

Cumulative e-File History 2013	
Federal	
Locator:	4222CV
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/12/2015 09:18:17
Acknowledgement Date:	05/12/2015 09:33:28
Status:	Rejected
Submission ID:	23695320151325000020
Submitted Date:	05/12/2015 10:17:31
Acknowledgement Date:	05/12/2015 10:28:43
Status:	Accepted
Submission ID:	23695320151325000026

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

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.

2013

Name of exempt organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Name and title of officer

HENRY J FRANEY, EVP/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.

Table with 5 rows (1a-5a) and 5 columns (b, 1b-5b) for return information.

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 14263 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 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

Handwritten signature of Henry J Franey

Date

5/7/15

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.

23695336605

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

Handwritten signature of ERO

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

OMB No. 1545-0047

Form **990**

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

2013

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

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

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	C Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP Doing Business As		D Employer identification number 52-1362793	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 22 SOUTH GREENE STREET		E Telephone number (410) 328-1375	
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21201			
	F Name and address of principal officer: ROBERT CHRENCIK 250 W. PRATT ST BALTIMORE, MD 21201			G Gross receipts \$ 2,054,529,926. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UMMS.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1984 M State of legal domicile: MD	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>UMMS PROVIDES A VARIETY OF INPATIENT/OUTPATIENT SERVICES TO PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY. REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SERVICES</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27.
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	10,514.
	6	Total number of volunteers (estimate if necessary)	6	976.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	722,768.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-172,044.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	8,002,747.	11,974,136.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,546,907,736.	1,769,658,811.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,854,022.	9,306,526.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,607,701,050.	1,824,267,028.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	261,219.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	718,577,248.	812,125,038.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	889,728,325.	993,952,293.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,608,566,792.	1,806,515,376.
19		Revenue less expenses. Subtract line 18 from line 12	-865,742.	17,751,652.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year
	21	Total liabilities (Part X, line 26)	2,831,661,723.	3,244,090,766.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,815,324,769.	2,066,674,817.

Part II Signature Block

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

Sign Here	Signature of officer	Date <u>5/7/15</u>
	HENRY J. FRANEY EVP / CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name FRANK D GIARDINI	Preparer's signature 	Date 05/06/2015	Check <input type="checkbox"/> if self-employed	PTIN P00532355
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103			Phone no. 215-561-4200	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

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.**

- 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 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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number (EIN) or 52-1362793
	Number, street, and room or suite no. If a P.O. box, see instructions. 22 SOUTH GREENE STREET	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)

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 ► S. MICHELLE LEE, 250 WEST PRATT ST., SUITE 1400 BALTIMORE, MD 21201

Telephone No. ► 410 328-1376 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and 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

3a 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.	3a \$	0
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.	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

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

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

Cumulative e-File History 2013**Federal Extension3**

Locator:	4222CV
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	11/05/2014 08:33:41
Acknowledgement Date:	11/05/2014 08:57:41
Status:	Accepted
Submission ID:	23695320143095000048

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	52-1362793
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	22 SOUTH GREENE STREET	
	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) **01**

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 S. MICHELLE LEE, 250 WEST PRATT ST., SUITE 1400 BALTIMORE, MD 21201
Telephone No. 410 328-1376 Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and 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

8a 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.	8a \$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	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

Cumulative e-File History 2013	
FED	
Locator:	4222CV
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	02/06/2015 16:28:51
Acknowledgement Date:	02/06/2015 16:56:54
Status:	Rejected
Submission ID:	23695320150375000000
Submitted Date:	02/10/2015 16:24:40
Acknowledgement Date:	02/10/2015 16:57:37
Status:	Accepted
Submission ID:	23695320150415000013

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

UMMS PROVIDES A VARIETY OF INPATIENT/OUTPATIENT SERVICES TO PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY. REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SERVICES PROVIDED.

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

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

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

4a (Code: 900099) (Expenses \$ 1,583,469,880. including grants of \$ 438,045.) (Revenue \$ 1,785,039,271.)

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 1,583,469,880.

Part IV Checklist of Required Schedules

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

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	
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 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>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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 (27), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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: S. MICHELLE LEE 250 WEST PRATT ST., SUITE 1400 BALTIMORE, MD 21201 410-328-1376

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) GEORGES C. BENJAMIN MD DIRECTOR	1.00	X					0	0	0	
(2) STEPHEN A BURCH, ESQ DIRECTOR	1.00	X					0	0	0	
(3) DELEGATE MICHAEL E. BUSCH DIRECTOR	1.00	X					0	0	0	
(4) JOHN P COALE, ESQ DIRECTOR	1.00	X					0	0	0	
(5) ATWOOD COLLINS III DIRECTOR	1.00	X					0	0	0	
(6) GILBERTO DE JESUS ESQ DIRECTOR	1.00	X					0	0	0	
(7) CONNIE DEJULIUS DIRECTOR	1.00	X					0	0	0	
(8) JOHN W DILLON DIRECTOR	1.00	X					0	0	0	
(9) ALAN H FLEISCHMANN DIRECTOR	1.00	X					0	0	0	
(10) WAYNE L GARDNER, SR DIRECTOR	1.00	X					0	0	0	
(11) LOUISE MICHAUX GONZALES, ESQ DIRECTOR	1.00	X					0	0	0	
(12) BARRY P. GOSSETT DIRECTOR	1.00	X					0	0	0	
(13) ROOMINA ANWER HASAN, MD DIRECTOR	1.00	X					0	0	0	
(14) ORLAN M JOHNSON, ESQ DIRECTOR	1.00	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) SENATOR EDWARD KASEMEYER DIRECTOR	1.00	X					0	0	0	
16) SENATOR FRANCIS X KELLY DIRECTOR	1.00	X					0	0	0	
17) BELKIS LEONG-HONG DIRECTOR	1.00	X					0	0	0	
18) SARA A. MIDDLETON DIRECTOR	1.00	X					0	0	0	
19) KEVIN B O'CONNOR DIRECTOR	1.00	X					0	0	0	
20) ROBERT L PEVENSTEIN DIRECTOR	1.00	X					0	0	0	
21) D. BRUCE POOLE, ESQ DIRECTOR	1.00	X					0	0	0	
22) SENATOR CATHERINE E PUGH DIRECTOR	1.00	X					0	0	0	
23) JAMES T. SMITH, JR DIRECTOR	1.00	X					0	0	0	
24) WALTER A TILLEY JR DIRECTOR	1.00	X					0	0	0	
25) SENATOR JOSPEH D TYDINGS DIRECTOR	1.00	X					0	0	0	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							11,586,636.	0	625,833.	
d Total (add lines 1b and 1c)							11,586,636.	0	625,833.	

