

<b>Cumulative e-File History 2013</b>	
<b>Federal</b>	
Locator:	4231CV
Taxpayer Name:	MARYLAND GENERAL HOSPITAL, INC.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/12/2015 09:14:14
Acknowledgement Date:	05/12/2015 09:33:28
Status:	Accepted
Submission ID:	23695320151325000018

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2013, or fiscal year beginning 07/01, 2013, and ending 06/30, 2014

**2013**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

MARYLAND GENERAL HOSPITAL, INC.

52-0591667

Name and title of officer

BRIAN BAILEY, CFO

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>210487674.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN 

1	4	2	1	9
---	---	---	---	---

 as my signature  
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

*Brian Bailey*

Date ▶

5/11/2015

**Part III Certification and Authentication**

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

2	3	6	9	5	3	3	6	6	0	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

*Frank A. Spiller*

Date ▶

05/06/2015

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

# Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>MARYLAND GENERAL HOSPITAL, INC.</u>		<b>D</b> Employer identification number <u>52-0591667</u>
	Doing Business As		<b>E</b> Telephone number <u>(410) 225-8408</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <u>210,487,674.</u>
	<u>827 LINDEN AVENUE</u>		
City or town, state or province, country, and ZIP or foreign postal code <u>BALTIMORE, MD 21201</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F</b> Name and address of principal officer: <u>BRIAN BAILEY</u> <u>827 LINDEN AVENUE BALTIMORE, MD 21201</u>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <u>UMMIDTOWN.ORG</u>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1948</u> <b>M</b> State of legal domicile: <u>MD</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>HOSPITAL PROVIDING ACUTE CARE, 24 HOUR EMERGENCY CARE IRRESPECTIVE OF ABILITY TO PAY, AND PROMOTING PUBLIC AWARENESS OF HEALTH MATTERS THROUGH EDUCATION AND OUTREACH.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>15.</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>9.</u>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<u>1,661.</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>50.</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>8,590,837.</u>	<u>2,726,434.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>197,494,627.</u>	<u>206,188,069.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>252,052.</u>	<u>11,116.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,447,844.</u>	<u>1,562,055.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>207,785,360.</u>	<u>210,487,674.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0</u>	<u>0</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>97,609,142.</u>	<u>90,109,286.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>0</u>	<u>0</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>104,621,258.</u>	<u>113,962,534.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>202,230,400.</u>	<u>204,071,820.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>5,554,960.</u>	<u>6,415,854.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>177,586,991.</u>	<u>190,948,577.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	<u>106,305,136.</u>	<u>111,454,751.</u>
		<u>71,281,855.</u>	<u>79,493,826.</u>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <u>[Signature]</u>	Date <u>5/11/2015</u>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>FRANK GIARDINI</u>	Preparer's signature <u>[Signature]</u>	Date <u>05/12/2015</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00532355</u>
	Firm's name ▶ <u>GRANT THORNTON LLP</u>	Firm's EIN ▶ <u>36-6055558</u>		Phone no. <u>215-561-4200</u>	
	Firm's address ▶ <u>2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103</u>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

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

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>MARYLAND GENERAL HOSPITAL, INC.</b>	Employer identification number (EIN) or <b>52-0591667</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>827 LINDEN AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21201</b>	
	Enter the Return code for the return that this application is for (file a separate application for each return) <input type="text" value="0"/> <input type="text" value="1"/>	

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

- The books are in the care of ► BRUCE HAMPE, 250 W. PRATT STREET BALTIMORE, MD 21201

Telephone No. ► 410 328-7525 FAX No. ► 410 328-7497

- 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 EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20\_\_\_\_ or
- tax year beginning 07/01, 2013, and ending 06/30, 2014.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0
<b>b</b> If this application is for Form 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.	<b>3b</b> \$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	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.

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

**Cumulative e-File History 2013**

**Federal Extension3**

Locator:	4231CV
Taxpayer Name:	Maryland General Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	11/05/2014 08:34:45
Acknowledgement Date:	11/05/2014 08:57:41
Status:	Accepted
Submission ID:	23695320143095000046

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  X

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MARYLAND GENERAL HOSPITAL, INC.	Employer identification number (EIN) or 52-0591667
	Number, street, and room or suite no. If a P.O. box, see instructions. 827 LINDEN AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21201	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  BRUCE HAMPE, 250 W. PRATT STREET BALTIMORE, MD 21201  
Telephone No.  410 328-7525 Fax No.  410 328-7497

• 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 15 .

5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01, 20 13, and ending 06/30, 20 14 .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

<b>8a</b> 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.	<b>8a</b> \$	0
<b>b</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 and any amount paid previously with Form 8868.	<b>8b</b> \$	0
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$	0

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  EA Date  2/6/2015

<b>Cumulative e-File History 2013</b>	
<b>FED</b>	
Locator:	4231CV
Taxpayer Name:	Maryland General Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	02/06/2015 16:49:40
Acknowledgement Date:	02/06/2015 16:56:54
Status:	Rejected
Submission ID:	23695320150375000014
Submitted Date:	02/10/2015 16:26:36
Acknowledgement Date:	02/10/2015 16:57:37
Status:	Accepted
Submission ID:	23695320150415000002

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

HOSPITAL PROVIDING ACUTE CARE, 24 HOURS EMERGENCY CARE  
IRRESPECTIVE OF ABILITY TO PAY, AND PROMOTING PUBLIC AWARENESS  
OF HEALTH MATTERS THROUGH EDUCATION AND OUTREACH.

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

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

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

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

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

4a (Code: ) (Expenses \$ 183,746,348. including grants of \$ ) (Revenue \$ 207,540,823. )

ATTACHMENT 1

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 183,746,348.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

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 columns for line numbers (1a-14b), descriptions of tax compliance items, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 1098-C, and 720.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: BRUCE HAMPE 250 W PRATT STREET, STE 1400 BALTIMORE, MD 21201 410-328-7525

**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.  X

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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)MARILYN CARP CHAIR	1.00 0	X		X				0	0	0
(2)VIVIAN V. BRAXTON SECRETARY	1.00 0	X		X				0	0	0
(3)ROBERT CHRENCIK UMMS REPRESENTATIVE	1.00 40.00	X						0	1,735,933.	246,647.
(4)DR. MARCELLA COPES DIRECTOR	1.00 0	X						0	0	0
(5)DR. SAMUEL D. FRIEDEL DIRECTOR/PHYSICIAN	40.00 1.00	X					246,738.	0	38,536.	
(6)DR. SUSAN GUARNIERI DIRECTOR	1.00 0	X						0	0	0
(7)REV. DR. ALVIN C. HATHAWAY, SR DIRECTOR	1.00 0	X						0	0	0
(8)SYLVIA SMITH JOHNSON OUTGOING PRESIDENT & CEO	40.00 10.00	X		X			491,706.	0	14,683.	
(9)DR. DANIEL R. HOWARD DIRECTOR/PHYSICIAN	40.00 1.00	X					16,667.	0		0
(10)DR. ANWAR I. KHOKHAR DIRECTOR/PHYSICIAN	40.00 1.00	X					65,978.	0		0
(11)JAY KLEIN, ESQ. OUTGOING DIRECTOR	1.00 0	X						0	0	0
(12)SUMNER B. MILLER VICE-CHAIR	1.00 0	X		X				0	0	0
(13)WILLIAM F. PECK TREASURER	1.00 0	X		X				0	0	0
(14)REV. PHILIP B. ROULETTE OUTGOING SECRETARY	1.00 0	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
( 15) WARREN N. WEAVER, ESQ. OUTGOING DIRECTOR	1.00 0	X					0	0	0	
( 16) BRIAN G. BAILEY SR VP & EXECUTIVE DIRECTOR	40.00 10.00	X		X			327,644.	0	17,565.	
( 17) GINA MCKNIGHT-SMITH DIRECTOR	1.00 0	X					0	0	0	
( 18) ANTHONY LEHMAN UM SCHOOL OF MEDICINE REP	1.00 0	X					0	0	0	
( 19) JEFFREY RIVEST PRESIDENT AND CEO	1.00 40.00	X		X			0	1,116,114.	19,639.	
( 20) KEITH D PERSINGER CHIEF FINANCIAL OFFICER	1.00 40.00			X			0	690,305.	16,412.	
( 21) DONALD E. RAY VP OF OPERATIONS	40.00 0				X		204,350.	0	16,623.	
( 22) EDWARD H. STREYLE OUTGOING VP OF NURSING	40.00 0				X		340,430.	0	0	
( 23) DR. W. EUGENE EGERTON CHIEF MEDICAL OFFICER	40.00 0				X		309,895.	0	45,855.	
( 24) DR. ERROL L. BENNETT PHYSICIAN	40.00 0					X	323,492.	0	24,113.	
( 25) DR. BENJAMIN I. OPARA PHYSICIAN	40.00 0					X	394,723.	0	31,850.	
<b>1b Sub-total</b> . . . . .							821,089.	1,735,933.	299,866.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							3,092,765.	1,806,419.	250,389.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							3,913,854.	3,542,352.	550,255.	

