINCINNATI, OH 45263	MEDICAL	4,161,302.
MDICS AT MERITUS MEDICAL CENTER, 7250 PARKWAY DRIVE, SUITE 500, HANOVER, MD	MEDICAL	4,109,676.
ROCHE DIAGNOSTICS CORP 9115 HAGUE ROAD, INDIANAPOLIS, IN 46250	MEDICAL	2,809,900.
ANACOSTIA MEDICAL ASSOCIATES 8408 ADLER COURT, MILLERSVILLE, MD 21108	MEDICAL	2,444,794.

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

74

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT GOETZ, JR VICE CHAIRMAN	3.00 0.00	X		X				0.	0.	0.
(28) RALPH SALVAGNO, MD DIRECTOR	3.00 0.00	X						0.	0.	0.
(29) WAYNE ALTER, JR DIRECTOR	3.00 0.00	X						0.	0.	0.
(30) REV. DR. D. STUART DUNNAN DIRECTOR	3.00 0.00	X						0.	0.	0.
(31) BRENDAN D. FITZSIMMONS, PHD DIRECTOR	3.00 0.00	X						0.	0.	0.
(32) MARY J.C. HENDRIX, PHD DIRECTOR	3.00 0.00	X						0.	0.	0.
(33) ERIN E. HERSHEY, MHA DIRECTOR	3.00 0.00	X						0.	0.	0.
(34) STEVEN HULL DIRECTOR	3.00 0.00	X						0.	0.	0.
(35) NEIL JESUELE DIRECTOR (AS OF 01/2021)	3.00 0.00	X						0.	0.	0.
(36) JAMES KERCHEVAL DIRECTOR	3.00 0.00	X						0.	0.	0.
(37) SHARON MAILEY, PHD, RN DIRECTOR	3.00 0.00	X						0.	0.	0.
(38) ALFRED E. MARTIN DIRECTOR	3.00 0.00	X						0.	0.	0.
(39) BARBARA MILLER DIRECTOR (THRU 02/2021)	3.00 0.00	X						0.	0.	0.
(40) KATHLEEN POOLE DIRECTOR (AS OF 01/2021)	3.00 0.00	X						0.	0.	0.
(41) KENT R REYNOLDS DIRECTOR	3.00 0.00	X						0.	0.	0.
(42) JEANNE SINGER DIRECTOR	3.00 0.00	X						0.	0.	0.
(43) JAMES R. STOJAK DIRECTOR	3.00 0.00	X						0.	0.	0.
(44) WILLIAM SU, MD DIRECTOR	3.00 0.00	X						0.	0.	0.
(45) FREDERICK C. WRIGHT, III DIRECTOR (THRU 12/2020)	3.00 0.00	X						0.	0.	0.
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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,017,879.				
	e Government grants (contributions)	1e	4,191,612.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	98,545.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			5,308,036.			
	Program Service Revenue	2 a PATIENT REVENUE	Business Code	621400	459,121,140.	459,121,140.	
b ALL OTHER			621400	5,275,523.	5,275,523.		
c SCHOOL NURSING PROGRAM			621400	2,211,153.	2,211,153.		
d MDPCP FEES			621400	1,700,000.	1,700,000.		
e CAFETERIA SALES			621400	1,238,950.	1,238,950.		
f All other program service revenue			621400	1,019,139.	1,019,139.		
g Total. Add lines 2a-2f				470,565,905.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			15,586,408.	11,775,510.	3,810,898.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	552,928.			
			(ii) Personal				
				1,506,646.			
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c		-953,718.			
	d Net rental income or (loss)			-953,718.		-953,718.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	68,879,166.			
			(ii) Other				
				63,706,822.			
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c		5,172,344.				
d Net gain or (loss)			5,172,344.		5,172,344.		
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	Business Code	621500	2,011,383.	2,011,383.		
	b CLINICAL TRIALS		541700	418,368.	418,368.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,429,751.			
12 Total revenue. See instructions			498,108,726.	482,341,415.	2,429,751.	8,029,524.	

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	369,067.	369,067.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,305,249.		5,305,249.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	274,667.		274,667.	
7 Other salaries and wages	190,055,934.	152,096,247.	37,959,687.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,456,186.	2,764,949.	691,237.	
9 Other employee benefits	24,517,314.	19,613,851.	4,903,463.	
10 Payroll taxes	12,755,790.	10,204,632.	2,551,158.	
11 Fees for services (nonemployees):				
a Management				
b Legal	721,327.	577,062.	144,265.	
c Accounting	314,502.	251,602.	62,900.	
d Lobbying	60,300.	48,240.	12,060.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	607,718.	486,174.	121,544.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	38,825,557.	31,060,446.	7,765,111.	
12 Advertising and promotion	1,551,439.	1,551,439.		
13 Office expenses	510,166.	408,133.	102,033.	
14 Information technology	4,412,187.	3,529,750.	882,437.	
15 Royalties				
16 Occupancy	6,901,979.	5,521,583.	1,380,396.	
17 Travel	576,757.	461,406.	115,351.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	501,555.	401,244.	100,311.	
20 Interest	10,919,668.	8,735,734.	2,183,934.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,283,541.	20,226,833.	5,056,708.	
23 Insurance	1,500,150.	1,200,120.	300,030.	
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 DRUGS & PHARMACEUTICALS	34,474,670.	34,474,670.		
b MEDICAL SUPPLIES	29,988,142.	29,988,142.		
c BAD DEBT	16,918,801.	16,918,801.		
d EQUIPMENT & MAINTENANCE	6,388,959.	5,111,167.	1,277,792.	
e All other expenses	11,125,382.	8,900,306.	2,225,076.	
25 Total functional expenses. Add lines 1 through 24e	428,317,007.	354,901,598.	73,415,409.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	150,721,057.	2	189,802,810.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	31,349,729.	4	40,803,430.
	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	265,893.	7	229,995.
	8 Inventories for sale or use	5,992,574.	8	7,118,027.
	9 Prepaid expenses and deferred charges	3,012,370.	9	4,401,727.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 464,626,124.		
	b Less: accumulated depreciation	10b 234,842,015.	233,801,471.	10c 229,784,109.
	11 Investments - publicly traded securities	167,912,403.	11	217,259,562.
	12 Investments - other securities. See Part IV, line 11	17,204,000.	12	13,577,232.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	3,807,692.	14	3,832,158.
	15 Other assets. See Part IV, line 11	82,701,577.	15	95,159,885.
16 Total assets. Add lines 1 through 15 (must equal line 33)	696,768,766.	16	801,968,935.	
Liabilities	17 Accounts payable and accrued expenses	136,905,883.	17	132,854,288.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	251,020,878.	20	245,626,354.
	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	100,800.	23	60,480.
	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	27,734,235.	25	35,886,263.
	26 Total liabilities. Add lines 17 through 25	415,761,796.	26	414,427,385.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	277,092,861.	27	383,735,980.
	28 Net assets with donor restrictions	3,914,109.	28	3,805,570.
	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	281,006,970.	32	387,541,550.
33 Total liabilities and net assets/fund balances	696,768,766.	33	801,968,935.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	498,108,726.
2	Total expenses (must equal Part IX, column (A), line 25)	2	428,317,007.
3	Revenue less expenses. Subtract line 2 from line 1	3	69,791,719.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	281,006,970.
5	Net unrealized gains (losses) on investments	5	35,988,134.
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	754,727.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	387,541,550.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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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 or 990-EZ).)
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI.		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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 (explain in detail in Part VI):		
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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization

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

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

Special Rules

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MERITUS HEALTHCARE FOUNDATION, INC. 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742	\$ 1,017,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WASHINGTON COUNTY HEALTH DEPARTMENT 1302 PENNSYLVANIA AVENUE HAGERSTOWN, MD 21742	\$ 2,091,206.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STATE OF MARYLAND 110 CARROLL STREET ANNAPOLIS, MD 21411	\$ 1,756,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MARYLAND DEPARTMENT OF HEALTH 201 W. PRESTON STREET BALTIMORE, MD 21201	\$ 343,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MERITUS MEDICAL CENTER AUXILIARY, INC. 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THOMAS W PANGBORN IRREV CHAR TRUST 1 EAST PRATT STREET BALTIMORE, MD 20202	\$ 58,787.	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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FOUNDATION FOR SPIRITUALITY & MEDICINE, INC. 5 BAFFORD CT GLEN ARM, MD 21057-9765	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA
032041 12-02-20

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column(e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		60,300.
j Total. Add lines 1c through 1i			60,300.
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 2021, MMC PAID DUES TO THE MARYLAND HOSPITAL

ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION AND A FEE TO A

GOVERNMENT RELATIONSHIP CONSULTING FIRM IN UNDERSTANDING GOVERNMENTAL

POLITICS AND LEGISLATIVE MATTERS. SPECIFICALLY, THE RESPECTIVE TRADE

ASSOCIATIONS SHARE ON AN ANNUAL BASIS WITH MMC THE SPECIFIC PERCENTAGE

Part IV Supplemental Information (continued)

OF THE PAID DUES THAT ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES.

Horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization

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.

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

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2020

032051 12-01-20

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

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.	1,071,947.	1,045,925.	1,031,912.	1,035,650.
b Contributions					
c Net investment earnings, gains, and losses	263.	14,167.	26,022.	14,013.	8,501.
d Grants or scholarships					
e Other expenditures for facilities and programs		57,496.			12,239.
f Administrative expenses					
g End of year balance	1,028,881.	1,028,618.	1,071,947.	1,045,925.	1,031,912.

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:

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

	Yes	No
3a(i)		x
3a(ii)		x
3b		

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

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		250,187,118.	105,388,433.	144,798,685.
c Leasehold improvements		2,981,012.	1,572,852.	1,408,160.
d Equipment		203,257,490.	127,880,730.	75,376,760.
e Other		1,783,353.		1,783,353.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				229,784,109.

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) DUE FROM RELATED PARTIES	6,482,103.
(2) NET ASSETS HELD BY MHF	2,642,654.
(3) OPERATING LEASES	18,744,921.
(4) OTHER ASSETS	4,341,909.
(5) RETRO PREMIUM CREDIT RECEIVABLE	14,275,154.
(6) EQUITY INVESTMENTS IN AFFILIATES	48,673,144.
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

95,159,885.