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 **785**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 **250**

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			
26) R. ALLEN BUTLER DIRECTOR	1.00	X					0	0	0	
27) LOUIS L. ZAGARINO DIRECTOR	1.00	X					0	0	0	
28) ROBERT A CHRENCIK PRESIDENT AND CEO	40.00 10.00			X			1,735,933.	0	246,647.	
29) HENRY J FRANEY CFO- UMMS/TREASURER	40.00 10.00			X			1,022,061.	0	20,501.	
30) MEGAN M ARTHUR SVP & GEN COUNSEL/ SEC'TY	40.00 10.00			X			594,774.	0	23,876.	
31) JEFFERY A RIVEST PRESIDENT & CEO - UMMC	40.00 10.00				X		1,116,114.	0	19,639.	
32) LISA C ROWEN SVP & CNO - UMMC	40.00 10.00				X		509,612.	0	24,883.	
33) WALTER ETTINGER SVP & CMO - UMMS	40.00 10.00				X		236,682.	0	37,411.	
34) JON P BURNS SVP & CIO	40.00 10.00				X		515,402.	0	20,426.	
35) GLENN F ROBBINS SVP & CMO	40.00 10.00				X		1,836,993.	0	18,454.	
36) JONATHAN E GOTTLIEB SVP & CMO	40.00 10.00				X		650,066.	0	91,456.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **785**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	8,974,136.					
	e Government grants (contributions) . .	1e	3,000,000.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			11,974,136.				
Program Service Revenue	Business Code							
	2a PATIENT SERVICE REVENUE		900099	1,725,367,712.	1,725,094,500.	273,212.		
	b PHARMACY		900099	44,291,099.	44,176,667.	114,432.		
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			1,769,658,811.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,241,202.			4,241,202.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	4,895,028.					
		(ii) Personal						
		b Less: rental expenses	1,770,628.					
		c Rental income or (loss)	3,124,400.					
	d Net rental income or (loss)			3,124,400.	1,368,370.	53,569.	1,702,501.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	233,557,594.					
		(ii) Other						
		b Less: cost or other basis and sales expenses	228,492,270.					
		c Gain or (loss)	5,065,324.					
	d Net gain or (loss)			5,065,324.			5,065,324.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
c Net income or (loss) from fundraising events				0				
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities				0				
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory				0				
Miscellaneous Revenue			Business Code					
11a MEDICARE & MEDICAID MEANINGFUL USE INCE			900099	7,962,330.	7,962,330.			
b CAFETERIA			900099	3,163,264.	3,163,264.			
c INCOME FROM JOINT VENTURE			900099	7,361,091.	924,438.		6,436,653.	
d All other revenue			900099	11,716,470.	2,349,702.	281,555.	9,085,213.	
e Total. Add lines 11a-11d				30,203,155.				
12 Total revenue. See instructions				1,824,267,028.	1,785,039,271.	722,768.	26,530,893.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	438,045.	438,045.		
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	11,619,386.	9,992,672.	1,626,714.	
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	659,438,638.	562,276,662.	97,161,976.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,055,054.	15,667,131.	4,387,923.	
9 Other employee benefits	75,297,630.	65,078,595.	10,219,035.	
10 Payroll taxes	45,714,330.	38,940,324.	6,774,006.	
11 Fees for services (non-employees):				
a Management	2,775,273.	2,247,971.	527,302.	
b Legal	1,346,541.		1,346,541.	
c Accounting	3,987,093.	2,606,117.	1,380,976.	
d Lobbying	130,808.		130,808.	
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.)	155,917,335.	133,336,426.	22,580,909.	
12 Advertising and promotion	7,208,357.	2,532,487.	4,675,870.	
13 Office expenses	10,422,847.	8,960,801.	1,462,046.	
14 Information technology	34,054,313.	28,704,563.	5,349,750.	
15 Royalties	0			
16 Occupancy	18,679,410.	15,912,130.	2,767,280.	
17 Travel	1,046,490.	899,981.	146,509.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	392,298.	337,376.	54,922.	
20 Interest	37,694,338.	33,961,747.	3,732,591.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	92,668,101.	79,043,335.	13,624,766.	
23 Insurance	33,787,856.	29,269,574.	4,518,282.	
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>BAD DEBT EXPENSE</u>	106,434,845.	106,434,845.		
b <u>MEDICAL SUPPLIES</u>	361,291,915.	346,213,538.	15,078,377.	
c <u>UTILITIES</u>	32,605,959.	20,806,073.	11,799,886.	
d <u>PURCHASED SERVICES</u>	60,780,767.	49,823,985.	10,956,782.	
e All other expenses	32,727,747.	29,985,502.	2,742,245.	
25 Total functional expenses. Add lines 1 through 24e	1,806,515,376.	1,583,469,880.	223,045,496.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	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
Assets	1 Cash - non-interest-bearing	148,014,528.	1	123,262,145.
	2 Savings and temporary cash investments	360,013.	2	576,603.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	202,704,699.	4	196,319,650.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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	6	0
	7 Notes and loans receivable, net	1,813,170.	7	2,734,105.
	8 Inventories for sale or use	24,709,638.	8	29,585,325.
	9 Prepaid expenses and deferred charges	8,259,492.	9	8,310,507.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2032325186.		
	b Less: accumulated depreciation	10b 930,943,160.		
		1,023,744,490.	10c	1,101,382,026.
	11 Investments - publicly traded securities	217,770,000.	11	234,828,000.
	12 Investments - other securities. See Part IV, line 11	128,788,735.	12	126,987,769.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	2,846,364.	14	0
15 Other assets. See Part IV, line 11	1,072,650,594.	15	1,420,104,636.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,831,661,723.	16	3,244,090,766.	
Liabilities	17 Accounts payable and accrued expenses	269,705,556.	17	295,461,886.
	18 Grants payable	0	18	0
	19 Deferred revenue	142,338.	19	125,419.
	20 Tax-exempt bond liabilities	891,132,419.	20	1,109,015,207.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	294,580,855.	24	248,904,469.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	359,763,601.	25	413,167,836.
	26 Total liabilities. Add lines 17 through 25	1,815,324,769.	26	2,066,674,817.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	936,658,016.	27	952,985,876.
	28 Temporarily restricted net assets	79,266,352.	28	222,741,334.
	29 Permanently restricted net assets	412,586.	29	1,688,739.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,016,336,954.	33	1,177,415,949.
	34 Total liabilities and net assets/fund balances	2,831,661,723.	34	3,244,090,766.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,824,267,028.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,806,515,376.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,751,652.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,016,336,954.
5	Net unrealized gains (losses) on investments	5	29,576,709.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	113,750,634.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,177,415,949.

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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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.**

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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)									
Total									

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; 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; 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

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

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 ►

b 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 ►

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).

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.

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
---	---

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).

Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	---

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	STATE OF MARYLAND ----- 45 CALVERT STREET ----- BALTIMORE, MD 21401 -----	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UMMS FOUNDATION ----- 22 SOUTH GREENE STREET ----- BALTIMORE, MD 21201 -----	\$ 3,112,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UPPER CHESAPEAKE HEALTH ----- 500 UPPER CHESAPEAKE DRIVE ----- BEL AIR, MD 21014 -----	\$ 8,705,263.	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 UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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 UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

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.**

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 UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

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

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)?

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

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

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 columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
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 include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c 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:

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, 3b. Includes sub-rows 3a(i), 3a(ii), 3b with Yes/No columns.

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 include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e 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) _____		
Total. (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) _____		
Total. (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.

ATTACHMENT 1	(a) Description	(b) Book value
(1)	ECONOMIC INTEREST IN ASSETS OF	202,189,159.
(2)	DEFERRED FINANCING COSTS	9,443,485.
(3)	ASSETS WHOSE USE IS LIMITED	253,282,967.
(4)	INVESTMENT IN SUBSIDIARIES	660,314,671.
(5)	OTHER RECEIVABLES	279,761,345.
(6)	DUE FROM AFFILIATES - NOTES RE	-39,673,858.
(7)	ECONOMIC INT IN FOUNDATION	9,502,627.
(8)	LIMITED USE ASSET - DEBT SERVI	29,863,074.
(9)	LIMITED USE ASSET- MALPRACTICE	5,899,781.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶		1,420,104,636.