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 ► 139

	Yes	No
3 Did the organization list any former officer, director, or 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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 51



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,633,171.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	1,000,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	93,263.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f . . . . .			2,726,434.				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> NET PATIENT REVENUE		900099	206,188,069.	206,188,069.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .			206,188,069.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			42.			42.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	(i) Real	209,301.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .		209,301.				
	<b>d</b> Net rental income or (loss) . . . . .			209,301.			209,301.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	7.	11,067.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .		7.	11,067.			
	<b>d</b> Net gain or (loss) . . . . .			11,074.			11,074.	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .				0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .				0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> GARAGE REVENUE		900099	289,595.	289,595.				
<b>b</b> PHARMACY		900099	116,007.	116,007.				
<b>c</b> DIETARY SALES		900099	501,785.	501,785.				
<b>d</b> All other revenue . . . . .		900099	445,367.	445,367.				
<b>e Total.</b> Add lines 11a-11d . . . . .			1,352,754.					
<b>12 Total revenue.</b> See instructions . . . . .			210,487,674.	207,540,823.			220,417.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,136,670.	2,136,670.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	70,304,249.	59,438,111.	10,866,138.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,996,037.	3,396,631.	599,406.	
9 Other employee benefits . . . . .	8,748,690.	7,436,387.	1,312,303.	
10 Payroll taxes . . . . .	4,923,640.	4,185,094.	738,546.	
11 Fees for services (non-employees):				
a Management . . . . .	1,382,712.	1,175,305.	207,407.	
b Legal . . . . .	1,000.	850.	150.	
c Accounting . . . . .	1,802,407.	1,532,046.	270,361.	
d Lobbying . . . . .	11,902.	10,117.	1,785.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	6,916,329.	5,878,880.	1,037,449.	
12 Advertising and promotion . . . . .	63,613.	54,071.	9,542.	
13 Office expenses . . . . .	371,445.	371,445.		
14 Information technology . . . . .	6,170,122.	5,244,604.	925,518.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,295,613.	1,101,271.	194,342.	
17 Travel . . . . .	177,510.	150,884.	26,626.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	1,234,384.	1,049,226.	185,158.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	11,762,079.	9,997,767.	1,764,312.	
23 Insurance . . . . .	1,965,089.	1,670,326.	294,763.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONTRACTED SERVICES</u> . . . . .	23,237,401.	23,237,401.		
b <u>EXPENDABLE SUPPLIES</u> . . . . .	19,757,462.	19,757,462.		
c <u>BAD DEBT EXPENSE</u> . . . . .	25,202,352.	25,202,352.		
d <u>PURCHASED SERVICES</u> . . . . .	9,355,546.	7,952,215.	1,403,331.	
e All other expenses . . . . .	3,255,568.	2,767,233.	488,335.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	204,071,820.	183,746,348.	20,325,472.	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	6,522,469.	<b>1</b>	20,163,007.
	<b>2</b> Savings and temporary cash investments	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	26,988,383.	<b>4</b>	26,931,271.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	2,690,893.	<b>8</b>	2,968,988.
	<b>9</b> Prepaid expenses and deferred charges	126,845.	<b>9</b>	141,699.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 271,178,030.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 170,924,688.	102,169,187.	<b>10c</b> 100,253,342.
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	39,089,214.	<b>15</b>	40,490,270.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	177,586,991.	<b>16</b>	190,948,577.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	38,490,098.	<b>17</b>	40,522,394.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	330,933.	<b>23</b>	202,811.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	67,484,105.	<b>25</b>	70,729,546.
	<b>26 Total liabilities.</b> Add lines 17 through 25	106,305,136.	<b>26</b>	111,454,751.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	69,920,471.	<b>27</b>	78,207,520.
	<b>28</b> Temporarily restricted net assets	1,361,384.	<b>28</b>	1,286,306.
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	71,281,855.	<b>33</b>	79,493,826.
	<b>34</b> Total liabilities and net assets/fund balances	177,586,991.	<b>34</b>	190,948,577.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	210,487,674.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	204,071,820.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,415,854.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	71,281,855.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,905.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,780,212.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	79,493,826.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

<b>Name of the organization</b> MARYLAND GENERAL HOSPITAL, INC.	<b>Employer identification number</b> 52-0591667
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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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. 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

19b 33 1/3% support tests - 2012. 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

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**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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# Schedule of Contributors

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization**

MARYLAND GENERAL HOSPITAL, INC.

**Employer identification number**

52-0591667

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> MARYLAND GENERAL HOSPITAL, INC.	<b>Employer identification number</b> 52-0591667
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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	BGE SMART ENERGY SAVERS PROGRAM 7125 THOMAS EDISON DRIVE, STE 100 COLUMBIA, MD 21046	\$ 76,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF MD CAPITAL GRANTS UNIT 80 CALVERT STREET, ROOM 215 ANNAPOLIS, MD 21404	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNIVERSITY OF MARYLAND MEDICAL CENTER 250 W. PRATT STREET, 14TH FLOOR BALTIMORE, MD 21201	\$ 1,633,171.	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.)

Name of organization **MARYLAND GENERAL HOSPITAL, INC.**

Employer identification number

52-0591667

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

Name of organization **MARYLAND GENERAL HOSPITAL, INC.**

Employer identification number  
52-0591667

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**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.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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

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

Name of organization <b>MARYLAND GENERAL HOSPITAL, INC.</b>	Employer identification number <b>52-0591667</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**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-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2013

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 6.22% AND 23.65% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MARYLAND GENERAL HOSPITAL, INC.

52-0591667

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

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 are a 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 programs
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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 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?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) SELF INSURANCE TRUST	21,055,171.
(2) DONOR RESTRICTED ASSETS	1,286,306.
(3) OTHER ASSETS OF LIMITED USE	993,266.
(4) DUE FROM AFFILIATES	3,592,729.
(5) OTHER ASSETS	11,959,798.
(6) CONSTRUCTION FUNDS	1,603,000.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	40,490,270.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) ADVANCES FROM THIRD PARTIES	8,757,496.
(3) OTHER LIABILITIES	908,802.
(4) ACCRUED PENSION EXPENSE	5,319,040.
(5) MALPRACTICE LIABILITY	20,750,963.
(6) UMMS OBLIGATED GROUP BOND DEBT	34,993,245.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	70,729,546.

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 FIN 48 (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" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS: THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free 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>b</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 type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			11,126,999.		11,126,999.	5.45
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			11,126,999.		11,126,999.	5.45
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,705,960.		1,705,960.	.84
<b>f</b> Health professions education (from Worksheet 5) . . . . .			2,900,551.		2,900,551.	1.42
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			11,763,522.		11,763,522.	5.76
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,612.		1,612.	
<b>j Total.</b> Other Benefits . . . . .			16,371,645.		16,371,645.	8.02
<b>k Total.</b> Add lines 7d and 7j. . . . .			27,498,644.		27,498,644.	13.47

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			398.		398.	
10 Total			398.		398.	

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	61,740,975.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	45,294,183.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	16,446,792.
8 Describe in Part VI the extent to which any shortfall reported in 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	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



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 facility reporting group MARYLAND GENERAL HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

- 1 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 9.
a A definition of the community served by the hospital facility
b Demographics of the community
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
d How data was obtained
e The health needs of the community
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
g The process for identifying and prioritizing community health needs and services to meet the community health needs
h The process for consulting with persons representing the community's interests
i Information gaps that limit the hospital facility's ability to assess the community's health needs
j Other (describe in Section C)
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 1 2
3 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?
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities?
5 Did the hospital facility make its CHNA report widely available to the public?
a Hospital facility's website (list url): HTTP://UMMIDTOWN.ORG/
b Other website (list url):
c Available upon request from the hospital facility
d Other (describe in Section C)
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):
a Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA
b Execution of the implementation strategy
c Participation in the development of a community-wide plan
d Participation in the execution of a community-wide plan
e Inclusion of a community benefit section in operational plans
f Adoption of a budget for provision of services that address the needs identified in the CHNA
g Prioritization of health needs in its community
h Prioritization of services that the hospital facility will undertake to meet health needs in its community
i Other (describe in Section C)
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA?
8a 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)?
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 8c.

**Part V Facility Information (continued)**

**Financial Assistance Policy** MARYLAND GENERAL HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>9</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	X	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>5</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input checked="" type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Residency		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	X	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>15</b>	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 actions the hospital facility may take upon non-payment? . . . .	X	
<b>16</b>	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:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	Did the hospital facility or an authorized third 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information (continued)** MARYLAND GENERAL HOSPITAL

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a  Notified individuals of the financial assistance policy on admission
  - b  Notified individuals of the financial assistance policy prior to discharge
  - c  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
  - d  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>19</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . . If "No," indicate why:	X	
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)		

**Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>21</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.			X
<b>22</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.			X

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

## SCHEDULE H, PART V, SECTION B

LINE 3 - CIVISTA MEDICAL CENTER DBA UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER (CRMC) COMPLETED THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN FY 2012.