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	4,099,606.
(3) DUE TO RELATED ENTITIES	13,041,736.
(4) OPERATING LEASES	18,744,921.
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

35,886,263.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART 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:

MMC FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX
 POSITIONS 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. MMC DOES NOT BELIEVE ITS
 CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX

Part XIII Supplemental Information *(continued)*

POSITIONS. AS OF JUNE 30, 2021, THE MERITUS TAX YEARS ENDED JUNE 30, 2018

THROUGH JUNE 30, 2021 FOR FEDERAL TAX JURISDICTION REMAIN OPEN TO

EXAMINATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization 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			PROGRAM SERVICE	INSURANCE	727,690.
3 a Subtotal	0	0			727,690.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			727,690.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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)

Part IV Foreign Forms

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

Schedule F (Form 990) 2020

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.

Lined area for supplemental information.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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.**

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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)		1,153	6,062,105.		6,062,105.	1.47%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		1,153	6,062,105.		6,062,105.	1.47%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		64,978	1,747,605.	80,908.	1,666,697.	.41%
f Health professions education (from Worksheet 5)		4,672	5,366,319.	254,598.	5,111,721.	1.24%
g Subsidized health services (from Worksheet 6)		259,330	85,331,375.	40,549,051.	44,782,324.	10.89%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			235,963.	95,770.	140,193.	.03%
j Total. Other Benefits		328,980	92,681,262.	40,980,327.	51,700,935.	12.57%
k Total. Add lines 7d and 7j		330,133	98,743,367.	40,980,327.	57,763,040.	14.04%

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		273	11,313.		11,313.	.00%
2 Economic development						
3 Community support			3,865.		3,865.	.00%
4 Environmental improvements						
5 Leadership development and training for community members			15,290.		15,290.	.00%
6 Coalition building		189	130,064.		130,064.	.03%
7 Community health improvement advocacy						
8 Workforce development						
9 Other		21	15,537.		15,537.	.00%
10 Total		483	176,069.		176,069.	.03%

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
Section A. Bad Debt Expense			
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		
			16,918,801.
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		
			2,537,820.
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)		264,440,983.
6	Enter Medicare allowable costs of care relating to payments on line 5		259,152,163.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)		5,288,820.
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?	X	
9b	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	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 %
2 GENERAL SURGERY RE, LLC	REAL ESTATE	50.00%		50.00%

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 MERITUS MEDICAL CENTER, INC.
11116 MEDICAL CAMPUS ROAD
HAGERSTOWN, MD 21742
WWW.MERITUSHEALTH.COM
21-0001

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
X	X		X			X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group 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: 20 <u>19</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
6b 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: 20 <u>19</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)		

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group 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.		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.		X

Schedule H (Form 990) 2020

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: THE PRIMARY DATA COLLECTION PROCESS INCLUDED

THE DEVELOPMENT OF A HEALTH NEEDS SURVEY THAT WAS DESIGNED, APPROVED, AND

DISTRIBUTED BY THE STEERING COMMITTEE THROUGHOUT THE COMMUNITY. THE SURVEY

QUESTIONS WERE DEVELOPED BASED ON THE BEHAVIORAL RISK FACTOR SURVEILLANCE

SURVEY (BRFSS) QUESTIONS THAT ALLOWED COMPARISON OF OUR RESULTS WITH DATA

FROM THE MOST RECENT BRFSS INFORMATION COLLECTED BY THE MARYLAND

DEPARTMENT OF HEALTH AND CENTERS FOR DISEASE CONTROL. IN ADDITION,

FEEDBACK FROM THE MEMBERSHIP OF THE LOCAL HEALTH IMPROVEMENT COALITION WAS

OBTAINED TO HELP EXPLAIN THE PERCEIVED BARRIERS THAT PREVENT PEOPLE FROM

ACCESSING HEALTH CARE SERVICES: FINANCES, TRANSPORTATION, HOURS OF

OPERATION, SOCIAL NEEDS, LIMITATIONS, ETC.

THE COMMUNITY SURVEY WAS WRITTEN IN ENGLISH AND TRANSLATED TO SPANISH, AND

WAS DISTRIBUTED BOTH ELECTRONICALLY VIA EMAIL AND WEBSITES AS WELL AS VIA

WRITTEN COPIES. THE SURVEY PERIOD WAS OPEN FROM JUNE 25, 2018 - SEPTEMBER

14, 2018. A REPRESENTATIVE SAMPLE OF 1,514 WASHINGTON COUNTY ADULTS

RESPONDED AND COMPLETED THE SURVEY QUESTIONNAIRE. THE SURVEY PROCESS WAS

DESIGNED TO OBTAIN A SAMPLE THAT MIRRORED THE CENSUS POPULATION,

RACIAL/ETHNIC AND SOCIO-DEMOGRAPHIC MAKE-UP OF THE COMMUNITY. THIS WAS

ACCOMPLISHED BY COORDINATING THE PROMOTION OF THE SURVEY COUNTY-WIDE BY

THE HEALTH SYSTEMS AND PROVIDERS INCLUDING THE FREE CLINIC, GOVERNMENT,

SCHOOL SYSTEM, SOCIAL SERVICE ORGANIZATIONS AND THE LOCAL CHAMBER OF

COMMERCE.

WHILE THE COMMUNITY SURVEY PROCESS OBTAINED AN EXCELLENT REPRESENTATIVE

SAMPLE OF THE WASHINGTON COUNTY, WE WANTED TO ENSURE THAT INPUT WAS

OBTAINED DIRECTLY FROM MEMBERS OF THE COMMUNITY WHO WERE NOT WELL

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.

REPRESENTED IN THE SURVEY SAMPLE, WE FOCUSED ON THE UNDER-REPRESENTED PERCENTAGES IN THE SURVEY THAT INCLUDED MEN, AFRICAN AMERICANS AND HISPANIC COMMUNITIES. IN AN EFFORT TO OBTAIN IN-DEPTH FEEDBACK RELATED TO THE BIGGEST HEALTH CHALLENGES AND ASSETS IN THE COMMUNITY, WE INTERVIEWED PHYSICIANS AND HOSPITAL CARE MANAGERS. FINALLY, WE FOCUSED ON POPULATIONS WITH SPECIFIC HEALTH CHALLENGES TO INCLUDE SENIORS AND BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE). THE SERIES OF FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED FROM AUGUST 28, 2018, TO NOVEMBER 2, 2018. FINALLY, A PUBLIC MEETING WAS HELD NOVEMBER 20, 2018 TO REVIEW THE DATA AND PRIORITIZE THE HEALTH NEEDS FOR OUR COMMUNITY.

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.

Part V Facility Information (continued)

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

THE MOST RECENT PRIORITIZED COMMUNITY HEALTH NEEDS FROM FY 2019 MMC CHNA

INCLUDE:

1. REDUCE SUBSTANCE ABUSE TO PROTECT THE HEALTH, SAFETY AND QUALITY OF

LIFE

2. IMPROVE MENTAL HEALTH THROUGH PREVENTION AND BY ENSURING ACCESS TO

APPROPRIATE, QUALITY MENTAL HEALTH TREATMENT

3. PROMOTE HEALTH AND REDUCE RISK OF CHRONIC DISEASE THROUGH THE PROMOTION

OF CONSUMING A HEALTHY DIET AND PHYSICAL ACTIVITY

4. IMPROVE HEALTH RELATED QUALITY OF LIFE AND WELL-BEING FOR PERSONS

LIVING IN THE COMMUNITY, SMOKING CESSATION AND MEDICATION ADHERENCE

5. IMPROVE THE MANAGEMENT OF DIABETES AND REDUCE MORTALITY

6. REDUCE HEART DISEASE MORTALITY AND MANAGE HYPERTENSION

AT THE CONCLUSION OF THE CHNA DATA ASSESSMENT, IT WAS RECOGNIZED THAT MANY

MORE NEEDS WERE IDENTIFIED AND EXIST THAN CAN BE SUCCESSFULLY MET BY THE

HOSPITALS ALONE DUE TO LIMITED, FINITE RESOURCES. THE PRIORITIZATION

CRITERION AND ASSIGNED WEIGHTS ASSISTED THE COALITION TO NARROW THE FOCUS

AND DIRECTLY ADDRESS THE ISSUES THAT WOULD HAVE THE GREATEST IMPACT FOR

IMPROVING THE HEALTH OF PEOPLE IN OUR COMMUNITY. WHEN OTHER COMMUNITY

ORGANIZATIONS HAVE A MISSION ALIGNED TO MEET THE CHNA NEEDS THAT WERE

IDENTIFIED, THE NEED WAS SCORED AS A LOWER PRIORITY FOR MMC, AVOIDING THE

DUPLICATION OF EXISTING COMMUNITY SERVICES AND PROVIDING 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 STRENGTHS, EXPERTISE AND RESOURCES

OF INDIVIDUAL ORGANIZATIONS, AND WHERE INTERESTS ARE SHARED, NEW

COLLABORATIVE RELATIONSHIPS BETWEEN ORGANIZATIONS WILL BE FORMED.

OTHER IDENTIFIED CHNA NEEDS NOT ADDRESSED

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.

AT THE CONCLUSION OF THE CHNA HEALTH NEEDS RANKING, IT WAS RECOGNIZED THAT

MANY MORE NEEDS WERE IDENTIFIED AND EXIST THAN THE TOP SIX IDENTIFIED

HEALTH NEEDS ALONE. SOME OF THE HEALTH NEEDS THAT WERE NOT IDENTIFIED AS

THE HIGHEST RANKED PRIORITIES FOR THE COMMUNITY INCLUDE CANCER, ACCESS TO

DENTAL CARE, TEEN PREGNANCY, SENIOR NEEDS, HOMELESSNESS, AND POVERTY AMONG

OTHERS. 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, AND WHEN INTERESTS ARE SHARED, NEW

COLLABORATIVE RELATIONSHIPS BETWEEN ORGANIZATIONS CAN BE FORMED. FINDINGS

FROM THE FY2019 CHNA MAY BE USED TO SUPPORT GRANT PROCUREMENT, DONATIONS

AND GIFTS TO FUND NEW PROGRAM SERVICES.