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 3RD PARTY PAYORS	83,564,254.
(3)	DUE TO AFFILIATE	38,005,580.
(4)	OTHER MALPRACTICE	6,995,159.
(5)	OTHER LIABILITIES	133,120,401.
(6)	INT RATE SWAPS MARK TO MARKET	148,097,217.
(7)	RETIRE PENSION	3,385,225.
(8)	ACCRUED WAGES	
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		413,167,836.

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-row labels (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-row labels (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

Series of horizontal dashed lines for providing supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X

FIN 48 FOOTNOTE PER AUDIT REPORT

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM 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.

ATTACHMENT 1SCHEDULE D, PART IX - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
LONG TERM INVESTMENT- MRI	6,815,659.
OTHER	2,705,726.
TOTALS	<u>1,420,104,636.</u>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

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 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		94,000,304.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					94,000,304.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					94,000,304.

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

Schedule F (Form 990) 2013

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities. ▶ -----

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V **Supplemental Information**

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

**SCHEDULE 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c 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.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b 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
a Financial Assistance at cost (from Worksheet 1)			46,233,978.		46,233,978.	2.72
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			46,233,978.		46,233,978.	2.72
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,910,941.	1,736,082.	5,174,859.	.30
f Health professions education (from Worksheet 5)			126,847,224.		126,847,224.	7.46
g Subsidized health services (from Worksheet 6)			35,795,325.	12,551,406.	23,243,919.	1.37
h Research (from Worksheet 7)			813,250.	191,424.	621,826.	.04
i Cash and in-kind contributions for community benefit (from Worksheet 8)			385,336.		385,336.	.02
j Total. Other Benefits			170,752,076.	14,478,912.	156,273,164.	9.19
k Total. Add lines 7d and 7j.			216,986,054.	14,478,912.	202,507,142.	11.91

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

Schedule H (Form 990) 2013

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			13,996.		13,996.	
2 Economic development			69,700.		69,700.	
3 Community support						
4 Environmental improvements			104,567.		104,567.	.01
5 Leadership development and training for community members						
6 Coalition building			79,304.		79,304.	.01
7 Community health improvement advocacy						
8 Workforce development			291,777.	80,000.	211,777.	.01
9 Other						
10 Total			559,344.	80,000.	479,344.	.03

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)	496,795,912.
6 Enter Medicare allowable costs of care relating to payments on line 5	397,098,633.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	99,697,279.
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

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UNIVERSITY OF MARYLAND HOSPITAL 22 S. GREENE STREET BALTIMORE MD 21201	X	X	X	X			X			A
2 UMMS ST. JOSEPH MEDICAL CENTER, LLC 250 WEST PRATT STREET BALTIMORE MD 21201	X	X		X			X			
3										
4										
5										
6										
7										
8										
9										
10										

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 UNIVERSITY OF MARYLAND 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)

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 1 2</u>		
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? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://UMM.EDU/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
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)?		X
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? \$		

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 UMMS ST. JOSEPH MEDICAL CENTER, LLC

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) 2

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

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 1 2</u>		
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? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.STJOSEPHTOWSON.COM/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
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)?		X
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? \$		

Part V Facility Information (continued)

Financial Assistance Policy UNIVERSITY OF MARYLAND HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	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	
11	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	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	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	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	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
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued)

Financial Assistance Policy UMMS ST. JOSEPH MEDICAL CENTER, LLC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	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	
11	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	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	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	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	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
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued) UNIVERSITY OF MARYLAND 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
19	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)

20	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)			
21	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
22	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) UMMS ST. JOSEPH MEDICAL CENTER, LLC

- 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
19	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)

20	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			
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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)			
21	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
22	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.

UNIVERSITY OF MARYLAND HOSPITAL - 1

SCHEDULE H, PART V, SECTION B

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. 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).

UMMS ST. JOSEPH MEDICAL CENTER, LLC - 2

SCHEDULE H, PART V, SECTION B

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. 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? 5

Name and address	Type of Facility (describe)
1 UNIVERSITYCARE @ SHIPLEY'S CHOICE 8601 VERTERANS HIGHWAY, STE 111 MILLERSVILLE MD 21108	HEALTHCARE CLINIC
2 UNIV PEDIATRIC SPECIALISTS @ BEL AIR N. PARK CENTER, UNIT 423 4C NORTH AVE BEL AIR MD 21014	HEALTHCARE CLINIC
3 UNIVERSITYCARE @ EDMONDSON VILLAGE 4538 EDMONDSON AVE BALTIMORE MD 21229	HEALTHCARE CLINIC
4 UNIVERSITYCARE @ WAXTER CENTER 1000 CATHEDRAL STREET BALTIMORE MD 21201	HEALTHCARE CLINIC
5 UNIV SPECIALISTS @ SHIPLEY'S CHOICE 8601 VERTERANS HIGHWAY, STE 110 MILLERSVILLE MD 21108	HEALTHCARE CLINIC
6 	
7 	
8 	
9 	
10 	

Part VI Supplemental Information

Provide the following information.

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

RELATED ORGANIZATION BENEFIT 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.

COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

SCHEDULE H, LINE 7A, 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

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.
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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.

RELATED TO UNCOMPENSATED CARE.

SCHEDULE H, 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, LINE 7F COLUMN (C) - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE

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.

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.

SCHEDULE H, 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

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.

COMMUNITY BUILDING ACTIVITIES - UMMSC

SCHEDULE H, PART II

UNIVERSITY OF MARYLAND MEDICAL CENTER'S COMMUNITY BUILDING ACTIVITIES

PROMOTED THE HEALTH OF THE COMMUNITY IT SERVES IN MANY SIGNIFICANT WAYS.

THROUGH ITS SIX STRATEGIC COMMUNITY OUTREACH PRIORITIES IDENTIFIED IN THE

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN FY'12, THE MEDICAL CENTER

SPONSORS OR SUPPORTS A VARIETY OF PROGRAMS AND INITIATIVES, A FEW OF

WHICH INCLUDE: A VARIETY OF HEALTH PROMOTION INITIATIVES TARGETING

CHILDREN, ADULTS, AND SENIORS, SPONSORSHIP OF A WEEKLY FARMER'S MARKET,

AND SEVERAL WORKFORCE DEVELOPMENT PROGRAMS WHICH PROMOTE MINORITY YOUTH

IN HEALTHCARE CAREERS.

REACH AND EFFECTIVENESS ARE MEASURED TO EVALUATE PROGRAMMING AND THE

FOLLOWING IS A SUMMARY OF THE PAST FISCAL YEAR'S (FY'14- WHICH INCLUDES

PART OF CALENDAR YEAR 2013) IMPACT.

FOR FY'14, 44,407 INDIVIDUALS WERE SERVED IN THE COMMUNITY THROUGH OUR

COMMUNITY HEALTH SERVICES INCLUDING HEALTH FAIRS, SCREENING EVENTS,

IMMUNIZATION CLINICS, OR SPECIALIZED PROGRAMS. OVER 60 HEALTH FAIRS WERE

HOSTED IN THE COMMUNITY, INCLUDING PARTICIPATION IN UNIVERSITY 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.