## THIS PROCESS INVOLVED THE FOLLOWING PEOPLE:

## PHCC EXECUTIVE COMMITTEE:

NOEL A. CERVINO	CEO	CIVISTA HEALTH (CRMC)
DR. DEVADASON	HEALTH OFFICER	CC HEALTH DEPARTMENT (CCDOH)
DR. BRAD GOTTFRIED	PRESIDENT	COLLEGE OF SOUTHERN MARYLAND (CSM)
JIM RICHMOND	SUPERINTENDENT	CHARLES COUNTY PUBLIC SCHOOLS

## PHCC STEERING COMMITTEE:

JOYCE RIGGS	DIR., COMMUNITY DEV./ PLANNING	CIVISTA (CRMC)
FAY REED, RN	DEPUTY HEALTH OFFICER	CCDOH
WILLIAM LEEBEL	PUBLIC INFORMATION OFFICER	CCDOH
LINDA SMITH	PROJECT COORDINATOR	CSM
TANISHA SAUNDERS	COORDINATOR OF INTEGRATED STUDENT SERVICES	CCPS
AMBER STARN, MPH	EPIDEMIOLOGIST (CONTRACT)	CIVISTA (CRMC)

## PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY:

CIVISTA MEDICAL CENTER

CIVISTA HEALTH, BOARD OF DIRECTORS

CHARLES COUNTY DEPARTMENT OF HEALTH

UNIVERSITY OF MARYLAND CLINICAL TRIALS PROGRAM

BEL ALTON ALUMNI COMMUNITY DEVELOPMENT ASSOCIATION

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

CHARLES COUNTY DEPARTMENT OF COMMUNITY SERVICES, TRANSPORTATION

TRI COUNTY COUNCIL FOR SOUTHERN MARYLAND

MINISTER'S ALLIANCE OF CHARLES COUNTY

CHARLES COUNTY DEPARTMENT OF SOCIAL SERVICES

MARYLAND FOUNDATION FOR QUALITY HEALTHCARE

HEALTH PARTNER'S CLINIC

GREATER BADEN FQHC

SHILOH COMMUNITY UNITED METHODIST CHURCH

CHARLES COUNTY NURSING AND REHABILITATION CENTER

ALZHEIMER'S ASSOCIATION

CENTER FOR CHILDREN

CHESAPEAKE POTOMAC HOME HEALTH AGENCY

COLLEGE OF SOUTHERN MARYLAND

CHARLES COUNTY DEPARTMENT OF AGING

PRIORITY PARTNERS

BIG BROTHERS/BIG SISTERS

COMMUNITY HISPANIC ADVOCATES

BLACK LEADERSHIP COUNCIL FOR EXCELLENCE

YOUNG RESEARCHERS COMMUNITY PROJECT

PINNACLE CENTER (MENTAL HEALTH)

HOSPICE OF CHARLES COUNTY

BREAST CANCER SUPPORT ADVOCATES

CHARLES COUNTY PUBLIC SCHOOLS SCHOOL NURSES

CHARLES COUNTY COMMISSIONERS

CHARLES COUNTY EMERGENCY SERVICES

CHARLES COUNTY SHERIFF'S OFFICE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

SO. MD DELEGATION

CHARLES COUNTY COMMUNITY FOUNDATION

COMMUNITY PHYSICIANS

CHARLES COUNTY FIRE AND RESCUE BOARD

LIFESTYLES, INC. (HOMELESS)

THE PLAN WAS PRESENTED AND APPROVED BY THE BOARD OF DIRECTORS ON  
11/28/2011.

LINE 4 - IN FISCAL YEAR 2012, MARYLAND GENERAL HOSPITAL PARTNERED WITH  
OTHER CITY-BASED HOSPITALS WITHIN THE UNIVERSITY OF MARYLAND MEDICAL  
SYSTEM (UNIVERSITY OF MARYLAND MEDICAL CENTER, KERNAN ORTHOPEDIC AND  
REHABILITATION HOSPITAL, AND MT. WASHINGTON PEDIATRIC HOSPITAL), TO  
CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA).

LINE 7 - ALL THE PRIMARY NEEDS OUTLINED IN THE COMMUNITY HEALTH NEEDS  
ASSESSMENT ARE BEING ADDRESSED AND FUNDED BY CIVISTA REGIONAL MEDICAL  
CENTER EITHER DIRECTLY (I.E., OB CLINIC, PHYSICIAN RECRUITMENT) OR  
THROUGH PARTNERSHIPS WITH OTHER ORGANIZATIONS (I.E., CHILDHOOD OBESITY  
PROGRAM, FETAL INFANT MORTALITY).

LINE 20D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES REGARDLESS OF  
THEIR ABILITY TO PAY.

LINE 22 - THE STATE OF MARYLAND IS A UNIQUE STATE IN REGARD TO THE  
PROVISION OF HEALTH CARE SERVICES AND THEIR RELATED CHARGES BY HOSPITALS.

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

ALL HOSPITAL CHARGES PROCESSED TO ALL PAYORS, INCLUDING GOVERNMENTAL  
PAYORS, ARE SET THROUGH MARYLAND'S HEALTH SERVICES COST COMMISSION.  
ACCORDINGLY, ALL HOSPITAL CHARGES ARE NOT GROSS CHARGES AS DEFINED BY THE  
IRS UNDER INTERNAL REVENUE CODE SECTION 501(R)(5)(B).

**Part V Facility Information** (continued)

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

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information.

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- 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.

RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 15 OF EACH YEAR. IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON REQUEST AT THE ENTITY'S CORPORATE OFFICES.

COST ATTRIBUTABLE TO A PHYSICAL CLINIC

SCHEDULE H, PART I, LINE 7

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

**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.
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SCHEDULE H, PART I, LINE 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 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 OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.

SCHEDULE H, PART I, LINE 7F COLUMN (C)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

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SCHEDULE H, PART I, LINE 7F COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND 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 OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

**Part VI Supplemental Information**

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COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

MARYLAND GENERAL HOSPITAL'S COMMUNITY BUILDING ACTIVITIES INCLUDED

COMMUNITY MEETINGS WITH PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY.

REPRESENTATIVES FROM UMMC MIDTOWN CAMPUS HELD MEETINGS AND ATTENDED

COMMUNITY EVENTS TO DISCUSS HEALTH-RELATED NEEDS AND PRIORITIES OF OUR COMMON COMMUNITIES AND OPPORTUNITIES FOR WORKING TOGETHER. THESE SESSIONS INCLUDED THE FOLLOWING:

- MEETINGS WITH RELIGIOUS AND SCHOOL LEADERS FROM CHURCHES AND SCHOOLS IN THE SERVICE AREA: FURMAN TEMPLETON ELEMENTARY, SAMUEL F.B. MORSE ELEMENTARY, BOOKER T. WASHINGTON MIDDLE, EUTAW-MARSHBURN ELEMENTARY, MT. ROYAL ELEMENTARY, FRANKLIN SQUARE ELEMENTARY/MIDDLE, PENNSYLVANIA AVENUE AME ZION, SHARP STREET UNITED METHODIST, MACEDONIA BAPTIST, TRINITY BAPTIST, ST. JAMES EPISCOPAL, DOUGLAS MEMORIAL COMMUNITY, UNION BAPTIST, ENON BAPTIST, BETHEL AME, MADISON AVENUE PRESBYTERIAN, PROVIDENCE BAPTIST

**Part VI Supplemental Information**

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- ATTENDING THE BALTIMORE CITY HEALTH DEPARTMENT'S "YOUR COMMUNITY...YOUR HEALTH" MEETINGS. REPRESENTATIVES FROM CITY-BASED HOSPITALS WITHIN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UNIVERSITY OF MARYLAND MEDICAL CENTER, KERNAN, MT. WASHINGTON PEDIATRIC, UMMC MIDTOWN CAMPUS) ATTENDED MEETINGS CONDUCTED IN OUR PRIMARY SERVICE AREAS.

BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 3 & 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL

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GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

MEDICARE REVENUE & ALLOWABLE COSTS: IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL. MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE MARYLAND SYSTEM AS LONG AS TWO CONDITIONS ARE MET:

ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET RATES

THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981

**Part VI Supplemental Information**

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TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE  
PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

DEBT COLLECTION POLICY

SCHEDULE H, PART III, LINE 9B

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR  
POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY  
REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A  
DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO  
ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS  
AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE  
FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON  
THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE  
APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND  
COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR  
MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE

**Part VI Supplemental Information**

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ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

ON JUNE 6, 2013, MARYLAND GENERAL HOSPITAL WAS RENAMED UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS (UMMC MIDTOWN CAMPUS). THE NEW NAME REFLECTS OUR ALIGNMENT WITH THE UNIVERSITY OF MARYLAND MEDICAL CENTER AND OUR SHARED GOAL OF PROVIDING THE HIGHEST QUALITY OF PATIENT CARE AND SERVICES. UMMC MIDTOWN CAMPUS, PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), IS A NON-PROFIT, 208-BED URBAN COMMUNITY TEACHING HOSPITAL LOCATED IN MIDTOWN BALTIMORE WITH A NETWORK OF SERVICES PROVIDING CARE TO APPROXIMATELY 100,000 PATIENTS EACH YEAR.

FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING AND THIS REPORT, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) OF UMMC MIDTOWN CAMPUS IS DEFINED FOLLOWING THE COMPLETION OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT IN

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FY'12 USING THE FOLLOWING 10 BALTIMORE CITY ZIP CODES:

21201 21202

21211 21215

21216 21217

21218 21223

21229 21230

THIS CBSA WAS DETERMINED BY IDENTIFYING THE ZIP CODES WITH THE HIGHEST PERCENTAGE OF ADMISSIONS WITHIN BALTIMORE CITY. THE CBSA IS SIMILAR TO THE UNIVERSITY OF MARYLAND MEDICAL CENTER'S CBSA AND REFLECTS THE PRIMARY AND SECONDARY SERVICE AREAS OF THE HOSPITAL.