THE LOCAL WASHINGTON COUNTY HEALTH IMPROVEMENT COALITION IS USING THE CHNA

TO ADDRESS ACCESS TO AFFORDABLE HEALTHCARE ISSUES AND A LACK OF HEALTH

INSURANCE BY PROVIDING LOCATIONS FOR THE MD HEALTH EXCHANGE NAVIGATORS TO

REACH UNINSURED PERSONS. MMC HAS A FINANCIAL ASSISTANCE POLICY FOR PERSONS

DEEMED UNABLE TO AFFORD THE COST OF CARE. THE COUNTY IS FORTUNATE TO HAVE

TWO FEDERALLY QUALIFIED HEALTH CENTERS LOCATED IN HANCOCK AND HAGERSTOWN,

MD, BOTH OF WHICH ARE COMMITTED TO PROVIDING QUALITY HEALTHCARE SERVICES

ON A SLIDING-SCALE BASIS. THE COMMUNITY FREE CLINIC LOCATED IN HAGERSTOWN

PROVIDES QUALITY, COMPREHENSIVE OUTPATIENT HEALTH CARE SERVICES, FREE OF

COST, TO ALL WASHINGTON COUNTY RESIDENTS WHO ARE UNINSURED.

MERITUS MEDICAL CENTER, INC.:

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

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

FROM SEEKING OR RECEIVING CARE. MERITUS RESERVES THE RIGHT TO GRANT

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.

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 MERITUS' FINANCIAL ASSISTANCE

PROGRAM.

PART V, QUESTION 16 A, B & C

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

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 AND 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 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:

MERITUS MEDICAL CENTER (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

Part VI Supplemental Information (Continuation)

(3) MMG PHYSICIAN PRACTICES

(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) FAMILY PRACTICE RESIDENCY PROGRAM

(11) HEALTH & WORK

PART I, LINE 7, COLUMN F:

MERITUS MEDICAL CENTER (MMC) IS COMMITTED TO PROVIDING QUALITY HEALTH

CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO MEET THE

ASSOCIATED FINANCIAL OBLIGATION AND WITHOUT DISCRIMINATION ON THE

GROUNDS OF RACE, COLOR, NATIONAL ORIGIN OR CREED. 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

\$16,918,801.

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

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

Part VI Supplemental Information (Continuation)

COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A
 RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY
 THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.
 MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING
 UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE
 MARYLAND HOSPITALS TO BREAKOUT ANY DIRECT OFFSETTING REVENUE RELATED TO
 UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID
 REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO
 THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID
 ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL
 GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE
 RATE-SETTING SYSTEM. THE LEGAL ENTITIES REFLECTED ON THIS FORM 990
 INCLUDE MERITUS MEDICAL CENTER AND ITS CONSOLIDATED AFFILIATES THAT ARE
 DISREGARDED ENTITIES STRUCTURED IN THE FORM OF LIMITED LIABILITY
 COMPANIES. MERITUS ACCOMPLISHES ITS MISSIONS TO PROVIDE CARE TO
 PATIENTS AND COMMUNITY BENEFITS THROUGHOUT ITS CONTROLLED ENTITIES. THE
 CONTROLLED ENTITIES IN TOTAL PROVIDED CHARITY CARE IN THE AMOUNT OF
 7,173,437 DURING FISCAL YEAR 2021. THESE AMOUNTS ARE IN ADDITION TO THE
 COMMUNITY BENEFITS PROVIDED BY THE MERITUS MEDICAL CENTER AS REPORTED
 ON SCHEDULE H.

PART II, COMMUNITY BUILDING ACTIVITIES:

IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY, MMC WAS INVOLVED IN MANY
 COMMUNITY BUILDING ACTIVITIES. MMC SPENT \$15,290 ON LEADERSHIP DEVELOPMENT
 AND TRAINING BY LEADERSHIP WASHINGTON COUNTY FOR SEVERAL MMC EMPLOYEES.
 MMC PROVIDED \$11,313 TOWARDS PHYSICAL IMPROVEMENTS AND HOUSING WITH
 VOLUNTEERED SERVICES DURING THE ANNUAL DAY OF CARING EVENT. MMC PROVIDED

Part VI Supplemental Information (Continuation)

\$130,064 ON COALITION BUILDING WHICH INCLUDED COLLABORATIVES FOR HUMAN
TRAFFICKING, OPIOID USE, SEXUAL ASSAULT RESPONSE TEAMS, WEIGHT TRACKING,
NEW MOTHER OUTREACH, CRITICAL INCIDENT TRAINING, AND CHILD FATALITY. MMC
ALSO PROVIDED TEACHING TO UNIVERSITY AND COLLEGE NURSING PROGRAMS. LASTLY,
MMC GAVE \$3,865 TOWARD COMMUNITY SUPPORT.

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 TO REPORT BAD DEBT EXPENSE. BAD DEBT EXPENSE
IS REPORTED AT THE UNDISCOUNTED RATE WHICH MATCHES THE REPORTING OF 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 IS USING AN ESTIMATION PROCESS TO CALCULATE MMC'S BAD DEBT EXPENSES.
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 NORMALLY 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:

SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY
RECORDED AS ADJUSTMENTS TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF
THE CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN

Part VI Supplemental Information (Continuation)

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, 2021 AND
2020 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 RELATED 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 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 TO ALL PATIENTS REGARDLESS OF
ABILITY TO PAY. SCHEDULED SERVICES WILL BE PROVIDED AFTER APPROPRIATE
FINANCIAL ARRANGEMENTS ARE CONFIRMED BY MERITUS. DEPOSITS MAY BE REQUIRED
PRIOR TO SCHEDULING SERVICES. FAILURE TO PAY REQUIRED DEPOSITS MAY RESULT
IN THE RESCHEDULING OF THE SERVICE.

4. FINANCIAL ASSISTANCE IS POTENTIALLY AVAILABLE TO 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

Part VI Supplemental Information (Continuation)

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 REGULATION 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. PRIOR TO INITIATING ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS), MERITUS SHALL PROVIDE WRITTEN NOTICE TO THE PATIENT OR RESPONSIBLE PARTY AT LEAST THIRTY (30) DAYS PRIOR TO THE REFERRAL. SUCH WRITTEN NOTICE SHALL INFORM THE PATIENT OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND IDENTIFY THE ACTIONS THAT MERITUS INTENDS TO INITIATE TO OBTAIN PAYMENTS

AS FOLLOWS:

- A) REPORTING ADVERSE INFORMATION TO A CONSUMER CREDIT REPORTING AGENCY OR CREDIT BUREAU;
B) GARNISHMENT OF WAGES; OR
C) INITIATING A CIVIL ACTION.

THE ABOVE LISTED COLLECTION PRACTICES ARE FOLLOWED FOR ALL PATIENTS.

PART VI, LINE 2:

COMMUNITY HEALTH NEEDS ASSESSMENT PLAN AND IMPLEMENTATION AS REQUIRED BY IRC SECTION 501(R).

Part VI Supplemental Information (Continuation)

MERITUS MEDICAL CENTER ("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 MARCH 28, 2019. FOLLOWING BOARD APPROVAL, THE FY2019 CHNA WAS PUBLICLY POSTED AT:

WWW.MERITUSHEALTH.COM/DOCUMENTS/CHNA/FY2019-CHNA-REPORT-FINAL-REV.PDF

THE MOST RECENT PRIORITIZED COMMUNITY HEALTH NEEDS FROM FY2019 MMC CHNA

INCLUDE:

#1 TO IMPROVE ACCESS TO CARE AND REDUCE OVERDOSE DEATHS RELATED TO SUBSTANCE ABUSE BY INCORPORATING THE FOLLOWING: SCREENING FOR SUBSTANCE USE DISORDER TO IDENTIFY, INTERVENE, AND LINK PATIENTS WITH TREATMENT AND SUPPORTIVE RESOURCES; PROVIDE AN INPATIENT CONSULTATIVE TEAM AND PEER RECOVERY SUPPORT PROGRAM WHICH CAN SUCCESSFULLY HELP PATIENTS ESTABLISH A PLAN OF RECOVERY; CONTINUE CRISIS STABILIZATION, MANAGEMENT OF WITHDRAWAL, AND FOLLOW-UP TREATMENT FOR HOSPITALIZED PATIENTS BY TRANSFERRING THE PATIENTS DIRECTLY TO DRUG REHAB WHEN INDICATED; CONTINUE PARTICIPATION IN A NEONATAL ABSTINENCE SYNDROME COLLABORATIVE TO INTERVENE WITH MOTHERS OF DRUG-AFFECTED NEWBORNS, IMPROVE INPATIENT TREATMENT, AND PARTNER TO SUPPORT OUR COMMUNITY TREATMENT PROVIDERS; PROVIDE FREE SUPPORT GROUP AND EDUCATION SERVICES TO FAMILY MEMBERS OF PERSONS WITH ADDICTION.

#2 TO IMPROVE ACCESS TO CARE, EARLIER IDENTIFICATION AND TO REDUCE STIGMA OF MENTAL HEALTH BY INCORPORATING THE FOLLOWING: PROVIDE TARGETED MENTAL HEALTH EDUCATION AND SUPPORT GROUPS TO DECREASE STIGMA AND INCREASE AWARENESS OF BEHAVIORAL HEALTH ISSUES; PROVIDE PRACTICAL MENTAL HEALTH EDUCATION AND SUPPORT AT NO COST; PROVIDE CONTINUED INTEGRATION OF BEHAVIORAL HEALTH PROFESSIONALS IN PRIMARY CARE PRACTICES TO HELP SUPPORT

Part VI Supplemental Information (Continuation)

DEPRESSION SCREENING, MENTAL HEALTH EVALUATION, CRISIS STABILIZATION, AND

LINKAGE; PARTNER TO PROVIDE CASE MANAGEMENT SERVICES TO HELP LINK PATIENTS

AT HIGH-RISK FOR A RETURN TO THE ED WITH NEEDED COMMUNITY RESOURCES;

PROVIDE EXPEDITED ACCESS TO TIMELY PSYCHIATRY EVALUATION TO AVOID ED VISIT

OR HIGHER LEVEL OF CARE WHEN INDICATED.