MARYLAND MEDICAL SYSTEM (UMMS) EVENTS DRAWING 1,000 INDIVIDUALS OR MORE
FOR FOUR EVENTS HELD ANNUALLY.

AS AN EXAMPLE OF EFFECTIVENESS, UMMC TRACKS PARTICIPANT SATISFACTION AND
KNOWLEDGE, ATTITUDES, AND BELIEFS (KAB) AS AN OUTCOME MEASURE OF
EFFECTIVENESS FOR OUR LARGER HEALTH FAIRS. DURING OUR MOST RECENT HEALTH
FAIR, 99 PARTICIPANTS COMPLETED AN EVALUATION BEFORE AND AFTER ATTENDING
THE HEALTH FAIR.

PRIOR TO ATTENDING THE HEALTH FAIR, 66.3% OF PARTICIPANTS KNEW THEIR
BLOOD PRESSURE, AND AFTER ATTENDING THE HEALTH FAIR, 94.9% OF
PARTICIPANTS KNEW THEIR BLOOD PRESSURE ($Z = 3.451$, $P < .01$). IN ADDITION,
PRIOR TO THE HEALTH FAIR, 43.8% KNEW WHAT THEIR CHOLESTEROL NUMBER MEANT,
AND AFTER THE HEALTH FAIR 63.9% KNEW WHAT THEIR CHOLESTEROL READING MEANT
($Z = 2.061$, $P < .05$). KNOWLEDGE OF PREVENTIVE CANCER SCREENINGS SHOWED
CHANGES IN KNOWLEDGE, BUT THE CHANGES WERE NOT STATISTICALLY SIGNIFICANT.
BREAST CANCER SCREENINGS KNOWLEDGE WAS 52.3% BEFORE THE FAIR COMPARED TO
58.8%. FORTY ONE PERCENT KNEW HOW OFTEN CERVICAL CANCER SCREENINGS NEEDED
TO BE COMPLETED BEFORE THE FAIR AS COMPARED TO 52.4% AFTER THE FAIR.
ADDITIONALLY, 37.5% OF RESPONDENTS KNEW HOW OFTEN PROSTATE SCREENING WAS

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NEEDED BEFORE THE FAIR AS COMPARED TO 42.9% KNOWING THE CORRECT SCREENING AFTER THE FAIR, AND KNOWLEDGE ON BOWEL CANCER SCREENING EXPERIENCED A SLIGHT DECREASE IN KNOWLEDGE WITH 36.3% BEFORE THE FAIR AND 35% AFTER THE FAIR.

ADDITIONAL OUTCOME MEASURES WERE USED TO EVALUATE ATTITUDES AND ANTICIPATED BEHAVIOR CHANGE AND REVEALED THE FOLLOWING RESULTS. EIGHTY PERCENT OF RESPONDENTS STATED THAT THEY LEARNED NEW INFORMATION AT THE FAIR, INCLUDING 61.7% STATED THEY WOULD MAKE A DIETARY BEHAVIOR CHANGE AS A RESULT OF THE FAIR, AND 80.6% STATED THEY WOULD MAKE A PHYSICAL ACTIVITY BEHAVIOR CHANGE AS A RESULT OF THE FAIR. IN ADDITION, 91% OF RESPONDENTS RATED THEIR OVERALL SATISFACTION WITH THE FAIR AS "VERY GOOD OR EXCELLENT".

COMMUNITY BUILDING ACTIVITIES - UMSJMC

SCHEDULE H, PART II

UM-ST. JOSEPH MEDICAL CENTER COLLABORATES WITH OVER 30 GROUPS, ORGANIZATIONS AND AGENCIES OUTSIDE THE HOSPITAL TO DESIGN AND PARTICIPATE IN INITIATIVES THAT PROMOTE COALITION BUILDING AND COMMUNITY HEALTH

Part VI Supplemental Information

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IMPROVEMENT ADVOCACY. THESE ORGANIZATIONS INCLUDE BUT ARE NOT LIMITED

TO:

PARTNERS/SITES OF SERVICES:

- BALTIMORE COUNTY DEPARTMENT OF AGING
- CALVERT HALL HIGH SCHOOL
- CATHOLIC CHARITIES
- CATHOLIC HIGH SCHOOL
- CRISTO REY JESUIT HIGH SCHOOL
- DEPARTMENT OF HEALTH AND MENTAL HYGIENE- HEALTHY HEART BEATS AT GOVANS

MANOR

- GREETINGS & READINGS HUNT VALLEY
- HALSTEAD ACADEMY ELEMENTARY SCHOOL
- HEALTH PARK AT HEREFORD
- HOPKINS VILLAGE
- MARIAN HOUSE
- MCCORMICK & CO.
- MERCY RIDGE RETIREMENT COMMUNITY
- MT. CALVARY AME- BIGGEST LOSER COMPETITION

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- OAK CREST RETIREMENT COMMUNITY
- ST. JOSEPH PARISH COCKEYSVILLE
- ST. MICHAEL THE ARCHANGEL
- TOWSON UNIVERSITY
- TOWSON Y
- WELLWOOD INTERNATIONAL ELEMENTARY SCHOOL

CANCER SPECIFIC COLLABORATION:

- MARYLAND CANCER COLLABORATIVE STEERING COMMITTEE REPRESENTATIVE/
RESPONSIBLE FOR IMPLEMENTING THE MARYLAND CANCER CONTROL PLAN
- MARYLAND PATIENT NAVIGATION COLLABORATIVE LEADERSHIP COMMITTEE MEMBER
- BALTIMORE COUNTY CANCER COALITION MEMBER
- NUEVA VIDA CANCER SUPPORT FOR LATINAS/ MONTHLY BREAST SCREENING
- MT. CALVARY AME CHURCH EDUCATIONAL ACTIVITIES
- UNIVERSITY OF MD. OUTREACH AND ADVOCACY COALITION
- AMERICAN CANCER SOCIETY
- GEDCO
- KOMEN DISPARITIES CONFERENCE FOR COMMUNITY
- ADVANCED RADIOLOGY PARTNERSHIP TO SUPPORT THE MONTHLY BREAST SCREENING

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PROGRAM

BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 3 & 4

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 AND
- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE

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PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

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PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

COLLECTION PRACTICES

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 ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL

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ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION
PROCESS.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT - UMMSC

SCHEDULE H, PART VI, LINE 2

THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) COMPLETED A
COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT USING THE ASSOCIATION FOR
COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT
PROCESS AS AN ORGANIZING METHODOLOGY/Framework. THE UMMC COMMUNITY
EMPOWERMENT TEAM (CET) SERVED AS THE LEAD TEAM TO CONDUCT THE COMMUNITY
HEALTH NEEDS ASSESSMENT (CHNA) IN FISCAL YEAR 2012. THE INTERDISCIPLINARY
UMMC CET ADOPTED THE FOLLOWING ACHI 6-STEP PROCESS TO LEAD THE ASSESSMENT
PROCESS AND THE ADDITIONAL 5-COMPONENT ASSESSMENT AND ENGAGEMENT STRATEGY
WAS DEVELOPED INTERNALLY TO LEAD THE DATA COLLECTION AND ENGAGEMENT
METHODOLOGY.