APPROACH AND RESOURCES

IN FISCAL YEAR 2012, UMMC MIDTOWN CAMPUS PARTNERED WITH OTHER CITY-BASED HOSPITALS WITHIN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UNIVERSITY OF MARYLAND MEDICAL CENTER, KERNAN ORTHOPEDIC AND REHABILITATION HOSPITAL,

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AND MT. WASHINGTON PEDIATRIC HOSPITAL), TO CONDUCT A COMPREHENSIVE  
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THIS CHNA REPORT AND  
IMPLEMENTATION PLAN WAS APPROVED BY UMMC BOARD OF DIRECTORS ON JUNE 28,  
2012. THE CHNA REPORT IS AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTP://UMMIDTOWN.ORG/PDFS/MGH%COMMUNITY%20NEEDS%20ASSESSMENT%20REPORT%206\\_12%20FINAL.PDF.](http://ummidtown.org/pdfs/mgh%20community%20needs%20assessment%20report%206_12%20final.pdf) "

THE FOLLOWING RESOURCES WERE UTILIZED TO COMPLETE THE ASSESSMENT:

- UMMS CITY-BASED HOSPITALS COMMUNITY NEEDS SURVEY
- COMMUNITY MEETINGS WITH PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY
- NATIONAL HEALTHCARE DISPARITIES REPORT (AGENCY FOR HEALTHCARE RESEARCH AND QUALITY)
- MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) PLAN
- HEALTHY BALTIMORE 2015 (BALTIMORE CITY HEALTH DEPARTMENT)
- 2012 COUNTY HEALTH OUTCOMES & ROADMAPS

**Part VI Supplemental Information**

Provide the following information.

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UMMS CITY-BASED HOSPITALS COMMUNITY NEEDS SURVEY

THE SURVEY WAS DESIGNED TO OBTAIN FEEDBACK FROM THE COMMUNITY ABOUT HEALTH-RELATED CONCERNS. IT WAS ADMINISTERED AS FOLLOWS:

PAPER SURVEY

PAPER SURVEYS WERE ADMINISTERED DURING COMMUNITY EVENTS, INCLUDING THE UMMS- SPONSORED TAKE A LOVED ONE TO THE DOCTOR DAY AND SPRING INTO GOOD HEALTH FAIRS, B'MORE HEALTH EXPO, AND OTHER LOCAL COMMUNITY HEALTH FAIRS, AND IN UMMC MIDTOWN AMBULATORY CARE PRACTICES. THE SURVEY WAS ALSO INCLUDED IN THE SPRING ISSUE OF HEALTHBEAT, UMMC MIDTOWN CAMPUS' COMMUNITY NEWSLETTER, AT THAT TIME, WHICH WAS MAILED TO 40,000 HOUSEHOLDS IN OUR PRIMARY SERVICE AREA.

INTRANET SURVEY

AN ELECTRONIC FORM OF THE SURVEY WAS ADMINISTERED THROUGH A LINK THAT WAS PROMINENTLY PLACED ON WEBSITES OF THE PARTICIPATING HOSPITALS.

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COMMUNITY MEETINGS WITH PERSONS REPRESENTING THE BROAD INTERESTS OF THE  
COMMUNITY

REPRESENTATIVES FROM UMMC MIDTOWN CAMPUS HELD MEETINGS AND ATTENDED

COMMUNITY EVENTS TO DISCUSS HEALTH-RELATED NEEDS AND PRIORITIES OF OUR

COMMON COMMUNITIES AND OPPORTUNITIES FOR WORKING TOGETHER. THESE SESSIONS

INCLUDED THE FOLLOWING:

-MEETINGS WITH RELIGIOUS AND SCHOOL LEADERS FROM CHURCHES AND SCHOOLS IN

THE SERVICE AREA: FURMAN TEMPLETON ELEMENTARY, SAMUEL F.B. MORSE

ELEMENTARY, BOOKER T. WASHINGTON MIDDLE, EUTAW-MARSHBURN ELEMENTARY, MT.

ROYAL ELEMENTARY, FRANKLIN SQUARE ELEMENTARY/MIDDLE, PENNSYLVANIA AVENUE

AME ZION, SHARP STREET UNITED METHODIST, MACEDONIA BAPTIST, TRINITY

BAPTIST, ST. JAMES EPISCOPAL, DOUGLAS MEMORIAL COMMUNITY, UNION BAPTIST,

ENON BAPTIST, BETHEL AME, MADISON AVENUE PRESBYTERIAN, PROVIDENCE BAPTIST

ATTENDING THE BALTIMORE CITY HEALTH DEPARTMENT'S "YOUR COMMUNITY...YOUR

HEALTH" MEETINGS.

REPRESENTATIVES FROM CITY-BASED HOSPITALS WITHIN THE UNIVERSITY OF

MARYLAND MEDICAL SYSTEM (UNIVERSITY OF MARYLAND MEDICAL CENTER, KERNAN,

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MT. WASHINGTON PEDIATRIC, UMMC MIDTOWN CAMPUS) ATTENDED MEETINGS  
CONDUCTED IN OUR PRIMARY SERVICE AREAS.

NATIONAL HEALTHCARE DISPARITIES REPORT

IN 1999, CONGRESS DIRECTED THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY  
(AHRQ) TO PRODUCE AN ANNUAL REPORT THAT TRACKS 'PREVAILING DISPARITIES IN  
HEALTH CARE DELIVERY AS IT RELATES TO RACIAL FACTORS AND SOCIOECONOMIC  
FACTORS IN PRIORITY POPULATIONS.' TITLED THE NATIONAL HEALTHCARE  
DISPARITIES REPORT (NHDR), THIS REPORT EXAMINES DISPARITIES IN HEALTH  
CARE AMONG DESIGNATED PRIORITY POPULATIONS. THE REFERENCED PRIORITY  
POPULATIONS CONSIST OF GROUPS WITH UNIQUE HEALTH CARE NEEDS OR ISSUES  
THAT REQUIRE SPECIAL FOCUS, SUCH AS RACIAL AND ETHNIC MINORITIES,  
LOW-INCOME POPULATIONS, AND PEOPLE WITH SPECIAL HEALTH CARE NEEDS.

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) PLAN

THE GOAL OF THE STATE HEALTH IMPROVEMENT PROCESS (SHIP) IS TO PROVIDE A  
FRAMEWORK FOR ACCOUNTABILITY, LOCAL ACTION, AND PUBLIC ENGAGEMENT TO  
IMPROVE THE HEALTH STATUS OF MARYLANDERS. THE SHIP INCLUDES 39 MEASURES

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IN 6 VISION AREAS (HEALTHY BABIES, HEALTHY SOCIAL ENVIRONMENTS, SAFE PHYSICAL ENVIRONMENTS, INFECTIOUS DISEASE, CHRONIC DISEASE, HEALTHCARE ACCESS) THAT REPRESENT WHAT IT MEANS FOR MARYLAND TO BE HEALTHY.

HEALTHY BALTIMORE 2015

IN SPRING 2009, THE BALTIMORE CITY HEALTH DEPARTMENT CONDUCTED A COMMUNITY HEALTH SURVEY. AS STATED IN THE SUMMARY RESULTS REPORT RELEASED BY THE DEPARTMENT, "THE MAIN GOALS OF THE SURVEY WERE TO: ASSESS HEALTH NEEDS OF CITY RESIDENTS, IDENTIFY GAPS IN ACCESS TO HEALTH SERVICES, AND TO ASSESS THE USE AND PERCEPTION OF CITY HEALTH SERVICES." THE COMMUNITY HEALTH SURVEY WAS FOLLOWED UP WITH A REPORT ENTITLED HEALTHY BALTIMORE 2015. HEALTHY BALTIMORE 2015 IS THE BALTIMORE CITY HEALTH DEPARTMENT'S COMPREHENSIVE HEALTH POLICY AGENDA, ARTICULATING ITS PRIORITY AREAS AND INDICATORS FOR ACTION. THIS PLAN HIGHLIGHTS WHERE THE LARGEST IMPACT CAN BE MADE TO REDUCE MORBIDITY AND MORTALITY AND IMPROVE THE QUALITY OF LIFE FOR CITY RESIDENTS. IT INCLUDES DATA SHOWING SIGNIFICANT HEALTH DISPARITIES BY RACE, GENDER, EDUCATION, AND INCOME, AND IDENTIFIES OPPORTUNITIES FOR ADDRESSING SUCH INEQUITIES. HEALTHY BALTIMORE 2015 SETS

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SPECIFIC GOALS FOR REDUCING DEATHS FROM SERIOUS ILLNESSES SUCH AS HEART DISEASE, CANCER, HIV/AIDS AND DIABETES. IT ALSO ADDRESSES BEHAVIORAL AND NUTRITIONAL ISSUES THAT IMPACT HEALTH, SUCH AS SMOKING, ALCOHOL ABUSE, DRUG ADDICTION AND OBESITY. WHILE THE FOCUS OF THIS REPORT IS BALTIMORE CITY HEALTH INDICATORS, IT CONTAINS USEFUL COMPARISONS TO STATE-WIDE AND NATIONAL PREVALENCE RATES AS WELL. AFTER THE REPORT WAS RELEASED, DR. OXIRIS BARBOT, BALTIMORE CITY COMMISSIONER OF HEALTH, MET WITH THE LEADERS OF BALTIMORE CITY HOSPITALS AND ENCOURAGED PARTNERING WITH EACH OTHER AND COMMUNITY-BASED ORGANIZATIONS TO DEVELOP AND UNDERTAKE INITIATIVES TO ASSIST WITH MEETING THE TARGETED HEALTH IMPROVEMENT GOALS DELINEATED IN HEALTHY BALTIMORE 2015.

2012 COUNTY HEALTH OUTCOMES & ROADMAPS  
 COUNTY HEALTH RANKINGS MEASURES AND COMPARES THE HEALTH OF COUNTIES/CITIES WITHIN A STATE. FOUR TYPES OF HEALTH FACTORS ARE MEASURED AND COMPARED: HEALTH BEHAVIORS, CLINICAL CARE, SOCIAL AND ECONOMIC, AND PHYSICAL ENVIRONMENT FACTORS. HEALTH OUTCOMES ARE USED TO RANK THE OVERALL HEALTH OF EACH COUNTY AND CITY.