#3 WEIGHT STATUS; REDUCE OBESITY BY INCREASING PHYSICAL ACTIVITY AND

EATING A HEALTHY DIET BY INCORPORATING THE FOLLOWING: EXPAND THE CATCH

PROGRAM (COORDINATED APPROACH TO CHILD HEALTH) WHICH IS A STANDARDIZED,

EVIDENCED-BASED PROGRAM PROVEN TO REDUCE THE RATE OF OBESITY AMONG

CHILDREN IN AFTER SCHOOL CLUBS; SPONSOR AND PROMOTE FOUR LARGE COMMUNITY

EVENTS CENTERED ON PROMOTION OF PHYSICAL ACTIVITY AND HEALTH; PROVIDE A

BI-WEEKLY COMMUNITY WEIGHT LOSS SUPPORT GROUP LED BY A REGISTERED

DIETITIAN THAT IS OPEN TO THE PUBLIC AND FREE OF CHARGE; OFFER BMI

SCREENING, HEALTH AND NUTRITION INFORMATION AT TWO PUBLIC HEALTH EVENTS

WITH A FOCUS ON DIET, NUTRITION AND EXERCISE.

#4 WELLNESS; PROMOTE HEALTHY LIFESTYLES WITH HEALTHFUL NUTRITION,

EXERCISE, SMOKING CESSATION AND STRESS REDUCTION BY INCORPORATING THE

FOLLOWING: OFFER NON-TRADITIONAL, ALTERNATIVE HEALTH INTERVENTIONS THAT

HAVE DEMONSTRATED POSITIVE HEALTH BENEFITS; PROVIDE WELLNESS CHECKS AND

GENERAL HEALTH SCREENINGS TO PROVIDE PATIENTS WITH UNDERSTANDING OF THEIR

HEALTH STATUS; PARTNER WITH LOCAL HEALTH IMPROVEMENT COALITION AND

PARTNERS TO PROVIDE THE COMMUNITY-BASED ONE FOR GOOD INITIATIVE WITH FOCUS

ON MAKING HEALTHIER FOOD CHOICES, INCREASING PHYSICAL ACTIVITY, STOP

SMOKING, AND TAKING MEDICATION AS PRESCRIBED; INCREASE PARTICIPANT

AWARENESS TO CONTEMPLATE NEED TO MAKE LIFESTYLE CHANGES; PROVIDE WELLNESS

EDUCATION FOR PRACTICAL, APPLICABLE INFORMATION TO CURRENT HEALTH TOPICS,

EXERCISE, AND TRENDS; PROVIDE SUPPORT GROUPS THAT COVER A WIDE RANGE OF

HEALTH RELATED ISSUES INCLUDING CANCER, STROKE, STRESS AND GRIEF.

Part VI Supplemental Information (Continuation)

#5 DIABETES; REDUCE DIABETES DISEASE BURDEN THROUGH PREVENTION, IMPROVED

MANAGEMENT, ACCESS TO CARE AND EDUCATION BY INCORPORATING THE FOLLOWING:

PROVIDE TARGETED DIABETES EDUCATION TO PATIENTS THROUGH CARE MANAGEMENT

SUPPORT DIRECTLY IN PCP OFFICES; PROVIDE THE EVIDENCED-BASED LIVING WELL

DIABETES EDUCATION SERIES FOR DISEASE MANAGEMENT IN THE COMMUNITY AT NO

COST; COMPLETE INITIAL REQUIREMENTS FOR ESTABLISHMENT OF A NATIONAL

DIABETES PREVENTION PROGRAM TO TEACH LIFESTYLE CHANGES AND REDUCE RISK OF

DEVELOPING TYPE II DIABETES; CONTINUE TO PROVIDE DIABETES SELF-MANAGEMENT

EDUCATION SERVICES; CONTINUE PARTNERSHIP WITH A LOCAL CHURCH AS A "HEALTH

HUB" IN AT-RISK NEIGHBORHOODS BY PROVIDING DIET, NUTRITION COUNSELING,

HEALTH EDUCATION AND SUPPORT GROUPS THAT ENSURE DIRECT COMMUNICATION WITH

A PHYSICIAN.

#6 HEART DISEASE AND HYPERTENSION; IMPROVE CARDIOVASCULAR HEALTH THROUGH

PREVENTION, MANAGEMENT OF BLOOD PRESSURE AND EARLY IDENTIFICATION OF RISK

BY INCORPORATING THE FOLLOWING: CONDUCT BLOOD PRESSURE SCREENINGS AT

HEALTH OUTREACH EVENTS, IN CHURCHES AND COMMUNITY NEIGHBORHOODS TO

IDENTIFY PERSONS WITH HYPERTENSION, PROVIDE EDUCATION AND REFER TO MEDICAL

MANAGEMENT; CONTINUE THE COMMUNITY WIDE BLOOD PRESSURE AWARENESS TO CHANGE

THE COMMUNITY CULTURE TO FOCUS ON PERSONAL HEALTH STATUS; SPONSOR HEART

HEALTHY ACTIVITIES AND EVENTS THAT PROMOTE HEART HEALTH EDUCATION; PROVIDE

TELEHEALTH SUPPORT AND MONITORING TO PERSONS WITH CONGESTIVE HEART FAILURE

TO IMPROVE OVERALL MANAGEMENT.

AT THE CONCLUSION OF THE CHNA DATA ASSESSMENT IT WAS RECOGNIZED THAT MANY

MORE NEEDS WERE IDENTIFIED AND EXIST THAN CAN BE SUCCESSFULLY MET BY THE

HOSPITALS ALONE DUE TO LIMITED, FINITE RESOURCES. THE PRIORITIZATION

CRITERION AND ASSIGNED WEIGHTS ASSISTED THE COALITION TO NARROW THE FOCUS

AND DIRECTLY ADDRESS THE ISSUES THAT WOULD HAVE THE GREATEST IMPACT FOR

IMPROVING THE HEALTH OF PEOPLE IN OUR COMMUNITY. WHEN OTHER COMMUNITY

Part VI Supplemental Information (Continuation)

ORGANIZATIONS HAVE A MISSION ALIGNED TO MEET THE CHNA NEEDS THAT WERE IDENTIFIED, THE NEED WAS SCORED AS A LOWER PRIORITY FOR MERITUS MEDICAL CENTER, AVOIDING THE DUPLICATION OF EXISTING COMMUNITY SERVICES AND PROVIDING 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 STRENGTHS, EXPERTISE AND RESOURCES OF INDIVIDUAL ORGANIZATIONS, AND WHERE INTERESTS ARE SHARED, NEW COLLABORATIVE RELATIONSHIPS BETWEEN ORGANIZATIONS WILL BE FORMED. A NEW CHNA WILL BE COMPLETED IN FY2022.

PART VI, LINE 3:

FINANCIAL ASSISTANCE IS OFFERED BEFORE, DURING, OR AFTER SERVICES ARE RENDERED AT MMC. MERITUS OFFERS A FINANCIAL ASSISTANCE APPLICATION AND A SELF PAY BROCHURE AT THE POINT OF REGISTRATION. AFTER APPLYING, THE HOSPITAL WILL SEND AN ACKNOWLEDGMENT 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. MERITUS MADE AVAILABLE BROCHURES INFORMING THE PUBLIC OF ITS FINANCIAL ASSISTANCE POLICY. SUCH BROCHURES WILL BE AVAILABLE THROUGHOUT THE COMMUNITY AND WITHIN MERITUS 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 ON THE AVAILABILITY OF FINANCIAL ASSISTANCE IS INCLUDED ON PATIENT BILLING STATEMENTS.

D. A PLAIN LANGUAGE SUMMARY OF MERITUS' FINANCIAL ASSISTANCE POLICY IS PROVIDED TO PATIENTS RECEIVING INPATIENT SERVICES WITH THEIR SUMMARY BILL

Part VI Supplemental Information (Continuation)

AND IS MADE AVAILABLE TO ALL PATIENTS UPON REQUEST.

E. MERITUS' FINANCIAL ASSISTANCE POLICY, A PLAIN LANGUAGE SUMMARY OF THE POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ARE AVAILABLE TO PATIENTS UPON REQUEST AT MERITUS, THROUGH MAIL (POSTAL SERVICE), AND ON MERITUS' WEBSITE AT

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

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

G. ON AN ANNUAL BASIS, MERITUS 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:

MMC IS LOCATED AT THE CROSSROADS OF WESTERN MARYLAND, SOUTHERN PENNSYLVANIA, AND THE EASTERN PANHANDLE OF WEST VIRGINIA. THE HOSPITAL HAS COMMITTED TO CARING FOR THE COMMUNITY FOR MORE THAN A CENTURY. MMC, A JOINT COMMISSION ACCREDITED, NOT-FOR-PROFIT, STATE-OF-THE-ART HOSPITAL, IS THE FLAGSHIP FACILITY OF THE ORGANIZATION. IT RECEIVED ITS FIRST MAGNET RECOGNITION IN APRIL 2019 TO RECEIVE PROFESSIONAL NURSING'S HIGHEST HONOR. THE HOSPITAL OFFICIALLY ADDED TEACHING TO ITS LIST OF SERVICES WITH THE INTRODUCTION OF THE MERITUS FAMILY MEDICINE RESIDENCY PROGRAM IN JULY

Part VI Supplemental Information (Continuation)

2019. THE PROGRAM IS AN ACGME ACCREDITED GRADUATE MEDICAL EDUCATION INITIATIVE AND THE ONLY ONE OF ITS KIND OF WESTERN MARYLAND. MMC DIRECTLY LINKS TO ROBINWOOD PROFESSIONAL CENTER, CREATING A ONE-MILLION SQUARE-FOOT COMBINED CAMPUS, WHICH IS ONE OF THE LARGEST HEALTH SERVICES FOOTPRINTS IN THE REGION. THE HOSPITAL'S EMERGENCY DEPARTMENT IS A LEVEL III TRAUMA CENTER AND EMS BASE STATION AS DESIGNATED BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS OR MIEMSS AND ITS CARDIAC CATH LAB, STROKE AND REHABILITATION PROGRAMS HAVE ALL RECEIVED RECOGNITION FOR COMPREHENSIVE, QUALITY CARE AND SERVICE.

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 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.