DESPITE THE LARGER REGIONAL PATIENT MIX, FOR PURPOSES OF COMMUNITY
BENEFITS PROGRAMMING AND THIS REPORT, THE COMMUNITY BENEFIT SERVICE AREA
(CBSA) OF UMMC IS DEFINED FOLLOWING THE COMPLETION OF OUR COMMUNITY

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HEALTH NEEDS ASSESSMENT IN FY'12 USING THE FOLLOWING BALTIMORE CITY 10

ZIP CODES OF ADMISSIONS:

21201 21223

21229 21230

21215 21216

21217 21218

21213 21225

UMMC DOES RESPOND TO COMMUNITY HEALTH ISSUES OUTSIDE OF THE PRIMARY CBSA

AS THE NEED ARISES (I.E. EBOLA PREPAREDNESS, EMERGENCY & DISASTER

PREPAREDNESS FOR THE REGION AND STATE, ETC.). THE CBSA WAS IDENTIFIED

AND APPROVED BY THE UMMC COMMUNITY EMPOWERMENT TEAM (CET), THEN VETTED

THROUGH A UNIVERSITY OF MARYLAND BALTIMORE (UMB) CAMPUS PANEL OF EXPERTS.

ONCE IT WAS APPROVED AT THAT LEVEL ON 6/14/12, THE PRIORITIES WERE

PRESENTED TO SENIOR LEADERSHIP WHERE THEY WERE APPROVED ON 6/26/12, AND

IN TURN BY THE BOARD ON 6/28/12.

USING THE ABOVE FRAMEWORKS, DATA WAS COLLECTED FROM MULTIPLE SOURCES,

GROUPS, AND INDIVIDUALS AND INTEGRATED INTO A COMPREHENSIVE DOCUMENT

WHICH WAS UTILIZED AT A RETREAT OF THE UMMC COMMUNITY EMPOWERMENT TEAM.

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DURING THAT STRATEGIC PLANNING RETREAT, PRIORITIES WERE IDENTIFIED USING THE COLLECTED DATA, THEN THE PRIORITIES WERE VALIDATED BY A PANEL OF UMB CAMPUS EXPERTS.

UMMC USED PRIMARY AND SECONDARY SOURCES OF DATA AS WELL AS QUANTITATIVE AND QUALITATIVE DATA AND CONSULTED WITH NUMEROUS INDIVIDUALS AND ORGANIZATIONS DURING THE CHNA, INCLUDING OTHER UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) BALTIMORE CITY-BASED HOSPITALS (KERNAN, MARYLAND GENERAL, AND MT WASHINGTON PEDIATRIC HOSPITALS), 70 FAITH LEADERS, COMMUNITY LEADERS, COMMUNITY PARTNERS, THE UNIVERSITY OF MARYLAND BALTIMORE (UMB) ACADEMIC COMMUNITY, THE GENERAL PUBLIC, LOCAL HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT. AS AN EXAMPLE, THE MEDICAL CENTER PARTICIPATES IN A WIDE VARIETY OF LOCAL COALITIONS INCLUDING, SEVERAL SPONSORED BY THE BALTIMORE CITY HEALTH DEPARTMENT, INCLUDING THE CANCER COALITION, TOBACCO COALITION, INFLUENZA COALITION AS WELL AS PARTNERS WITH MANY COMMUNITY-BASED ORGANIZATIONS LIKE AMERICAN CANCER SOCIETY (ACS), SUSAN G. KOMEN FOUNDATION, ULMAN FOUNDATION, AMERICAN DIABETES ASSOCIATION (ADA), AMERICAN HEART ASSOCIATION (AHA), B'MORE HEALTHY BABIES, TEXT4BABY, AND SAFE KIDS, MOST OF WHOM WERE

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INCLUDED IN THE ASSESSMENT.

IN ADDITION, UMB CAMPUS EXPERTS WERE CONSULTED AND INCLUDE:

- YVETTE ROOKS, MD
- VERLYN WARRINGTON, MD, BOTH FROM UNIVERSITY OF MARYLAND'S DEPT OF FAMILY MEDICINE AND UM SCHOOL OF MEDICINE,
- DR. PAT MCLAINE, UM SCHOOL OF NURSING,
- BRONWYN MAYDEN, MSW, ASSISTANT DEAN UM SCHOOL OF SOCIAL WORK
- BRIAN STURDIVANT, UMB DIRECTOR OF COMMUNITY AFFAIRS

UMMC CO-SPONSORED A FOCUS GROUP OF NEARLY 30 MAJOR COMMUNITY PARTNERS ALONG WITH 2 OTHER UMMS' HOSPITALS (MARYLAND GENERAL AND MT WASHINGTON PEDIATRIC HOSPITAL. REPRESENTATIVES FROM A FEW OF OUR COMMUNITY-BASED PARTNERS FROM THE FOCUS GROUP INCLUDED:

- AMERICAN DIABETES ASSOCIATION - KATHY ROGERS, EXECUTIVE DIRECTOR
- AMERICAN HEART ASSOCIATION
- AMERICAN CANCER SOCIETY
- SAFE KIDS BALTIMORE - KAREN HARDINGHAM, LEAD COORDINATOR
- BALTIMORE CITY HEALTH DEPARTMENT
- BALTIMORE CITY DEPT OF PARKS & RECREATION - JOANN CASON

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- LIVING LEGACY FOUNDATION - TYREE NUTTER, TRANSPLANT COORDINATOR
- MARCH OF DIMES
- TRAUMA SURVIVORS NETWORK - TARA CARLSON, MANAGER
- ULMAN FOUNDATION

IN ADDITION, UMMC CONDUCTED A SURVEY OF NEARLY 900 BALTIMORE CITY RESIDENTS DURING MAJOR HEALTH FAIRS. THE US NATIONAL PREVENTION STRATEGY, HEALTHY PEOPLE 2020, THE MARYLAND DHMH'S STATE HEALTH IMPROVEMENT PLAN (SHIP), BALTIMORE CITY HEALTH DEPARTMENT'S 2011 NEIGHBORHOOD PROFILES, AND HEALTHY BALTIMORE 2015 WERE ALL ALSO INCLUDED TO PROVIDE NATIONAL AND LOCAL CONTEXT, PREVALENCE DATA, AND DIRECTION FOR THE ASSESSMENT. ADDITIONALLY, UMMC PARTICIPATES IN THE UMMS COMMUNITY HEALTH OUTREACH AND ADVOCACY TEAM TO VALIDATE DATA AND INFORMATION FROM OTHER UMMS HOSPITALS AND COLLABORATE ON LARGE SYSTEM-WIDE EVENTS AND INITIATIVES.

SOCIAL DETERMINANTS OF HEALTH (SDOH) NEEDS WERE ALSO INCLUDED IN THE CHNA. SDOH AS DEFINED BY THE WORLD HEALTH ORGANIZATION (WHO) ARE THE CIRCUMSTANCES IN WHICH PEOPLE LIVE, GROW, AND WORK, WHICH GREATLY DETERMINE AN INDIVIDUAL'S HEALTH STATUS (WORLD HEALTH ORGANIZATION,

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2008). AT ALL LEVELS OF INCOME, HEALTH AND ILLNESS FOLLOW A SOCIAL GRADIENT: THE LOWER THE SOCIOECONOMIC STATUS, THE LOWER THE HEALTH STATUS. CONTRIBUTING TO THE MAJOR HEALTH NEEDS OF THE CBSA, THERE ARE MANY SIGNIFICANT SDOH WHICH WERE IDENTIFIED (IN NO PARTICULAR ORDER), LACK OF FRESH PRODUCE AVAILABLE (FOOD DESERTS), LIMITED TRANSPORTATION, UNSAFE HOUSING, ECONOMIC DEVELOPMENT, AND LITERACY.