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BASED ON THE DATA IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS

ASSESSMENT PROCESS, UMMC MIDTOWN CAMPUS IDENTIFIED 4 STRATEGIC PRIORITIES

AS FOLLOWS:

- PROMOTE ACCESS TO QUALITY HEALTH CARE
- DECREASE SMOKING AND DRUG/ALCOHOL USE
- PREVENTION OF HIV AND OTHER SEXUALLY TRANSMITTED DISEASES
- DIABETES MANAGEMENT & PREVENTION

THE UMMC MIDTOWN CAMPUS PARTNERS WITH THE UNIVERSITY OF MARYLAND MEDICAL

CENTER AND OTHER BALTIMORE-BASED UMMS HOSPITALS, SUCH AS MT WASHINGTON

PEDIATRIC HOSPITAL, AND UNIVERSITY OF MARYLAND REHAB & ORTHOPEDIC

INSTITUTE, AND THE UMMS COMMUNITY ADVOCACY TEAM TO ADDRESS THESE NEEDS.

UMMC MIDTOWN CAMPUS ALSO PARTNERS WITH THE MARYLAND DHMH, BALTIMORE CITY

HEALTH DEPARTMENT, AMERICAN DIABETES ASSOCIATION, THE JACQUES INITIATIVE,

THE LOCAL FAITH COMMUNITY, AND OTHERS TO ADDRESS THESE IDENTIFIED NEEDS.

UMMC MIDTOWN CAMPUS IDENTIFIED CORE COMMUNITY OUTREACH PRIORITIES THAT

TARGET THE INTERSECTION OF IDENTIFIED COMMUNITY NEEDS AND THE

ORGANIZATION'S KEY STRENGTHS AND MISSION. HOWEVER, SEVERAL ADDITIONAL

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TOPIC AREAS WERE IDENTIFIED DURING THE CHNA PROCESS INCLUDING:

OBESITY/CVD                      CANCER  
 MENTAL HEALTH                ASTHMA/LUNG DISEASE  
 DENTAL HEALTH                SIDS  
 INJURIES

THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE. THE UNMET NEEDS NOT ADDRESSED BY UMMC MIDTOWN CAMPUS WILL BE ADDRESSED BY KEY BALTIMORE CITY GOVERNMENTAL AGENCIES, OTHER LOCAL HEALTHCARE PROVIDERS AND ORGANIZATIONS, AND EXISTING COMMUNITY-BASED ORGANIZATIONS WITH WHOM WE PARTNER WITH REGULARLY.

THE UMMC MIDTOWN CAMPUS WILL UNDERTAKE ITS NEXT COMMUNITY HEALTH NEEDS ASSESSMENT IN FY15 AND WILL POST THE SUBSEQUENT IDENTIFIED PRIORITIZED NEEDS AND IMPLEMENTATION PLAN BY THE CLOSE OF FY15. NEEDS AND IMPLEMENTATION PLAN BY THE CLOSE OF FY15. NEEDS AND IMPLEMENTATION PLAN BY THE CLOSE OF FY15. NEEDS AND IMPLEMENTATION PLAN BY THE CLOSE OF FY15.

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## ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS' FINANCIAL CLEARANCE PROGRAM POLICY IS A CLEAR, COMPREHENSIVE POLICY ESTABLISHED TO ASSESS THE NEEDS OF PARTICULAR PATIENTS THAT HAVE INDICATED A POSSIBLE FINANCIAL HARDSHIP IN OBTAINING AID WHEN IT IS BEYOND THEIR FINANCIAL ABILITY TO PAY FOR SERVICES RENDERED.

IT IS THE POLICY OF THE UMMS ENTITIES TO PROVIDE FINANCIAL ASSISTANCE BASED ON INDIGENCE OR HIGH MEDICAL EXPENSES FOR PATIENTS WHO MEET SPECIFIED FINANCIAL CRITERIA AND REQUEST SUCH ASSISTANCE. THE FINANCIAL CLEARANCE PROGRAM POLICY IS A CLEAR, COMPREHENSIVE POLICY ESTABLISHED TO ASSESS THE NEEDS OF PARTICULAR PATIENTS THAT HAVE INDICATED A POSSIBLE FINANCIAL HARDSHIP IN OBTAINING AID WHEN IT IS BEYOND THEIR FINANCIAL ABILITY TO PAY FOR SERVICES RENDERED.

UMMC MIDTOWN CAMPUS MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

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-SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL

-PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS

-BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL  
PATIENT CARE AREAS

-PATIENT INFORMATION SHEETS (AVAILABLE IN ENGLISH & SPANISH)

-APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING AND THIS REPORT, THE  
COMMUNITY BENEFIT SERVICE AREA (CBSA) OF UMMC MIDTOWN CAMPUS IS DEFINED  
FOLLOWING THE COMPLETION OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT IN  
FY'12 USING THE FOLLOWING BALTIMORE CITY 10 ZIP CODES:

21201      21217

21202      21218

21211      21223

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21215      21229

21216      21230

COMMUNITY BENEFIT SERVICE AREA (CBSA) TARGET POPULATION (# OF PEOPLE IN  
TARGET POPULATION, BY SEX, RACE, ETHNICITY, AND AVERAGE AGE)

337,733 TOTAL POPULATION OF CBSA

GENERAL DEMOGRAPHICS OF CBSA

GENDER

176,343 FEMALE

161,390 MALE

RACE

228,162 BLACK/AFRICAN AMERICAN

87,369 WHITE/CAUCASIAN

10,206 ASIAN

1,028 AMERICAN INDIAN/ALASKA NAT

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152 NATIVE HAWAIIAN/OTHER PACIFIC

3,799 OTHER

7,017 TWO/MORE RACES

ETHNICITY

327,503 NON-HISPANIC

10,230 HISPANIC

AVERAGE AGE = 37.93

MEDIAN HOUSEHOLD INCOME WITHIN THE CBSA

\$35,370

PERCENTAGE OF HOUSEHOLDS WITH INCOMES BELOW THE FEDERAL POVERTY

GUIDELINES WITHIN THE CBSA

14,919 FAMILIES FOR 21.34%

PERCENTAGE OF UNINSURED PEOPLE WITHIN THE

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CBSA = 15.00%

PERCENTAGE OF MEDICAID RECIPIENTS WITHIN THE

CBSA = 36.8%

LIFE EXPECTANCY BALTO CITY WITHIN THE CBSA (INCLUDING BY RACE AND  
ETHNICITY WHERE DATA ARE AVAILABLE).

ALL RACES 73.9 YEARS

WHITE/CAUCASIAN 76.6 YEARS

BLACK/AFRICAN AMERICAN 72.3 YEARS

MORTALITY RATES WITHIN THE CBSA (INCLUDING BY RACE AND ETHNICITY WHERE  
DATA ARE AVAILABLE).

TOTAL 7.5

WHITE/CAUCASIAN 8.6

BLACK/AFRICAN AMERICAN 6.5

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LANGUAGE SPOKEN AT HOME (5YRS AND OVER)

ENGLISH 90%

SPANISH 4%

FRENCH 1%

ALL OTHER COMBINED 5%

SOCIAL DETERMINANTS OF HEALTH (SDOH)

THE MAJORITY OF THE CBSA IS IN AN IDENTIFIED FOOD DESERT AS IDENTIFIED IN THE 2012 BALTIMORE CITY FOOD ENVIRONMENT MAP. OTHER KEY SOCIAL DETERMINANTS INCLUDE HIGH TOBACCO AND ALCOHOL STORE DENSITY, HIGH PREVALENCE OF VIOLENCE AND CRIME, LOW HIGH SCHOOL GRADUATION RATES, AND LIMITED ACCESS TO TRANSPORTATION.

DATA SOURCES:

BALTIMORE CITY HEALTH DEPARTMENT, NEIGHBORHOOD HEALTH PROFILES, 2011

[HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/APP/MARYLAND/2014/MEASURE/FACTORS/85/D](http://www.countyhealthrankings.org/app/maryland/2014/measure/factors/85/d)

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- 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.

[HTTP://DHMH.MARYLAND.GOV/VSA/DOCUMENTS/12ANNUAL.PDF](http://DHMH.MARYLAND.GOV/VSA/DOCUMENTS/12ANNUAL.PDF)

[HTTP://DHMH.MARYLAND.GOV/VSA/DOCUMENTS/12ANNUAL.PDF](http://DHMH.MARYLAND.GOV/VSA/DOCUMENTS/12ANNUAL.PDF) LIMITED ACCESS TO  
TRANSPORTATION.

PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

INITIATIVE 1 - PROMOTE ACCESS TO QUALITY HEALTH CARE

IDENTIFIED NEED: 68% OF BALTIMORE CITY ADULTS ARE EITHER OVERWEIGHT OR  
OBESE. HEART DISEASE IS THE 1ST LEADING CAUSE OF DEATH, STROKE IS THE 3RD  
LEADING CAUSE OF DEATH, AND DIABETES IS THE 7TH LEADING CAUSE OF DEATH IN  
BALTIMORE CITY. FOOD DESERTS EXIST IN HALF OF THE TARGETED ZIP CODES.  
THESE FACTORS CONTRIBUTE TO CARDIOVASCULAR DISEASE, HYPERTENSION,  
OBESITY, AND DIABETES.

HOSPITAL INITIATIVES: FREE COMMUNITY HEALTH SCREENINGS, HEALTH FAIRS,  
FREE TRANSPORTATION TO HOSPITAL/CLINIC APPOINTMENTS FOR THOSE WITH  
FINANCIAL NEED

**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.
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- 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.