Part VI Supplemental Information (Continuation)

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), BREAST CANCER
AWARENESS - CUMBERLAND VALLEY (BCA-CV) AND DIAGNOSTIC IMAGING SERVICES.
OUR FINANCIAL ASSISTANCE PROGRAM SERVES MMC PATIENTS WHO ARE UNABLE TO PAY
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 FARMERS'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.
PARISH NURSING, OR FAITH COMMUNITY NURSING, ENCOURAGES PARISHIONERS OF ALL
AGES AND FAITHS TO BECOME ACTIVE PARTNERS IN THE MANAGEMENT OF THEIR
HEALTH. PARISH NURSES ACT AS A VITAL LINK BETWEEN THE FAITH AND MEDICAL
COMMUNITIES.
THE SEXUAL ASSAULT FORENSIC EXAMINER (SAFE) PROGRAM IS A COMPREHENSIVE AND
COMPASSIONATE APPROACH TO THE TREATMENT OF VICTIMS OF SEXUAL ASSAULT AND
ABUSE. MMC'S SAFE PROGRAM USES TRAINED AND CERTIFIED SAFE EXAMINERS TO
PROVIDE SPECIALIZED MEDICAL CARE, EVIDENCE COLLECTION, AND EMOTIONAL

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 ALZHEIMERS 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 FOR AREA FAMILIES AND SENIORS THROUGH OUR LEND-A-HAND EVENT.

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 DIETITIAN 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 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:

STATES FILING COMMUNITY BENEFIT REPORT

MD

**SCHEDULE I
(Form 990)**

**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.

2020
Open to Public
Inspection

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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 ▲

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	15	369,067.	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 THE MERITUS MEDICAL CENTER.

THE LENGTH OF PAYBACK WILL BE ONE YEAR OF SERVICE (EQUIVALENT TO 2,080

Part IV Supplemental Information

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

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.

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

	Yes	No
1b 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	X	
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?	X	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
4a Receive a severance payment or change-of-control payment?	X	
4b Participate in or receive payment from a supplemental nonqualified retirement plan?	X	
4c Participate in or receive payment from an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
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:		
5a The organization?		X
5b Any related organization?		X
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:		
6a The organization?		X
6b Any related organization?		X
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	X	
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		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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	687,686.	200,000.	167,950.	158,926.	27,839.	1,242,401.	0.
(2) HEMANTH CHATRATH, MD PHYSICIAN	703,824.	367,339.	23,034.	51,825.	8,378.	1,154,400.	0.
(3) ALI AKMAL PHYSICIAN	731,838.	0.	0.	51,825.	27,087.	810,750.	0.
(4) THOMAS T. CHAN CFO/TREASURER	425,158.	186,872.	48,416.	98,140.	18,906.	777,492.	32,416.
(5) FRANK COLLINS, MD PHYSICIAN	652,251.	515.	17,711.	38,825.	20,877.	730,179.	0.
(6) VICTORIA GIFFI, MD PHYSICIAN	421,747.	219,472.	0.	30,492.	561.	672,272.	0.
(7) MICHAEL MCCORMACK, MD PHYSICIAN	595,644.	0.	0.	37,847.	17,031.	650,522.	0.
(8) BROOKE BUCKLEY FORMER CMO	92,217.	103,000.	438,120.	9,852.	4,401.	647,590.	9,587.
(9) CAROLYN M. SIMONSEN EXECUTIVE VP (THRU 12/2020)	416,377.	155,286.	0.	54,423.	11,739.	637,825.	0.
(10) DOUGLAS SPOTTS, MD CHIEF HEALTH OFFICER	364,979.	152,526.	0.	91,117.	28,204.	636,826.	0.
(11) MELANIE HEUSTON CNO & CHIEF PT SVC OFFICER	329,778.	148,074.	0.	86,714.	24,422.	588,988.	0.
(12) CARRIE ADAMS CHIEF QUALITY/TRANSFORM OFFICER	293,078.	129,562.	0.	56,222.	22,839.	501,701.	0.
(13) JASON COLE VICE PRESIDENT/CIO	266,235.	121,130.	0.	74,699.	28,200.	490,264.	0.
(14) DAVID HOPE VP PHYSICIAN SERVICES	243,833.	106,846.	0.	58,330.	27,127.	436,136.	0.
(15) LAURIE BENDER CHIEF COMPLIANCE OFFICER	205,024.	88,439.	2,948.	73,664.	25,026.	395,101.	0.
(16) LAURA MINTNER VP HUMAN RESOURCES	237,440.	102,674.	0.	29,332.	13,672.	383,118.	0.
	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JOSHUA REPAC	(i) 250,885.	(ii) 29,144.	(iii) 0.	52,246.	26,213.	368,488.	0.
VP REV CYCLE & CLIN SUPP SVCS	(ii) 0.	0.	0.	0.	0.	0.	0.
(18) AARON GEORGE, MD	(i) 284,691.	0.	0.	54,338.	8,300.	347,329.	0.
CMO	(ii) 0.	0.	0.	0.	0.	0.	0.
(19) ANTHONY SHAVER	(i) 189,228.	87,458.	16,572.	25,491.	1,814.	320,563.	16,572.
VP SUPPORT SERVICES	(ii) 0.	0.	0.	0.	0.	0.	0.
(20) LYNN HAINES	(i) 167,683.	16,550.	0.	32,006.	23,371.	239,610.	0.
VP, LEGAL SERVICES/SECRETARY	(ii) 0.	0.	0.	0.	0.	0.	0.
(21) JOSEPH ROSS	(i) 165.	0.	223,438.	0.	0.	223,603.	0.
FORMER CEO	(ii) 0.	0.	0.	0.	0.	0.	0.
(22) STEPHEN NELSON	(i) 75,532.	0.	26,980.	7,728.	4,815.	115,055.	0.
FORMER SECRETARY (THRU 03/2020)	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(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: MAULIK JOSHI \$167,950.

PART I, LINES 4A-B:

SCHEDULE J, PART I, LINE 4A:

THE FOLLOWING INDIVIDUALS RECEIVED SEPARATION PAY DURING THE REPORTING

PERIOD:

JOSEPH ROSS \$223,438

BROOKE BUCKLEY \$412,000

SCHEDULE J, 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: THOMAS CHAN \$42,560, AARON

GEORGE \$28,538, LAURIE BENDER \$20,912, CARRIE ADAMS \$29,690, JASON COLE

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.

\$27,112, JOSHUA REPAC \$26,756, LYNN HAINES \$17,181, MELANIE HEUSTON

\$33,322, DAVID HOPE \$25,290, MAULIK JOSHI \$100,601 AND DOUGLAS SPOTTS

\$36,682. THE FOLLOWING RECEIVED 457F DISTRIBUTIONS: BROOKE BUCKLEY \$9,587,

THOMAS T. CHAN \$32,416, ANTHONY SHAVER \$16,572.

PART I, LINE 7:

INCENTIVE BASED COMPENSATION IS DETERMINED BY AGREED UPON INDIVIDUAL AND

CORPORATE GOALS BY THE EXECUTIVE COMMITTEE OF THE MHC 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 MERITUS EXECUTIVES RECEIVE TAXABLE FRINGE BENEFITS, SUCH AS

EXECUTIVE LIFE INSURANCE AND CAR ALLOWANCES. THE VALUE OF THESE TAXABLE

FRINGE BENEFITS ARE INCLUDED IN FORM W-2 WAGES. TOTAL COMPENSATION OF

ALL EXECUTIVES IS ADJUSTED TO MARKET COMPETITIVENESS, REVIEWED TO

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.

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

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.

POSITIONS REVIEWED IN AUGUST OF 2020 FOR FY21 WERE: PRESIDENT AND CHIEF

EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF HEALTH OFFICER, CHIEF

NURSING & PATIENT CARE SERVICES OFFICER, CHIEF MEDICAL OFFICER, CHIEF

STRATEGY OFFICER, CHIEF QUALITY & TRANSFORMATION OFFICER, VP & CHIEF

INFORMATION OFFICER, VP REVENUE CYCLE & CLINICAL SUPPORT SERVICES, VP

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.

PHYSICIAN SERVICES, CHIEF COMPLIANCE OFFICER, VP LEGAL SERVICES, AND VP

HUMAN RESOURCES (VACANT).

Supplemental Information on Tax-Exempt Bonds
(Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ **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**

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

Part II Proceeds	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		22,105,000.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		272,760,434.						
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)?	2017		Yes		No		Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?										
16 Has the final allocation of proceeds been made?	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) 2020

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Part III Private Business Use									
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		.01	%		%		%	
6	Total of lines 4 and 5		x						
7	Does the bond issue meet the private security or payment test?								
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							

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Part IV Arbitrage									
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 \$42,244.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MERITUS MEDICAL CENTER, INC.

Employer identification number

52-0607949

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

MERITUS MEDICAL CENTER, INC. (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.

PART I, LINE 6

MERITUS MEDICAL CENTER 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

MMC EXISTS TO IMPROVE THE HEALTH STATUS OF OUR REGION BY PROVIDING
COMPREHENSIVE HEALTH SERVICES TO PATIENTS AND FAMILIES.

VISION

MMC WILL RELENTLESSLY PURSUE EXCELLENCE IN QUALITY, SERVICE AND
PERFORMANCE.

VALUES

OUR CULTURE IS DRIVEN BY A SET OF VALUES THAT FOCUS ON THE PATIENT AND
FAMILY FIRST: RESPECT, INTEGRITY, SERVICE, EXCELLENCE AND TEAMWORK.

CULTURAL ATTRIBUTES

MMC FOSTERS A COMPASSIONATE HEALING ENVIRONMENT THROUGH A CULTURE OF
TEAM TRUST, PATIENT-CENTERED CARE, FOCUSING ON QUALITY AND SAFETY,

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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WHILE PROMOTING JOY AT WORK.

2030 BOLD GOALS

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

THE QUADRUPLE AIM FRAMEWORK, THE 2030 BOLD GOALS WERE CREATED TO

IMPROVE THE HEALTH IN OUR COMMUNITY, IMPROVE HEALTH CARE, HAVE JOY AT

WORK, AND MEDICAL CARE THAT IS AFFORDABLE FOR OUR COMMUNITY.

WHILE MERITUS HEALTH CONTINUES TO CARE FOR PATIENTS STRICKEN WITH

COVID-19, WE ARE ALSO EQUALLY DEDICATED TO OUR 2030 BOLD GOALS - THE

RELENTLESS PURSUIT OF EXCELLENCE, TO IMPROVE THE HEALTH STATUS OF OUR

REGION AND TO FOCUS ON A COMMITMENT AND CONTRIBUTION TO OUR COMMUNITY.