ANALYSIS OF ALL QUANTITATIVE AND QUALITATIVE DATA DESCRIBED IN THE ABOVE SECTIONS IDENTIFIED THESE TOP SIX AREAS OF NEED WITHIN BALTIMORE CITY. THESE TOP PRIORITIES REPRESENT THE INTERSECTION OF DOCUMENTED UNMET COMMUNITY HEALTH NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION. THESE PRIORITIES WERE IDENTIFIED AND APPROVED BY THE UMMC COMMUNITY EMPOWERMENT TEAM, VALIDATED WITH THE HEALTH EXPERTS FROM THE UMB CAMPUS PANEL, AND APPROVED BY UMMC LEADERSHIP AND THE BOARD.

1. OBESITY/HEART DISEASE/DIABETES & CANCER(CHRONIC DISEASE PREVENTION)
2. MATERNAL & CHILD HEALTH
3. WORKFORCE DEVELOPMENT/LITERACY
4. VIOLENCE PREVENTION
5. HIV PREVENTION/INFLUENZA PREVENTION (INFECTIOUS DISEASE PREVENTION)

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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.

6. ACCESS TO CARE (THIS TOPIC IS RELEVANT TO ALL OF THE ABOVE, SO ACCESS TO CARE IS INTEGRATED INTO ALL OF THE TOPICS BY WAY OF SCREENINGS AND EDUCATION)

BASED ON THE ABOVE ASSESSMENT, FINDINGS, AND PRIORITIES, THE CET AGREED TO INCORPORATE OUR IDENTIFIED PRIORITIES WITH MARYLAND'S STATE HEALTH IMPROVEMENT PLAN (SHIP). USING THE SHIP AS A FRAMEWORK, THE FOLLOWING MATRIX WAS CREATED TO SHOW THE INTEGRATION OF OUR IDENTIFIED PRIORITIES AND THEIR ALIGNMENT WITH THE SHIP'S VISION AREAS. UMMC TRACKS THE PROGRESS WITH LONG-TERM OUTCOME OBJECTIVES MEASURED THROUGH THE MARYLAND'S DEPARTMENT OF HEALTH & MENTAL HYGIENE (DHMH). SHORT-TERM PROGRAMMATIC OBJECTIVES, INCLUDING PROCESS AND OUTCOME MEASURES ARE MEASURED ANNUALLY BY UMMC FOR EACH PRIORITY AREAS THROUGH THE RELATED PROGRAMMING. ADJUSTMENTS ARE MADE TO ANNUAL PLANS AS OTHER ISSUES EMERGE OR THROUGH OUR ANNUAL PROGRAM EVALUATION.

IN ADDITION TO THE IDENTIFIED STRATEGIC PRIORITIES FROM THE CHNA, UMMC EMPLOYS THE FOLLOWING PRIORITIZATION FRAMEWORK WHICH IS STATED IN THE UMMC COMMUNITY OUTREACH PLAN. BECAUSE THE MEDICAL CENTER, SERVES THE REGION AND STATE, PRIORITIES MAY NEED TO BE ADJUSTED RAPIDLY TO ADDRESS

Part VI Supplemental Information

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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.

AN URGENT OR EMERGENT NEED IN THE COMMUNITY, (I.E. DISASTER RESPONSE OR INFECTIOUS DISEASE ISSUE). THE CHNA PRIORITIZED NEEDS FOR THE SUSTAINED AND STRATEGIC RESPONSE CATEGORIES AND THE RAPID AND URGENT RESPONSE CATEGORIES' NEEDS WILL BE DETERMINED ON AN AS-NEEDED BASIS.

UMMC WILL PROVIDE LEADERSHIP AND SUPPORT WITHIN THE COMMUNITIES SERVED AT VARIETY OF RESPONSE LEVELS. RAPID AND URGENT RESPONSE LEVELS WILL RECEIVE PRIORITY OVER SUSTAINED AND STRATEGIC INITIATIVES AS WARRANTED.

- RAPID RESPONSE - EMERGENCY RESPONSE TO LOCAL, NATIONAL, AND

INTERNATIONAL DISASTERS, I.E. HAITI DISASTER, WEATHER DISASTERS -

EARTHQUAKE, BLIZZARDS, TERRORIST ATTACK

- URGENT RESPONSE - URGENT RESPONSE TO EPISODIC COMMUNITY NEEDS, I.E.

H1N1/ FLU RESPONSE

- SUSTAINED RESPONSE - ONGOING RESPONSE TO LONG-TERM COMMUNITY NEEDS,

I.E. OBESITY AND TOBACCO PREVENTION EDUCATION, HEALTH SCREENINGS,

WORKFORCE DEVELOPMENT

- STRATEGIC RESPONSE - LONG-TERM STRATEGIC LEADERSHIP AT LEGISLATIVE AND

CORPORATE LEVELS TO LEVERAGE RELATIONSHIPS TO PROMOTE HEALTH-RELATED

POLICY OR REFORM AND BUILD KEY NETWORKS

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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- 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.

ADDITIONAL RESOURCES WITHIN THE COMMUNITY WHO UMMC PARTNERS WITH ON AN ONGOING BASIS TO ADDRESS THE ABOVE PRIORITIES INCLUDE:

- BALTIMORE CITY HEALTH DEPARTMENT (VARIOUS COALITIONS)
- DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH)
- UNIVERSITY OF MARYLAND MIDTOWN CAMPUS (UMMS PARTNER)
- MT WASHINGTON PEDIATRIC HOSPITAL (UMMS PARTNER)
- WEST BALTIMORE CARES (HEZ FOR WEST BALTIMORE)
- AMERICAN HEART ASSOCIATION
- AMERICAN DIABETES ASSOCIATION
- AMERICAN CANCER SOCIETY
- UNIVERSITY OF MARYLAND BALTIMORE
- SAFE KIDS BALTIMORE

SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY THE CET DURING THE FY'12 CHNA INCLUDING: MENTAL HEALTH, SAFE HOUSING, TRANSPORTATION, AND SUBSTANCE ABUSE. WHILE THE MEDICAL CENTER WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED PRIORITIES ABOVE, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION AND WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL

Part VI Supplemental Information

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BE MET BY OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE. THE UNMET NEEDS NOT ADDRESSED BY UMMC WILL ALSO CONTINUE TO BE ADDRESSED BY KEY BALTIMORE CITY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY-BASED ORGANIZATIONS.