## PRIMARY OBJECTIVES:

- 1) FACILITATE EARLY DIAGNOSIS AND TREATMENT OF DIABETES, HYPERTENSION, AND OTHER HEALTH CONDITIONS. METRIC: NUMBER OF FREE SCREENINGS CONDUCTED AND THE PERCENT OF ABNORMAL RESULTS.
- 2) SEND SUBJECT MATTER EXPERTS INTO THE COMMUNITY TO PROVIDE SPECIALIZED HEALTH INFORMATION AND EDUCATION. METRIC: NUMBER OF EVENTS.
- 3) INCREASE PATIENT COMPLIANCE WITH CLINIC APPOINTMENTS. METRIC: NUMBER OF FREE TRIPS PROVIDED.

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI- YEAR INITIATIVE SINCE 2000; ONGOING

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC MIDTOWN CAMPUS PARTNERS WITH B'MORE HEALTHY EXPO; WAXTER CENTER, UMMC, UMMS COMMUNITY ADVOCACY TEAM, UNION BAPTIST CHURCH & OTHER COMMUNITY CHURCHES.

HOW WERE THE OUTCOMES EVALUATED? OUTCOMES ARE MEASURED IN TERMS OF

**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.
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- 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.

VOLUMES/ REACH AND NO MARYLAND SHIP OBJECTIVE MATCHES THIS INITIATIVE COMPLETELY.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES):

- 1) VASCULAR SCREENINGS - 60; BREAST CANCER SCREENINGS - 633, HIV SCREENINGS - 173 (6 POSITIVES), EYE SCREENINGS - 129 SERVING 2,038 PEOPLE
  - 2) PARTICIPATED AT OVER 20 COMMUNITY EVENTS REACHING 3,235 PEOPLE
  - 3) 3,266 FREE TRIPS/TRANSPORTATION WERE PROVIDED TO MIDTOWN PATIENTS
- CONTINUATION OF INITIATIVE: INITIATIVES CONTINUE THROUGH FY15 - FY15 CHNA RESULTS WILL BE THE BASIS FOR DETERMINING IF THIS WILL CONTINUE AS A STRATEGIC PRIORITY BEYOND FY15.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR

VASCULAR SCREENINGS - \$7,183  
 HEALTH FAIRS - \$32,546  
 FREE TRANSPORTATION - \$523,356

**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.
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- 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.

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: \$0

INITIATIVE 2 - DECREASE SMOKING AND DRUG/ALCOHOL USE

IDENTIFIED NEED: 24.7% OF BALTIMORE CITY ADULTS SMOKE WHICH IS A HIGHER RATE THAN THE 15.2% RATE IN MARYLAND. RACIAL DISPARITIES IN THE CITY: 19.7% WHITES SMOKE AND 28.2% OF BLACKS SMOKE.

HOSPITAL INITIATIVES: SMOKING CESSATION CLASSES

PRIMARY OBJECTIVE:

1) HELP SMOKERS PLAN A SUCCESSFUL QUIT ATTEMPT BY PROVIDING ESSENTIAL INFORMATION, SKILLS FOR COPING WITH CRAVINGS, AND GROUP SUPPORT. METRIC: % OF PARTICIPANTS WHO SUCCESSFULLY QUIT SMOKING.

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI- YEAR INITIATIVE SINCE 2004

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC MIDTOWN CAMPUS

**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.
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- 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.

PARTNERS WITH UMMC, BCHD, AND AMERICAN CANCER SOCIETY.

HOW WERE THE OUTCOMES EVALUATED? OUTCOMES ARE MEASURED IN TERMS OF VOLUMES/ REACH AND MARYLAND SHIP OBJECTIVE #32 (ADULTS WHO CURRENTLY SMOKE); MARYLAND GOAL: 14.4%. WHILE MANY FACTORS OTHER THAN OUR PROGRAMMING AFFECT THE SHIP OUTCOME, THIS IS THE LONG-TERM OBJECTIVE WHICH IS LINKED TO THIS PROGRAM.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): SHIP OBJECTIVE #32 WAS NOT MET; BALTIMORE CITY IS 22.6% WITH 17.4% OF AFRICAN AMERICAN ADULTS SMOKING.

OFFERED TWO CLASSES WITH VERY LOW ATTENDANCE/COMPLIANCE. THE ORGANIZATION IS RE-EVALUATING THE CLASSES AND CESSATION PROGRAMMING AND WORKING ON DEVELOPMENT OF NEW CESSATION SERVICES.

CONTINUATION OF INITIATIVE: SMOKING CESSATION INITIATIVES CONTINUE THROUGH FY15 - FY15 CHNA RESULTS WILL BE THE BASIS FOR DETERMINING IF

**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.
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- 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.

THIS WILL CONTINUE AS A STRATEGIC PRIORITY BEYOND FY15.

DRUG/ALCOHOL USE PROGRAMS WERE DISCONTINUED IN FY13.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: <\$1,000

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: \$0

INITIATIVE 3 - HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

IDENTIFIED NEED: HIV INFECTION IS THE 4TH LEADING CAUSE OF DEATH IN BALTIMORE CITY WITH 6/10 TARGETED ZIP CODES WITH HIGHER PREVALENCE OF MORTALITY THAN CITY-WIDE AVERAGE.

HOSPITAL INITIATIVES: FREE HIV SCREENING & REFERRALS; EDUCATION ON HIV PREVENTION, SAFE SEX, AND IMPORTANCE OF EARLY TREATMENT

PRIMARY OBJECTIVE:

1) INCREASE EARLY DIAGNOSIS AND TREATMENT OF HIV/AIDS THROUGH THE PROVISION OF FREE HIV SCREENING SERVICES. METRIC: 25% INCREASE IN FREE TESTING VOLUMES.

**Part VI Supplemental Information**

Provide the following information.

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- 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.
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- 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.

2) PROVIDE EDUCATION ON THE IMPORTANCE OF HIV PREVENTION, TESTING, AND EARLY TREATMENT.

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE, ONGOING

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC MIDTOWN CAMPUS PARTNERS WITH THE DHMH, BALTIMORE CITY HEALTH DEPARTMENT, LOCAL FAITH COMMUNITIES, AND THE JACQUES INITIATIVE.

HOW WERE THE OUTCOMES EVALUATED? OUTCOMES ARE MEASURED IN TERMS OF VOLUMES/ REACH AND MARYLAND SHIP OBJECTIVE #20 (HIV INCIDENCE RATE); MARYLAND GOAL IS 30.4 PER 100,000. WHILE MANY FACTORS OTHER THAN OUR PROGRAMMING AFFECT THE SHIP OUTCOME, THIS IS THE LONG-TERM OBJECTIVE WHICH IS LINKED TO THIS PROGRAM.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): SHIP OBJECTIVE #20 MET THE 2014 MARYLAND GOAL; HOWEVER FOR BALTIMORE CITY THE RATE IS 79.8 PER

**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.
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100,000 AND THE AFRICAN AMERICAN RATE IN BALTIMORE CITY OF INFECTION IS  
TRIPLE THE MARYLAND RATE AT 108.3.

173 HIV SCREENINGS IN THE COMMUNITY WITH 6 POSITIVES. NEW POSITIVES WERE  
REFERRED TO TREATMENT.

EDUCATION WAS PROVIDED IN IHV CLINIC AND AT HEALTH EVENTS (E.G. SPRING  
INTO HEALTHY SUMMER, TAKE A LOVED ONE, AND NATIONAL HIV TESTING DAY  
EVENTS). COUNSELING WAS PROVIDED IN IHV CLINIC TO PATIENTS TESTING  
POSITIVE WITH REFERRALS MADE AS NEEDED.

CONTINUATION OF INITIATIVE: INITIATIVES CONTINUE THROUGH FY15 -INCREASE  
COLLABORATION BETWEEN THE TWO HIV PROGRAMS/SITES. FY15 CHNA RESULTS WILL  
BE THE BASIS FOR DETERMINING IF THIS WILL CONTINUE AS A STRATEGIC  
PRIORITY BEYOND FY15.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$2,022

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: \$0

**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.
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INITIATIVE 4 - DIABETES MANAGEMENT AND PREVENTION

IDENTIFIED NEED: IN BALTIMORE, 11.7% OF ADULTS HAVE BEEN DIAGNOSED WITH DIABETES AND THE DEATH RATE DUE TO DIABETES IS 56% HIGHER THAN THE NATIONAL AVERAGE. DIABETES WAS IDENTIFIED AS A MAJOR CONCERN OF THE RESPONDENTS TO THE COMMUNITY HEALTH ASSESSMENT, RANKING BETWEEN 1ST AND 5TH IN IMPORTANCE IN ZIP CODES WITHIN MARYLAND GENERAL'S PRIMARY SERVICE AREA.

HOSPITAL INITIATIVES: DIABETES LUNCH AND LEARN, COMMUNITY EDUCATION AT HEALTH FAIRS, COOKING DEMONSTRATIONS

PRIMARY OBJECTIVE: INCREASE AWARENESS OF DIABETES MANAGEMENT AND PREVENTION. METRIC: PARTNER WITH AMERICAN DIABETES ASSOCIATION ON AT LEAST 3 COMMUNITY EVENTS.

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE, ONGOING

**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.
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- 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.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC MIDTOWN CAMPUS

PARTNERS WITH AMERICAN DIABETES ASSOCIATION; CENTER FOR DIABETES AND ENDOCRINOLOGY; PERKINS SQUARE BAPTIST CHURCH, ZETA CENTER.