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

MMC PARTICIPATES IN A VARIETY OF ACTIVITIES THAT FOCUS ON THE

WELL-BEING OF THE PATIENTS, INCLUDING COMMITTEES AND TEAMS THAT

EVALUATE PROGRESS IN THE AREAS OF QUALITY PATIENT CARE, PATIENT SAFETY,

AND PROFESSIONAL DEVELOPMENT. MANY STAFF MEMBERS PROVIDE OUTREACH TO

THE COMMUNITY THROUGH EDUCATIONAL OFFERINGS WHICH HAVE BEEN IDENTIFIED

BY A SURVEY OF COMMUNITY HEALTH EDUCATION NEEDS.

AS A TAX-EXEMPT HOSPITAL, MMC CONTRIBUTES FUNDS TO HELP MANY PEOPLE WHO

MIGHT NOT BE ABLE TO AFFORD THEIR HEALTHCARE. THESE DOLLARS ARE USED TO

PROVIDE FREE, REDUCED-COST, OR SUBSIDIZED SERVICES TO MANY INDIVIDUALS

IN THE COMMUNITY. IT'S A COLLABORATIVE EFFORT INVOLVING NUMEROUS AREAS

OF THE HEALTH SYSTEM IN ACTIVITIES SUCH AS HEALTH EDUCATION AND

OUTREACH, SCREENINGS, PROGRAMS, AND EVENTS, AS WELL AS HELPING

INDIVIDUALS OBTAIN PRESCRIPTION MEDICATIONS, ACCESS TO NEEDED SERVICES,

AND EVEN TRANSPORTATION TO HEALTHCARE APPOINTMENTS.

MMC IS GOVERNED BY A LOCAL BOARD OF DIRECTORS MADE UP ENTIRELY OF

VOLUNTEERS. IN ADDITION TO ATTENDING BIMONTHLY MEETINGS TO DETERMINE

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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THE DIRECTION THAT MMC WILL TAKE, THE BOARD MEMBERS, WHO ARE COMMUNITY

AND BUSINESS LEADERS AS WELL AS PHYSICIANS, SERVE ON VARIOUS

COMMITTEES, INCLUDING QUALITY & SAFETY, FINANCE, AUDIT AND BUSINESS

INTEGRITY, EXECUTIVE, GOVERNANCE, AND STRATEGIC PLANNING. THE BOARD AND

ITS COMMITTEES ENSURE THAT MMC COMPLIES WITH STATE AND FEDERAL

REQUIREMENTS, WHILE KEEPING THE ORGANIZATION'S MISSION OF PROVIDING

QUALITY CARE FRONT AND CENTER. BY WORKING TOGETHER TOWARD THIS GOAL,

THE BOARD MEMBERS CREATE POLICIES AND PROCEDURES THAT HELP DELIVER

RESULTS.

MMC, AN ACUTE CARE HOSPITAL, HAS 277 SINGLE-PATIENT ROOMS, ALONG WITH

THE MOST ADVANCED TECHNOLOGIES AVAILABLE. MMC OFFERS A VARIETY OF

SPECIALIZED SERVICES TO MEET THE HEALTHCARE NEEDS OF THE REGION.

MERITUS CANCER SERVICES INCLUDES STATE-OF-THE-ART CANCER CARE

FACILITIES AND A DEDICATED CANCER CARE TEAM, THAT ARE EQUIPPED TO

PROVIDE PATIENTS AND FAMILIES WITH THE COMPASSIONATE SUPPORT THAT IS

NEEDED. THE BOARD CERTIFIED PHYSICIANS BRING YEARS OF EXPERIENCE,

ACADEMIC ACHIEVEMENTS, AND NATIONAL RESEARCH TO THE COMMUNITY. THE

FOUR SERVICE CENTERS INCLUDE THE JOHN R. MARSH CANCER CENTER, MERITUS

HEMATOLOGY AND ONCOLOGY SPECIALISTS, MERITUS CENTER FOR BREAST HEALTH,

AND MERITUS GYNECOLOGIC ONCOLOGY CENTER. THE CANCER SERVICES PROVIDED

INCLUDE IMAGING AND DIAGNOSTIC SERVICES, GENETIC COUNSELING, RADIATION

THERAPY, COUNSELING AND SUPPORT GROUPS, REHABILITATION, LABORATORY

SERVICES, SURGICAL SERVICES, CHEMOTHERAPY SERVICES, PHARMACY SERVICES,

AND SURVIVORSHIP PROGRAMS.

AS A LEVEL III TRAUMA SERVICE, MMC OFFERS TWENTY-FOUR HOUR A DAY, SEVEN

DAYS A WEEK ACCESS TO TRAUMA SURGEONS, NEUROSURGEONS, AND ORTHOPEDIC

SURGEONS, AS WELL AS A SPECIALIZED TRAUMA TEAM AND CONSULTING

PHYSICIANS. EACH YEAR MORE THAN 72,000 PATIENTS ARRIVE AT MERITUS

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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MEDICAL CENTER'S EMERGENCY DEPARTMENT WITH LIFE-THREATENING CONDITIONS

LIKE HEART ATTACKS, STROKES, BURNS, PENETRATING INJURIES AND ACUTE

ALLERGIC REACTIONS.

THE VISION OF THE NURSING DEPARTMENT AT MMC IS TO BE A DYNAMIC FORCE IN

THE ADVANCEMENT OF NURSING PRACTICE AND AN ADVOCATE FOR THE PROMOTION

OF QUALITY HEALTHCARE FOR ALL. THEIR MISSION IS TO FOSTER THE

DEVELOPMENT AND ADVANCEMENT OF NURSING PRACTICE AND TO WORK TO ACHIEVE

QUALITY HEALTHCARE FOR ALL. THEY BELIEVE THAT THE EXCELLENCE OF CARE

FOR PATIENTS AND FAMILIES MATTER THE MOST AND THAT SUPERIOR CUSTOMER

SERVICE AND CONSTANT INNOVATION SUSTAINS EXCELLENCE. SOME OF THE

ENHANCEMENTS AND ACHIEVEMENTS IN NURSING FOR THIS CURRENT FISCAL YEAR

ARE AS FOLLOWS:

- DEVELOPMENT AND IMPLEMENTATION OF AN EVIDENCE-BASED PNEUMONIA

PREVENTION BUNDLE TO REDUCE HOSPITAL ACQUIRED PNEUMONIA.

- COMPLETION OF QUANTITATIVE RESEARCH STUDY FOCUSED ON IMPROVING

NURSES' PERCEPTIONS OF WRITING ABILITY AND INCREASING PUBLICATIONS.

- NURSE INVOLVEMENT IN THE DESIGN AND IMPLEMENTATION OF THE REGIONAL

INFECTION CONTAINMENT UNIT TO CARE FOR COVID-19 PATIENTS.

- IMPROVED PROCESSES TO REDUCE SURGICAL SITE INFECTION, INCLUDING

OPENING OF A PRE-OPERATIVE READINESS CLINIC, IMPLEMENTATION OF ENHANCED

RECOVERY AFTER SURGERY (ERAS) ELEMENTS (SMOKING CESSATION, NUTRITION,

ACTIVITY), REVISED PATIENT EDUCATION BOOKLET, AND PROCESS FOR

PRE-OPERATIVE SKIN PREPARATION.

- CROSS TRAINING OF STAFF TO CHANGING PATIENT CARE NEEDS DURING THE

COVID-19 PANDEMIC, ADDITIONAL EDUCATION AND TRAINING WERE PROVIDED TO

MULTIPLE UNITS TO ALLOW MORE NURSES TO PROVIDE CARE TO INTERMEDIATE AND

INTENSIVE CARE PATIENTS.

- SEPSIS ESCAPE ROOM PROVIDED A FUN, UNIQUE LEARNING OPPORTUNITY FOR

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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NURSES TO IMPROVE SEPSIS SCREENING, TREATMENT, AND PREVENTION.

- NEW PROFESSIONAL ADVANCEMENT PROGRAM DESIGNED BASED ON THE QUALITY

AND SAFETY FOR NURSING EDUCATION (QSEN) FRAMEWORK BY THE PROFESSIONAL
DEVELOPMENT COUNCIL.

- DIVERSITY NURSING COMMITTEE INITIATED WITH MEMBERS ASSISTING IN

VACCINATION EDUCATION CAMPAIGN IN THE COMMUNITY AND INITIATING A MENTOR

PROGRAM TO HELP NEWLY HIRED NURSES OF DIVERSE BACKGROUNDS TRANSITION

SUCCESSFULLY DURING THEIR FIRST YEAR.

- SUCCESSFUL IMPLEMENTATION OF THE IHI 4M (MENTATION, MOBILITY, WHAT

MATTERS MOST, AND MEDICATIONS).

- LDRP IMPLEMENTED QUALITY IMPROVEMENT INITIATIVES TO INCREASE BREAST

FEEDING EXCLUSIVITY.

- OPENING OF REGIONAL INFUSION CENTER FOR COVID-19 PATIENTS.

- SCHOOL HEALTH NURSES SUPPORT OF THE COVID-19 VACCINATION CLINIC

- INITIATIVES TO HELP NURSES AND ALL EMPLOYEES PREVENT OR REDUCE

COMPASSION FATIGUE 5 OASIS ROOMS, "FILL YOUR CUP" EDUCATION, AND

DEBRIEFING SESSIONS FOR STAFF.

THE CARDIAC CATHETERIZATION LAB HAS FOCUSED ON BRINGING THE VERY BEST

IN CARDIAC SERVICES TO THE COMMUNITY. SERVICES IN CARDIAC SCREENING,

DIAGNOSIS, INTERVENTION, AND REHABILITATION ARE OFFERED. MMC HAS

INVESTED IN THE MOST UP-TO-DATE TECHNOLOGIES TO ASSIST PHYSICIANS IN

DIAGNOSING AND TREATING HEART DISEASE. THE BOARD-CERTIFIED

CARDIOLOGISTS AND INTERVENTIONAL CARDIOLOGISTS OFFER PATIENTS A HIGHLY

SPECIALIZED EXPERIENCE IN STRUCTURAL HEART DISEASE AND ELECTRICAL HEART

MALFUNCTIONS. THEY ARE SUPPORTED BY A TEAM OF HIGHLY-TRAINED NURSES AND

TECHNICIANS.

THE CENTER FOR JOINT REPLACEMENT OFFERS A COMPREHENSIVE PROGRAM THAT

INCLUDES PRE- AND POSTOPERATIVE THERAPY AS WELL AS THE ACTUAL SURGERY.