THE UMMC IDENTIFIED CORE PRIORITIES TARGET THE INTERSECTION OF THE IDENTIFIED COMMUNITY NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION. THE CHNA PROCESS WILL RESUME AGAIN IN FY'15, AND THE PRIORITIES WILL BE RE-ASSESSED BASED ON THE COLLECTED DATA AND ANALYSIS.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT - UMSJMC

SCHEDULE H, PART VI, LINE 2

UM-ST. JOSEPH MEDICAL CENTER HAS A ROBUST COMMUNITY HEALTH OUTREACH DEPARTMENT AND AN ENGAGED AND ROBUST CANCER OUTREACH DEPARTMENT. THESE TWO OUTREACH SERVICES ARE DIRECTLY INVOLVED WITH THE ORGANIZATIONS LISTED ON PAGE ONE OF THIS NARRATIVE COMPONENT AND FACILITATE THE INFLOW OF INFORMATION ABOUT EMERGING HEALTH CARE NEEDS AND THEY ARE KEY IN HELPING DEVELOP RESPONSES TO THOSE HEALTH NEEDS TO WHICH WE ARE ABLE TO RESPOND. IN ADDITION, THE FREE CLINIC SPONSORED BY UM-SJMC, ST. CLARE MEDICAL

Part VI Supplemental Information

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OUTREACH (LOCATED IN LUTHERVILLE), PROVIDES BILINGUAL, PRIMARY CARE SERVICE TO AN HISPANIC PATIENT POPULATION COMING PARTIALLY FROM THE CITY OF BALTIMORE, BUT MUCH MORE NOW THE HISPANIC COMMUNITY LOCATED IN THE COCKEYSVILLE AND HUNT VALLEY AREA. ST. CLARE MEDICAL OUTREACH CONTINUALLY PROVIDES REAL-TIME INFORMATION ON THE HEALTH CARE NEEDS OF THIS COMMUNITY. FINALLY, OUR VERY LOW-COST OBSTETRICAL/GYNECOLOGICAL SERVICE, WOMEN'S HEALTH ASSOCIATES, HAS FOR YEARS PROVIDED EXCELLENT OB/GYN SERVICES TO WOMEN OF LIMITED AND NO FINANCIAL MEANS. THEY ALSO BRING REAL-TIME INFORMATION ABOUT CHANGING HEALTH CARE NEEDS AND CHANGING DEMOGRAPHICS OF THEIR PATIENT POPULATION AND WITH THOSE INPUTS, UM-SJMC REVIEWS AND REVISES ITS STRATEGIES FOR RESPONDING TO THESE HEALTH CARE NEEDS.

ELIGIBILITY EDUCATION & FINANCIAL ASSISTANCE - UMMSC

SCHEDULE H, PART VI, LINE 3

UNIVERSITY OF MARYLAND MEDICAL UMMS IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO

Part VI Supplemental Information

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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.

PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION.

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

- 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

Part VI Supplemental Information

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ELIGIBILITY EDUCATION & FINANCIAL ASSISTANCE - UMSJMC

SCHEDULE H, PART VI, LINE 3

OUR FINANCIAL ASSISTANCE POLICY AND THE COMMUNICATION ABOUT OUR FINANCIAL ASSISTANCE POLICY IS REGULARLY REVIEWED TO MAKE SURE IT IS AVAILABLE TO OUR PATIENTS IN A VARIETY OF FORMATS AND THAT IT IS AVAILABLE IN CULTURALLY/LINGUISTICALLY SENSITIVE MANNER AND AT A READING COMPREHENSIVE LEVEL APPROPRIATE TO THE POPULATION OF OUR CBSA.

THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO WOULD OTHERWISE BE BILLED FOR SERVICES ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS IS COMMUNICATED TO PATIENTS IN MULTIPLE WAYS:

- AT ALL OUR POINTS OF REGISTRATION IN THE HOSPITAL (GENERAL REGISTRATION, EMERGENCY DEPARTMENT) AND IN OUR SPECIALIZED SERVICE AREAS (PERINATAL CENTER, CANCER INSTITUTE, ETC.) LARGE SIGNS ARE POSTED INFORMING THE PATIENT THAT IF THEY FACE PROBLEMS IN PAYING FOR THEIR CARE, THEY MAY APPLY FOR FINANCIAL ASSISTANCE. THE PHONE NUMBER IS POSTED FOR THEM TO CONTACT ONE OF OUR FINANCIAL COUNSELORS.
- WHEN PATIENTS ARE REGISTERING IN THE HOSPITAL FOR INPATIENT TREATMENT

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OR OUTPATIENT TREATMENT, THEY ARE GIVEN THE PATIENT FINANCIAL INFORMATION SHEET (APPENDIX III) THAT IS PRINTED ON TWO SIDES IN ENGLISH AND SPANISH.

THIS PATIENT FINANCIAL INFORMATION SHEET IS AVAILABLE AT EVERY POINT OF ENTRANCE TO THE HOSPITAL AND EVERY POINT OF SERVICE DELIVERY. IT IS ALSO INCLUDED IN THE PATIENT INFORMATION PACKET GIVEN TO EACH PATIENT.

- WHEN PATIENTS ARE INPATIENTS AND DO NOT HAVE ANY HEALTH INSURANCE, ONE OF OUR FINANCIAL COUNSELORS VISITS THEM IN THEIR ROOM AND DISCUSSES WITH THEM AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS OFFERING HEALTH CARE ASSISTANCE AND ASSISTS THE PATIENTS WITH APPROPRIATE QUALIFICATIONS TO APPLY.

- WHEN PATIENTS RECEIVE OUTPATIENT SERVICES AND DO NOT HAVE ANY HEALTH INSURANCE, THE FINANCIAL COUNSELOR SENDS THEM INFORMATION ABOUT THEIR POTENTIAL ELIGIBILITY FOR VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS OFFERING HEALTH CARE ASSISTANCE, AND INVITES THEM TO CALL (SPANISH AND ENGLISH-SPEAKING FINANCIAL COUNSELORS ARE AVAILABLE) TO DISCUSS APPLYING FOR THESE PROGRAMS.

WHEN A PATIENT APPLIES FOR FINANCIAL ASSISTANCE, OUR BILINGUAL FINANCIAL ASSISTANCE COUNSELOR WORKS WITH THE PATIENT TO GATHER APPROPRIATE

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DOCUMENTS AND SUBMIT THEIR APPLICATION FOR FINANCIAL ASSISTANCE.

DESCRIPTION OF COMMUNITY SERVED - UMMSC

SCHEDULE H, PART VI, LINE 4

DESPITE THE LARGER REGIONAL PATIENT MIX, FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING AND THIS REPORT, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) OF UMMC IS DEFINED FOLLOWING THE COMPLETION OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT IN FY'12 USING THE FOLLOWING BALTIMORE CITY 10 ZIP CODES OF ADMISSIONS: 21201, 21223, 21229, 21230, 21215, 21216, 21217, 21218, 21213, AND 21225. WITHIN THESE 10 ZIP CODES, SIGNIFICANT HEALTH DISPARITIES EXIST AS A RESULT OF MANY FACTORS.