HOW WERE THE OUTCOMES EVALUATED? OUTCOMES ARE MEASURED IN TERMS OF VOLUMES/ REACH AND MARYLAND SHIP OBJECTIVE #27 (ED VISITS FOR DIABETES-RELATED CONDITIONS); MARYLAND GOAL: 174.7 PER 100,000. WHILE MANY FACTORS OTHER THAN OUR PROGRAMMING AFFECT THE SHIP OUTCOME, THIS IS THE LONG-TERM OBJECTIVE WHICH IS LINKED TO THIS INITIATIVE.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): SHIP OBJECTIVE # 27 HAS NOT MET THE 2014 MARYLAND GOAL; FOR BALTIMORE CITY THE RATE IS 514 WITH THE BALTIMORE CITY AFRICAN AMERICAN RATE AT 614.

PROVIDED DIABETES EDUCATION AT OVER 25 EVENTS REACHING 662 PEOPLE FOR BOTH THE DIABETES LUNCH AND LEARNS AND HEATH FAIRS AND 47 PEOPLE FOR COOKING DEMONSTRATIONS.

**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.
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- 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.

2 DIABETES EDUCATORS TRAINED FOR THE CDC-SPONSORED DPP PROGRAM. THE FIRST  
DPP PROGRAM IS TO BE LAUNCHED JOINTLY WITH UMMC IN JAN 2015.

CONTINUATION OF INITIATIVE: INITIATIVES CONTINUE THROUGH FY15 - FY15  
CHNA RESULTS WILL BE THE BASIS FOR DETERMINING IF THIS WILL CONTINUE AS A  
STRATEGIC PRIORITY BEYOND FY15.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR:

\$1,929 FOR DIABETES EDUCATION

\$201 FOR COOKING DEMOS

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: \$0 FOR BOTH

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), THE  
UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS UNDERSTANDS THAT  
HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY

**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.
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IT SERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, THE UMMC MIDTOWN CAMPUS ASSESSES THE COMMUNITY'S HEALTH NEEDS, DEVELOPS BUDGETS, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH NEEDS ASSESSMENT AND REPORTING COALITION COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. THE UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND PROGRAMS TO ELIMINATE HEALTH CARE DISPARITIES IN OUR COMMUNITY.

STATES WITH COMMUNITY BENEFIT REPORTED  
SCHEDULE H, PART VI, LINE 7  
COMMUNITY BENEFIT REPORT WAS FILED IN THE STATE OF MARYLAND.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

**3** Indicate which, if any, of the following the filing 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 type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2013

**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 in 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 are not 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT CHRENCIK UMMS REPRESENTATIVE	(i)	0	0	0	0	0	0	0
	(ii)	1,173,854.	543,595.	18,484.	236,346.	10,301.	1,982,580.	0
2 DR. SAMUEL D. FRIEDEL DIRECTOR/PHYSICIAN	(i)	245,002.	0	1,736.	32,007.	6,529.	285,274.	0
	(ii)	0	0	0	0	0	0	0
3 SYLVIA SMITH JOHNSON OUTGOING PRESIDENT & CEO	(i)	345,315.	74,235.	72,156.	0	14,683.	506,389.	0
	(ii)	0	0	0	0	0	0	0
4 BRIAN G. BAILEY SR VP & EXECUTIVE DIRECTOR	(i)	265,612.	26,864.	35,168.	10,200.	7,365.	345,209.	0
	(ii)	0	0	0	0	0	0	0
5 DONALD E. RAY VP OF OPERATIONS	(i)	173,625.	13,326.	17,399.	7,107.	9,516.	220,973.	0
	(ii)	0	0	0	0	0	0	0
6 EDWARD H. STREYLE OUTGOING VP OF NURSING	(i)	188,943.	15,220.	136,267.	0	0	340,430.	0
	(ii)	0	0	0	0	0	0	0
7 DR. W. EUGENE EGERTON CHIEF MEDICAL OFFICER	(i)	283,707.	18,505.	7,683.	45,551.	304.	355,750.	0
	(ii)	0	0	0	0	0	0	0
8 DR. ERROL L. BENNETT PHYSICIAN	(i)	320,620.	0	2,872.	14,573.	9,540.	347,605.	0
	(ii)	0	0	0	0	0	0	0
9 DR. BENJAMIN I. OPARA PHYSICIAN	(i)	391,382.	0	3,341.	15,300.	16,550.	426,573.	0
	(ii)	0	0	0	0	0	0	0
10 DR. REYAZ U. HAQUE PHYSICIAN	(i)	424,373.	0	502.	15,282.	16,550.	456,707.	0
	(ii)	0	0	0	0	0	0	0
11 DR. WILLIAM GRAY PHYSICIAN	(i)	325,000.	0	3,341.	14,650.	0	342,991.	0
	(ii)	0	0	0	0	0	0	0
12 DR. HOWARD J. SCHWARTZ PHYSICIAN	(i)	438,410.	0	605.	15,300.	16,550.	470,865.	0
	(ii)	0	0	0	0	0	0	0
13 JEFFREY RIVEST PRESIDENT AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	722,665.	238,100.	155,349.	10,200.	9,439.	1,135,753.	0
14 KEITH D PERSINGER CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	486,139.	129,850.	74,316.	10,200.	6,212.	706,717.	0
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to 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.

## HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A

UMMS EXECUTIVES RECEIVE A BENEFIT PACKAGE WHICH MAY BE USED TOWARDS HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS. SUCH BENEFITS ARE CAPPED AT \$7,000, \$5,000 OR \$3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN THE PROGRAM DOCUMENTS.

## SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

EDWARD H. STREYLE RECEIVED A SEVERANCE PAYMENT OF \$108,069 DURING THE FISCAL YEAR ENDED JUNE 30, 2014, WHICH IS INCLUDED IN HIS 'OTHER REPORTABLE COMPENSATION' PER SCHEDULE J, PART II, COLUMN (III).

## SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE FISCAL YEAR-ENDED JUNE 30, 2014, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO

**Part III Supplemental Information**

Complete this part to 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.

THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN

C, RETIREMENT AND OTHER DEFERRED COMPENSATION:

ROBERT CHRENCIK

WALTER E. EGERTON MD

DURING THE FISCAL YEAR-ENDED JUNE 30, 2014, CERTAIN OFFICERS AND KEY

EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM

(UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED

BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE

CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE

COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III), OTHER

REPORTABLE COMPENSATION:

DONALD E. RAY

SYLVIA SMITH JOHNSON

EDWARD H. STREYLE

BRIAN G. BAILEY

JEFFREY RIVEST

KEITH D. PERSINGER

**Part III Supplemental Information**

Complete this part to 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.

NON FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.

**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.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

TAX EXEMPT BOND ISSUES

FORM 990, PART IV, QUESTION 24

PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITY AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS.

THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, THE JAMES LAWRENCE KERNAN HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HOSPITAL CENTER, INC., CIVISTA MEDICAL CENTER, INC., UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, UPPER CHESAPEAKE MEDICAL CENTER, INC., HARFORD MEMORIAL HOSPITAL, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,457,870,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30,

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2014. ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

MEMBERS OR STOCKHOLDERS WHO MAY ELECT FORM 990, PART VI, LINE 6, 7A & 7B

UNIVERSITY OF MARYLAND MIDTOWN HEALTH, INC. AND UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION MAY ELECT MEMBERS AND APPROVE DECISIONS OF THE MARYLAND GENERAL HOSPITAL BOARD.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX ORGANIZER, WHICH IS AN EXCEL-BASED SYSTEM.

WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO GRANT THORNTON FOR IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, GRANT THORNTON STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF NEEDED AND PREPARE THE TAX RETURN. EACH RETURN IS REVIEWED AT SEVERAL LEVELS AT GRANT THORNTON INCLUDING THE TAX PARTNER. AFTER THEIR REVIEW PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN IN-HOUSE REVIEW.

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UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD.

NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

#### CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS

Name of the organization MARYLAND GENERAL HOSPITAL, INC.	Employer identification number 52-0591667
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AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC, AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION:

ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

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TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A & 15B

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT

Name of the organization MARYLAND GENERAL HOSPITAL, INC.	Employer identification number 52-0591667
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EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED. IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION.

THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED

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IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

HOURS ON RELATED ENTITIES

FORM 990, PART VII, SECTION A, COLUMN B

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 11 ACUTE CARE HOSPITALS, 1 ACUTE CARE HOSPITAL OWNED IN A JOINT VENTURE ARRANGEMENT AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.

Name of the organization MARYLAND GENERAL HOSPITAL, INC.	Employer identification number 52-0591667
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## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

OTHER NON-OPERATING GAINS AND LOSSES	\$(626,135)
ADJUSTMENT TO PENSION LIABILITY PER ACTUARIAL VALUATION	\$606,367
FUND BALANCE TRANSFER FROM MG HEALTH SYSTEMS	\$1,875,000
CHANGE IN RESTRICTED FUNDS	\$(75,078)
OTHER CHANGES IN NET ASSETS	\$58
	-----
TOTAL OTHER CHANGES IN NET ASSETS	\$1,780,212

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

MARYLAND GENERAL HOSPITAL, INC. IS A HOSPITAL WITH 208 LICENSED BEDS. THE HOSPITAL IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES. ITS ACTIVITIES INCLUDE PROVIDING HEALTHCARE TREATMENT AND CARE TO PERSONS WHO ARE ACUTELY ILL, OPERATING A 24-HOUR EMERGENCY DEPARTMENT WHICH SERVICES ALL COMMUNITY PATIENTS IRRESPECTIVE OF THEIR ABILITY TO PAY, AND CONTINUING EDUCATIONAL SEMINARS AND PROGRAMS WHICH PROMOTE PUBLIC AWARENESS OF HEALTH CARE MATTERS. DURING ITS FISCAL YEAR ENDED JUNE 30, 2014, THE HOSPITAL ENGAGED IN THE FOLLOWING ACTIVITIES THAT WERE IN FURTHERANCE OF ITS EXEMPT PURPOSE:

PROVIDED INPATIENT SERVICES WHICH INCLUDED 6,178 INPATIENT ADMISSIONS AND 46,575 INPATIENT DAYS.