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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THE PROGRAM HAS CLEARLY DEMONSTRATED A DECREASED LENGTH OF HOSPITAL STAY AND IMPROVED RECOVERY RATES. MORE THAN 6,600 PEOPLE HAVE COME TO MMC FOR HIP, KNEE, SHOULDER, AND FINGER JOINT REPLACEMENTS, AS WELL AS HIP RESURFACING AND CARTILAGE REPLACEMENT.

THE FAMILY BIRTHING CENTER IS A SPECIAL PLACE WHERE SINGLE-ROOM MATERNITY CARE PROVIDES PRIVACY AND FAMILY BONDING. THE ROOM IS EQUIPPED FOR LABOR, DELIVERY, POSTPARTUM, AND NEWBORN CARE. THE SPECIAL CARE NURSERY ALLOWS BABIES BORN AS EARLY AS 32 WEEKS GESTATION TO BE TREATED AT MMC.

THE HOME HEALTH CARE SERVICES COVER THE FULL SPECTRUM OF CARE, RANGING FROM SKILLED NURSING TO ASSISTANCE WITH THE ACTIVITIES OF DAILY LIVING. THEY CAN ALSO HELP WITH MEDICATION MANAGEMENT ISSUES.

TOTAL REHAB CARE IS A COMPREHENSIVE SERVICE PROVIDING A FULL RANGE OF REHABILITATION PROGRAMS, INCLUDING PEDIATRIC SERVICES, TRAUMATIC BRAIN INJURY REHAB, OUTPATIENT THERAPIES, INPATIENT JOINT REPLACEMENT, OCCUPATIONAL REHABILITATION, AND SUPPORT GROUPS. SKILLED PHYSICIANS, NURSES, AND THERAPISTS DEVELOP INDIVIDUALIZED TREATMENT PLANS FOR EVERY PATIENT.

THE WEIGHT LOSS CLINIC OFFERS BARIATRIC SURGERY WHICH INCLUDES THE MOST COMMON PROCEDURES OF GASTRIC BYPASS AND ADJUSTABLE GASTRIC BANDING. THIS CAN BE A TREATMENT FOR THE LIFELONG CONDITION OF MORBID OBESITY.

THE WOUND CENTER CARE IS CUSTOMIZED TO EACH PATIENT'S UNIQUE SITUATION TO PROMOTE THE HEALING PROCESS. THE WOUND CENTER TEAM SPECIALIZES IN DIABETIC FOOT AND LEG ULCERS, BONE INFECTIONS, AND PREPARATION AND PRESERVATION OF SKIN GRAFTS, CRASH INJURIES, AND THERMAL BURNS.

MERITUS BEHAVIORAL HEALTH IS A COMPREHENSIVE NETWORK OF INTEGRATED PROGRAMS AND SERVICES FOR ALL PEOPLE EXPERIENCING BEHAVIORAL HEALTH PROBLEMS TO HELP MINIMIZE HOSPITALIZATIONS, STABILIZE AND MANAGE

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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BEHAVIORAL HEALTH SYMPTOMS AND HELP PEOPLE ACHIEVE THE HIGHEST POSSIBLE

LEVEL OF SUCCESSFUL FUNCTIONING IN THEIR COMMUNITY. IN THE REGION,

MERITUS BEHAVIORAL HEALTH IS RECOGNIZED FOR INCREASING THE AWARENESS OF

ISSUES RELATED TO BEHAVIORAL HEALTH, PROVIDING WELLNESS AND PREVENTION

PROGRAMS, PROVIDING CRISIS INTERVENTION AND RECOVERY SERVICES FOLLOWING

TRAUMATIC EVENTS, AND INTEGRATING AND COLLABORATING WITH COMMUNITY

MEDICAL, ADDICTION AND MENTAL HEALTH PRACTICES TO ENHANCE CONTINUITY OF

CARE AND THE SUCCESSFUL COMPLETION OF TREATMENT.

MERITUS MEDICAL GROUP, A MEDICAL NEIGHBORHOOD OF PRIMARY AND SPECIALTY

CARE PRACTICES, OFFERS A FULL SPECTRUM OF PATIENT AND FAMILY-CENTERED

CARE FOR RESIDENTS OF THE TRISTATE REGION. MORE THAN 100 PROVIDERS WORK

WITH A HEALTHCARE TEAM DEDICATED TO PARTNERING WITH PATIENTS TO IMPROVE

THEIR OVERALL WELL-BEING. THE TEAM IS PROUD TO OFFER PATIENTS AND

FAMILIES AN IMPROVED EXPERIENCE THROUGH EXCELLENT COMMUNICATION AND

COMPREHENSIVE, COORDINATED HEALTH CARE SERVICES.

CONTINUING IN FISCAL YEAR 2021, MMC REMAINED ACTIVELY INVOLVED IN THE

RESPONSE EFFORTS TO THE COVID-19 PANDEMIC FOR THE PATIENTS AND ALSO FOR

THE COMMUNITY AT LARGE. MMC CONTINUED TO FOSTER A STRONG PARTNERSHIP

WITH THE STATE OF MARYLAND AND WASHINGTON COUNTY LEADERSHIP IN RESPONSE

TO THE COVID-19 PANDEMIC. MMC TREATED OVER 1,200 COVID-19 PATIENTS IN

THEIR 20 BED REGIONAL INFECTION CONTAINMENT WING. MMC TREATED OVER

92,000 PATIENTS AT THEIR COVID-19 DRIVE THRU TESTING LOCATION. 60,000

PATIENTS WERE VACCINATED AT THE ROBINWOOD PROFESSIONAL CENTER. IN

TOTAL, MMC VACCINATED OVER 80,000 PEOPLE IN PARTNERSHIP WITH THE STATE

OF MARYLAND. THE STEPS MMC TOOK WITHIN THE WASHINGTON COUNTY COMMUNITY

TO RESPOND IN SUCH AN UNPRECEDENTED TIME DEMONSTRATES THE COMMITMENT TO

THE MISSION AND VISION OF MMC. AS THE COVID EVENTS CONTINUE TO ENFOLD,

MMC IS COMMITTED TO PROVIDING EXCEPTIONAL CARE AND RESPONSE TO ALL

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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NEEDS AS THEY ARISE. MMC WILL CONTINUE TO BE AN INDUSTRY LEADER IN THE
CARE AND PREVENTION OF COVID.

IN KEEPING WITH MMC'S GOALS TO PERFORM ITS MISSION OF IMPROVING THE
HEALTH STATUS OF THE REGION, MMC HAS DEVELOPED LONG TERM STRATEGIC
PLANS AND ANNUAL OPERATING PLANS. MMC HAS COMMITTED TO IMPROVING
HEALTH BY LOSING ONE MILLION POUNDS BY THE YEAR 2030 AND INCREASING
ANNUAL WELLNESS VISITS. MMC PROMOTES HAVING JOY AT WORK BY WORKING TO
BE THE EMPLOYER OF CHOICE AND BEST PLACE TO WORK IN WASHINGTON COUNTY.
MMC STRIVES TOWARDS ZERO HARM BY IMPROVING ACCESS TO CARE AND BEING THE
LOWEST TOTAL COST OF CARE PROVIDER IN THE STATE.

MMC HAS HAD MANY ACCOMPLISHMENTS IN FISCAL YEAR 2021 IN REACHING SOME
OF THE BOLD GOALS. IN THE DRIVE TO BE EFFICIENT AND AFFORDABLE, MMC
HAS REDUCED INSURANCE DENIALS, IMPROVED COLLECTIONS, AND PROVIDED MORE
CHARITY CARE. TO IMPROVE HEALTH, MMC HAS MOBILIZED THE BROADER
WASHINGTON COUNTY COMMUNITY IN IMPROVING POPULATION HEALTH AND RECORDED
OVER 11,000 POUNDS LOST FROM OVER 1,400 PARTICIPANTS. MMC HAS
CONDUCTED OVER 400 AFTER HOURS VIRTUAL VISITS, PERFORMED OVER 120,000
COVID-19 TESTS, AND GIVEN OVER 135,000 COVID-19 VACCINATIONS. IN
IMPROVING HEALTH CARE, MMC HAS ESTABLISHED THE COVID-19 INFUSION CENTER
FOR MONOCLONAL ANTIBODY THERAPY AND HAS PROVIDED OVER 1,070 THERAPY
TREATMENTS. THE INFUSION CENTER WAS ONE OF THE FIRST FOUR IN THE STATE
OF MARYLAND. MMC HAS ALSO COMPLETED AND UTILIZED THE REGIONAL
INFECTION CONTAINMENT UNIT AND COMMITTED SIGNIFICANT CAPITAL DOLLARS TO
REFRESH MEDICAL EQUIPMENT AND BRING IN NEW TECHNOLOGY FOR PATIENT
SERVICES.

A LARGE GOAL DURING THE FISCAL YEAR 2021 AND BEYOND IS TO KEEP MEDICAL
CARE LOCAL BY INCREASING HOSPITAL BASED AND AMBULATORY PHYSICIAN
PRACTICE AFFILIATIONS FOR CARE IN THE RIGHT SETTING. MMC HAS

Name of the organization

MERITUS MEDICAL CENTER, INC.

Employer identification number

52-0607949

IDENTIFIED SEVERAL DIFFERENT AVENUES TO INVEST IN PHYSICIANS THROUGH RECRUITMENT SUBSIDIES, EMPLOYMENT GUARANTEES, EMPLOYMENT OF PHYSICIANS, AND PROVIDING ADVANCED TECHNOLOGIES. MMC IS CONTRACTING WITH PEDIATRIC, PULMONOLOGY, AND CARDIOLOGY PROVIDERS. MMC HAS RECRUITED NEW PHYSICIANS IN TARGETED AREAS OF NEED INCLUDING HEMATOLOGY/ONCOLOGY, PSYCHIATRY, PRIMARY CARE, ENDOCRINOLOGY, AND NEUROLOGY. MMC ALSO IS A TEACHING AND LEARNING ORGANIZATION WITH THE CREATION OF THE FAMILY MEDICINE RESIDENCY PROGRAM. MMC HAS ALSO PURCHASED MULTIPLE SURGICAL ROBOTS TO INCLUDE THE ORTHO TOTAL KNEE ROBOT, THE NEURO ROBOT, AND THE PORTABLE O-ARM AND C-ARM VASCULAR.