Name of the organization MARYLAND GENERAL HOSPITAL, INC.	Employer identification number 52-0591667
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ATTACHMENT 1 (CONT'D)

PROVIDED OUTPATIENT SERVICES WHICH INCLUDED 29,760 EMERGENCY DEPARTMENT VISITS AND 56,059 OUTPATIENT CLINIC VISITS.

PROVIDED UNCOMPENSATED CARE TO INDIGENTS AND MEDICALLY UNDERSERVED MEMBERS OF THE COMMUNITY AT A COST OF \$39,958,000 WHICH IS 17.4% OF GROSS PATIENT SERVICE REVENUE PROVIDED.

CONDUCTED COMMUNITY HEALTH EDUCATIONAL PROGRAMS WHICH INCLUDED CLASSES AND SEMINARS ON SUCH TOPICS AS DIABETES, CANCER, HEART DISEASE, CHILD BIRTH AND NUTRITION COUNSELING.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SHERIDAN ANESTHESIA SERVS OF MD 1613 N. HARRISON PKWY, BLDG C, STE 200 SUNRISE, FL 33323	ANESTHESIA SERVICES	4,696,667.
UNIV OF MD EMER MEDICINE ASSOC 110 S. PACA ST, 6TH FLOOR, STE 200 BALTIMORE, MD 21201	EMER MEDICINE SERVS	4,088,394.
KELLY & ASSOCS INSURANCE GROUP INC 301 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	INSURANCE	1,378,149.
COGENT HEALTHCARE 5410 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027	PHYSICIAN SERVICES	1,258,331.
SODEXO INC & AFFLILIATES 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878	FOOD SERVICE	1,251,155.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

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**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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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
(1) BALTIMORE WASHINGTON EMERGENCY PHYS INC 52-1756326 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	BWMS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	BWMS		X
(3) BALTIMORE WASHINGTON MEDICAL CENTER INC 52-0689917 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	03	BWMS		X
(4) BALTIMORE WASHINGTON MEDICAL SYSTEM, INC 52-1830242 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	UMMSC		X
(5) BW MEDICAL CENTER FOUNDATION INC 52-1813656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	FUNDRAISING	MD	501(C)(3)	11C	BWMS		X
(6) NORTH ARUNDEL DEVELOPMENT CORPORATION 52-1318404 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		NCC		X
(7) NORTH COUNTY CORPORATION 52-1591355 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		BWMS		X

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Schedule R (Form 990) 2013

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

**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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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
(1) SHIPLEYS CHOICE MEDICAL PARK INC 04-3643849 22 SOUTH GREENE STREET BALTIMORE, MD 21201	REAL ESTATE	MD	501(C)(2)		NCC		X
(2) CHESTER RIVER HEALTH FOUNDATION INC 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	08	CRHS		X
(3) UNIV OF MD SHORE REGIONAL HEALTH, INC 52-2046500 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	11A	UMMSC		X
(4) CHESTER RIVER HOSPITAL CENTER 52-0679694 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	03	CRHS		X
(5) CHESTER RIVER MANOR INC 52-6070333 200 MORGNEC ROAD CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	09	CRHS		X
(6) MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	11B	MGHS		X
(7) MARYLAND GENERAL COMM HEALTH FOUNDATION 52-2147532 827 LINDEN AVENUE BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	11C	MGHS		X

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Schedule R (Form 990) 2013

**SCHEDULE R  
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**Related Organizations and Unrelated Partnerships**

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- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

**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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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
(1) UNIVERSITY OF MARYLAND MIDTOWN HEALTH 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1175337	HEALTHCARE	MD	501(C)(3)	11B	UMMSC		X
(2) CARE HEALTH SERVICES INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(C)(3)	09	SHS		X
(3) DORCHESTER GENERAL HOSPITAL FOUNDATION 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1703242	FUNDRAISING	MD	501(C)(3)	11D	SHS		X
(4) MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(C)(3)	11A	SHS		X
(5) SHORE CLINICAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1874111	HEALTHCARE	MD	501(C)(3)	03	SHS		X
(6) SHORE HEALTH SYSTEM INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0610538	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(7) JAMES LAWRENCE KERNAN HOSP ENDOW FD 2200 KERNAN DRIVE BALTIMORE, MD 21207 23-7360743	FUNDRAISING	MD	501(C)(3)	11B	UMMSC		X

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Schedule R (Form 990) 2013

**SCHEDULE R  
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**Related Organizations and Unrelated Partnerships**

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Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

**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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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
(1) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(2) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(C)(3)	11A	UMMSC		X
(3) UNIVERSITY OF MD MEDICAL SYSTEM CORP 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1362793	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(4) UNIVERSITY OF MARYLAND CHARLES REGIONAL PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTHCARE	MD	501(C)(3)	11C	UMMSC		X
(5) CIVISTA MEDICAL CENTER, INC. PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTHCARE	MD	501(C)(3)	03	CIVHS		X
(6) CHARLES REGIONAL MEDICAL CENTER FOUND. PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(C)(3)	11A	CIVHS		X
(7) CHARLES REGIONAL MEDICAL CENTER AUX. PO BOX 1070 LA PLATA, MD 20646 52-1131193	FUNDRAISING	MD	501(C)(3)	11A	CIVHS		X

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Schedule R (Form 990) 2013

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

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Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

**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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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
(1) UNIV OF MD ST. JOSEPH FOUNDATION, INC. 52-1681044 7601 OSLER DRIVE TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	11A	UMMSC		X
(2) HARMFORD MEMORIAL HOSPITAL, INC. 52-0591484 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(3) UCH LEGACY FUNDING CORPORATION 52-0882914 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(4) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC. 52-1398513 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	11C, III-FI	UMUCHS		X
(5) UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 52-1398507 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(6) UPPER CHESAPEAKE MEDICAL CENTER, INC. 52-1253920 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(7) UPPER CHESAPEAKE MEDICAL SERVICES, INC. 52-1501734 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	09	UMUCHS		X

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Schedule R (Form 990) 2013

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

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

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 8 columns: (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). Rows 1-3 contain data for UPPER CHESAPEAKE PROPERTIES, INC., UPPER CHES RESIDENTIAL HOSPICE HOUSE, and UPPER CHESAPEAKE/ST. JOSEPH HOME CARE.

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

Schedule R (Form 990) 2013

**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	
(1) ARUNDEL PHYSICIANS ASSOCIATES 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(2) BALTIMORE WASHINGTON IMAGING, 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(3) CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE	HEALTHCARE	MD	N/A									
(4) INNOVATIVE HEALTH LLC 52-19972 29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A									
(5) NAH/SUNRISE OF SEVERNA PARK LL 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(6) NORTH ARUNDEL SENIOR LIVING LL 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(7) SHIPLEY'S IMAGING CENTER LLC 5 22 SOUTH GREENE STREET	HEALTHCARE	MD	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-1992649 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES, 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(4) UNIV OF MARYLAND CHARLES REGIONAL CARE 52-2176314 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	N/A	C CORP					
(5) UNIVERSITY MIDTOWN PROF CENTER, A CONDO. 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	UMMSC	C CORP					
(6) SHORE HEALTH ENTERPRISES, INC. 52-1363201 219 SOUTH WASHINGTON STREET EASTON, MD 21601	REAL ESTATE	MD	N/A	C CORP					
(7) NA EXECUTIVE BUILDING CONDO ASSN, INC. NONE 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORP					

**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	
(1) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET	HEALTHCARE	MD	N/A									
(2) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE	RENTAL	MD	N/A									
(3) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE	HEALTHCARE	MD	N/A									
(4) UCHS/UMMS REAL ESTATE TRUST 27 520 UPPER CHESAPEAKE DR	HOLD LAND	MD	N/A									
(5) -----												
(6) -----												
(7) -----												

**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
(1) TERRAPIN INSURANCE COMPANY ----- 98-0129232 P.O. BOX 1109 GRAND CAYMAN, KY1-1102	INSURANCE	CJ	N/A	C CORP					
(2) UMMS SELF INSURANCE TRUST ----- 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	N/A	TRUST					
(3) UPPER CHESAPEAKE INSURANCE COMPANY, LTD. ----- 98-0468438 P.O. BOX 1109 GRAND CAYMAN, GRAND CAYMAND ISLANDS CJ	CAPTIVE INSURANCE	CJ	N/A	LTD					
(4) UPPER CHESAPEAKE HEALTH VENTURES, INC. ----- 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	N/A	C CORP					
(5) UPPER CHESAPEAKE MEDICAL CENTER LAND ----- 77-0674478 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORP					
(6) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING ----- 52-1946829 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORP					
(7) UPPER CHESAPEAKE MGMT SVCS ORG., INC. ----- 52-1946025 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	MANAGEMENT SRVCS	MD	N/A	C CORP					

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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)			
(2)			
(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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
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(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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