IN FISCAL YEAR 2021 AND CONTINUING IN THE FUTURE, MMC IS MAKING MAJOR STRIDES IN WORKING ON HEALTH INEQUITIES. MMC VALUES DIVERSITY AND HEALTH EQUITY OF THE COMMUNITY WE SERVE BY EMPOWERING A DIVERSE WORKFORCE TO ELIMINATE DISPARITIES IN THE CARE WE PROVIDE TO OUR PATIENTS. HEALTH EQUITY ALLOWS FOR MMC PATIENTS TO REALIZE THEIR FULL HEALTH POTENTIAL NO MATTER WHO THEY ARE, WHERE THEY LIVE, OR HOW MUCH MONEY THEY MAKE. TO DELIVER ON MMC'S MISSION, EXECUTE THE VISION, AND EMBODY THE VALUES, MMC STRIVES TO ACHIEVE HEALTH EQUITY FOR THE PATIENTS THAT ARE SERVED. MMC IS COMMITTED TO FOSTERING A CULTURE OF DIVERSITY, INCLUSION AND HEALTH EQUITY WITHIN OUR HEALTH SYSTEM AND COMMUNITY. MMC IS HOPING TO RECEIVE THE DISTINGUISHED "TOP PERFORMER" DESIGNATION ON THE HEALTHCARE EQUALITY INDEX (HEI). THE HEI IS THE NATIONAL LGBTQ+ BENCHMARKING TOOL THAT EVALUATES HEALTHCARE FACILITIES' POLICIES AND PRACTICES RELATED TO THE EQUITY AND INCLUSION OF THEIR LGBTQ+ PATIENTS, VISITORS AND EMPLOYEES. THE MMC LEADERSHIP IN EQUITY AND DIVERSITY COUNCIL (LEAD) HAS POSTED THE ORGANIZATION'S STATEMENT ON RACISM AND DIVERSITY, ESTABLISHED A QUALITY IMPROVEMENT PROJECT TO IDENTIFY AND ELIMINATE HEALTH DISPARITIES AND ESTABLISHED AN

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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EDUCATIONAL TRAINING PLAN FOR UNCONSCIOUS BIAS AND CULTURAL DIVERSITY

FOR ALL EMPLOYEES. IN ADDITION, GOALS HAVE BEEN DEVELOPED TO INCREASE DIVERSITY AMONG LEADERSHIP POSITIONS. EMPLOYEE RESOURCE GROUPS HAVE BEEN ESTABLISHED FOR BLACK OR AFRICAN AMERICAN, HISPANIC OR LATINX, AND LGBTQ+ EMPLOYEES.

MMC IS COMMITTED TO:

- CONTINUOUSLY EDUCATING OURSELVES ON IMPORTANT ISSUES, SUCH AS UNCONSCIOUS BIAS, SO THAT WE INCREASE SELF-AWARENESS AND RESPECTFULNESS OF DIVERSE PERSPECTIVES

- DEVELOPING A COMMON LANGUAGE AND APPROACH TO DIVERSITY, HEALTH EQUITY AND INCLUSION

- ELIMINATING DISPARITIES IN CARE BY LOOKING AT QUALITY MEASURES AND IDENTIFYING, REDUCING OR ELIMINATING ROOT CAUSES

- MAINTAINING ACCURATE AND UP-TO-DATE DATA OR PATIENT INFORMATION ON RACE, ETHNICITY, LANGUAGE PREFERENCE, OTHER SOCIO-DEMOGRAPHIC DATA AND SOCIAL DETERMINANTS OF HEALTH TO MEET PATIENT-CENTERED HEALTH NEEDS

- BUILDING AN ENGAGED WORKFORCE AND LEADERSHIP THAT REFLECTS THE DIVERSITY OF THE COMMUNITY WE SERVE

- DEVELOPING STRONG AND TRUSTING COMMUNITY RELATIONSHIPS WITH THE GOAL OF ADDRESSING CONDITIONS THAT NEGATIVELY IMPACT VULNERABLE COMMUNITIES

MMC HAS STARTED THE JOURNEY TO INCREASE DIVERSITY AND INCLUSION, AND ELIMINATE HEALTHCARE DISPARITIES ACROSS OUR HEALTH SYSTEM.

- RESPECT ABOVE ALL

- DELIVER CULTURALLY SENSITIVE PATIENT-CENTERED CARE

- RECOGNIZING THE UNIQUENESS OF EVERY INDIVIDUAL

- TREATING ALL WITH DIGNITY AND RESPECT

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE MMC BOARD IS COMPRISED OF THE BOARD
CHAIRPERSON, VICE CHAIRPERSON, IMMEDIATE PAST CHAIRPERSON, AND CHAIRPERSONS
OF THE FOLLOWING COMMITTEES: FINANCE & CAPITAL, GOVERNANCE, QUALITY &
SAFETY, AUDIT & BUSINESS INTEGRITY, AND STRATEGIC PLANNING COMMITTEES, ALL
OF WHOM ARE BOARD MEMBERS. 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 OR
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 THE SUBMISSION
OF THE FORM 990 TO THE INTERNAL REVENUE SERVICE. IN ADDITION, THE FORM 990
WLLL BE PROVIDED TO ALL MEMBERS OF THE BOARD BY MAY 15, 2022.

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 THEN REVIEWED AGAINST

Name of the organization

MERITUS MEDICAL CENTER, INC.

Employer identification number

52-0607949

THE ACCOUNTS PAYABLE SYSTEM TO DETERMINE THE AMOUNT OF 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. POSITIONS REVIEWED IN AUGUST OF 2020 FOR FY21 WERE: PRESIDENT AND
 CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF HEALTH OFFICER,
 CHIEF NURSING & PATIENT CARE SERVICES OFFICER, CHIEF MEDICAL OFFICER, CHIEF
 STRATEGY OFFICER, CHIEF QUALITY & TRANSFORMATION OFFICER, VP & CHIEF
 INFORMATION OFFICER, VP REVENUE CYCLE & CLINICAL SUPPORT SERVICES, VP
 PHYSICIAN SERVICES, CHIEF COMPLIANCE OFFICER, VP LEGAL SERVICES, AND VP

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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HUMAN RESOURCES (VACANT).

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST. IN ADDITION, THE ANNUAL AUDITED FINANCIAL

STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

PART VII, SECTION A

THE COMPENSATION THAT DR. IQBAL AND DR. HANIF RECEIVED WAS 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 CAPACITY 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	754,727.
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MMC RECEIVED FUNDS FROM MHF, A RELATED ENTITY WHOSE PURPOSE IS TO RAISE

PHILANTHROPIC SUPPORT FOR CAPITAL AND OPERATING FUNDS. THE AMOUNT OF

\$754,727 REPRESENTED TRANSFERS OF FUNDS FROM MHF UPON RELEASE OF THE

DONATION RESTRICTIONS IMPOSED BY DONORS.

Name of the organization MERITUS MEDICAL CENTER, INC.	Employer identification number 52-0607949
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PART XII, LINE 2B

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

PART XII, LINE 3B

MMC, AND ITS CONTROLLED AFFILIATES, RECEIVED FEDERAL'S PROVIDER RELIEF FUNDS (PRF) AND GRANTS FROM WASHINGTON COUNTY, MARYLAND WITH SOURCES FROM FEDERAL MONEY IN EXCESS OF \$750,000 STARTING FROM APRIL 10, 2020, AND THEREFORE THE CONSOLIDATED ENTITIES ARE SUBJECT TO A SINGLE AUDIT. THERE ARE FOUR (4) PAYMENT PERIODS WITH DIFFERENT DEADLINES TO USE THE FEDERAL FUNDS. MMC ENTITIES HAVE MET THE PRF PORTAL REPORTING REQUIREMENTS. THOUGH THE SINGLE AUDIT DEADLINE IS ORDINARILY 9 MONTHS FROM THE RECIPIENT'S YEAR END, THE OFFICE OF MANAGEMENT AND BUDGET HAS MADE A 6-MONTH EXTENSION AVAILABLE TO ENTITIES UP TO AND INCLUDING JUNE 30, 2021 YEAR-ENDS, FOR ENTITIES THAT HAVE NOT FILED THEIR SINGLE AUDIT AS OF MARCH 19, 2021. MMC IS COORDINATING WITH ITS INDEPENDENT AUDITORS TO FILE THE SINGLE AUDIT TO MEET THE FILING REQUIREMENTS.

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.

Name of the organization: **MERITUS MEDICAL CENTER, INC.**
 Employer identification number: **52-0607949**
 Go to www.irs.gov/Form990 for instructions and the latest information.

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 SERVICES	MARYLAND	14,636.	112,678.	MMC
MERITUS URGENT CARE, LLC - 71-1050982 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742	HEALTH SERVICES	MARYLAND	-2,307,967.	9,515,766.	MERITUS HOLDINGS, LLC
MERITUS MEDICAL LAB LLC - 80-0728035 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742	HEALTH SERVICES	MARYLAND	8,384,002.	4,104,069.	MERITUS HOLDINGS, LLC
HEALTH @ WORK LLC - 34-2014438 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742	HEALTH SERVICES	MARYLAND	-312,142.	898,555.	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

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 SERVICES	MARYLAND	-14,069,479.	-9,326,745.	MERITUS HOLDINGS, LLC
MERITUS HEALTH ACO LLC - 81-2639390 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742	HEALTH SERVICES	MARYLAND	380,873.	-11,834.	MMC
TRI STATE HEALTH PARTNERS INC - 52-1953898 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742	HEALTH SERVICES	MARYLAND	0.	0.	MMC

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	

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									
J. GRAND CAYMAN, CAYMAN ISLANDS	CAPTIVE INSURANCE	CAYMAN ISLANDS	MMC		0.	21,449,533.	100%	X	
MERITUS ENTERPRISES INC - 52-1393624									
11116 MEDICAL CAMPUS ROAD									
HAGERSTOWN, MD 21742	HEALTH SERVICES	MD	MMC	C CORP	4,982,442.	29,385,906.	100%	X	

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	1,017,879 . COST	
(2)	MERITUS HEALTHCARE FOUNDATION	P	621,852 . COST	
(3)				
(4)				
(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	
TRIVERGENT HEALTH ALLIANCE, LLC - 46-5555337, 1800 DUAL HIGHWAY, HAGERSTOWN, MD 21740	MANAGEMENT SERVICES	MARYLAND		X		-56,689.	2,240,797.	X		N/A	X		50.00%