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

363,636 TOTAL POPULATION OF CBSA

GENERAL DEMOGRAPHICS OF CBSA

GENDER

193,812 FEMALE

169,824 MALE

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RACE

255,523 BLACK/AFRICAN AMERICAN

85,268 WHITE/CAUCASIAN

9,117 ASIAN

1,129 AMERICAN INDIAN/ALASKA NAT

152 NATIVE HAWAIIAN/OTHER PACIFIC

4,637 OTHER

7,810 TWO/MORE RACES

ETHNICITY

351,794 NON-HISPANIC

11,842 HISPANIC

AVERAGE AGE

37.52 YEARS

MEDIAN HOUSEHOLD INCOME WITHIN THE CBSA \$34,675

PERCENTAGE OF HOUSEHOLDS WITH INCOMES BELOW THE FEDERAL POVERTY

GUIDELINES WITHIN THE CBSA

17,054 FAMILIES FOR 21.41%

PERCENTAGE OF UNINSURED PEOPLE WITHIN THE CBSA 15.00%

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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

LANGUAGE SPOKEN AT HOME (5YRS AND OVER)

ENGLISH 90%

SPANISH 4%

FRENCH 1%

ALL OTHER COMBINED 5%

SOCIAL DETERMINANTS OF HEALTH (SDOH)

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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)

ATA

[HTTP://DHHM.MARYLAND.GOV/VSA/DOCUMENTS/12ANNUAL.PDF](http://dhhm.maryland.gov/vsa/documents/12annual.pdf)

[HTTP://DHHM.MARYLAND.GOV/VSA/DOCUMENTS/12ANNUAL.PDF](http://dhhm.maryland.gov/vsa/documents/12annual.pdf)

DESCRIPTION OF COMMUNITY SERVED - UMSJMC

SCHEDULE H, PART VI, LINE 4

THE UNIVERSITY OF MARYLAND - ST. JOSEPH MEDICAL CENTER (UM-SJMC) IS LOCATED IN A NORTHERN SUBURB OF BALTIMORE CITY, AND DRAWS PATIENTS FROM FRANKLINVILLE, WESTMINSTER IN THE WEST, ABERDEEN AND EASTERN SHORE TO THE EAST, TO THE PENNSYLVANIA LINE UP THE I-81 CORRIDOR INCLUDING AND

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HANOVER, PA AND AS FAR SOUTH AS LANDSDOWNE. THIS IS AN AREA DISTINCTIVE
IN THE VERY BROAD RANGE OF POPULATIONS IT CONTAINS IN TERMS OF ECONOMIC,
ETHNIC/RACIAL, AND URBAN/RURAL CONSIDERATIONS.

IN OUR COMMUNITY BENEFIT SERVICE AREA (CBSA) (SHAPED BY THE ZIP CODES OF
THE PATIENTS WHO RECEIVED CHARITY CARE FROM UM-SJMC IN THE LAST YEAR) THE
DEMOGRAPHIC BREAKDOWN IS AS FOLLOWS:

TOTAL POPULATION: 817,455

PERSONS UNDER 18: 21.7%

PERSONS OVER 65: 15.1%

FEMALE: 52.7%

MEDIAN AGE: 39 YEARS

MEDIAN HOUSEHOLD INCOME WITHIN THE CBSA - \$65,411

AVAILABLE DETAIL ON RACE, ETHNICITY, AND LANGUAGE WITHIN CBSA.

WHITE: 64.8%

BLACK/AFRICAN AMERICAN: 27.0%

HISPANIC/LATINO: 4.6%

ASIAN ALONE: 5.4%

TWO OR MORE RACES: 2.2%

Part VI Supplemental Information

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- 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.

LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: 12.6%

PERCENTAGE OF HOUSEHOLDS WITHIN THE CBSA WITH INCOMES BELOW THE FEDERAL
POVERTY GUIDELINES WITHIN THE CBSA - 5.4%

PERCENTAGE OF MEDICAID RECIPIENTS IN SERVICE AREA: 12% (MARYLAND
OVERALL - 15%)

OTHER HOSPITALS SERVING THE POPULATION WITHIN OUR GENERAL SERVICE AREA:

GREATER BALTIMORE MEDICAL CENTER, FRANKLIN SQUARE HOSPITAL, GOOD
SAMARITAN HOSPITAL, SINAI HOSPITAL

WITHIN OUR SERVICE AREA THE HISPANIC/LATINO POPULATION IN OUR SERVICE
AREA HAS THE LOWEST RATE OF BEING INSURED AND A PATTERN OF UNMET HEALTH
CARE NEEDS.

PROMOTING THE HEALTH OF THE COMMUNITY - UMMSC

SCHEDULE H, PART VI, LINE 5

THE STRATEGIC PRIORITIES IDENTIFIED IN THE FY12 COMMUNITY HEALTH NEEDS
ASSESSMENT ARE AGAIN AS FOLLOWS:

- OBESITY/HEART DISEASE/DIABETES & CANCER(CHRONIC DISEASE PREVENTION)
- MATERNAL & CHILD HEALTH

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.

- WORKFORCE DEVELOPMENT/LITERACY

- VIOLENCE PREVENTION

- HIV PREVENTION/INFLUENZA PREVENTION (INFECTIOUS DISEASE PREVENTION)

- ACCESS TO CARE (THIS TOPIC IS RELEVANT TO ALL OF THE ABOVE, SO ACCESS

TO CARE IS INTEGRATED INTO ALL OF THE TOPICS BY WAY OF SCREENINGS AND

EDUCATION)

PROGRAMMING AND INITIATIVES ARE DEVELOPED WITHIN EACH OF THESE STRATEGIC

PRIORITIES.

INITIATIVE 1 - OBESITY/CV DISEASE/DIABETES

IDENTIFIED NEED: 68% OF BALTO 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 BALTO CITY. FOOD DESERTS EXIST IN HALF OF THE TARGETED ZIPS.

HOSPITAL INITIATIVES: TAKE A LOVED ONE HEALTH FAIR (TALO), MOBILE VAN

SCREENINGS, FARMER'S MARKET, KIDS TO FARMER'S MARKET, DIABETES PREVENTION

Part VI Supplemental Information

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- 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.

PROGRAM

PRIMARY OBJECTIVE: 1) PROVIDE RISK ASSESSMENTS, CHOLESTEROL AND BP SCREENINGS AT NUMEROUS HEALTH EVENTS TO INCREASE PUBLIC AWARENESS OF KEY

2) PROVIDE EDUCATION, INFORMATION, AND ENGAGING ACTIVITIES TO THE PUBLIC ON HEALTHY LIFESTYLE BEHAVIORS TO MINIMIZE THE RISK OF HEART DISEASE AND DIABETES.

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI- YEAR INITIATIVES SINCE 2008; ONGOING

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC PARTNERS WITH UNIVERSITY OF MARYLAND BALTIMORE, AMERICAN HEART ASSOCIATION, AMERICAN DIABETES ASSOCIATION, DHMH, BALTIMORE CITY PUBLIC SCHOOLS, BALTIMORE CITY DEPT OF PARKS & REC, BALTIMORE CITY HEALTH DEPT.

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.
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VOLUMES/ REACH AND MARYLAND SHIP OBJECTIVES NUMBERS 25, 27, 30 & 31.

WHILE MANY FACTORS OTHER THAN OUR PROGRAMMING AFFECT THE SHIP OUTCOME,

THESE ARE THE LONG-TERM OBJECTIVES WHICH LINKED TO THESE PROGRAMS.

REACH/VOLUME MEASURES AS WELL AS SOME OUTCOME MEASURES ARE COLLECTED.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): SHIP OBJECTIVE NUMBERS

25, 27, 30, & 31

TALO - 500 COMMUNITY MEMBERS ATTENDED; 135 BP SCREENS & 100 CHOLESTEROL

SCREENS WERE COMPLETED. PRE/POST SURVEY SHOWED STATISTICALLY SIGNIFICANT

RESULTS IN KNOWLEDGE OF BP AND CHOLESTEROL BEFORE AND AFTER THE FAIR.. BP

- Z SCORE = 3.451, P = 0.00056 CHOL - Z SCORE = 2.061, P = 0.0394, N =

67

(4,445 INDIVIDUALS AT OVER 65 HEALTH FAIRS IN ADDITION TO THESE

INITIATIVES)

FY14 SCREENINGS - BP SCREENINGS = 460; CHOLESTEROL SCREENINGS = 177

MOBILE VAN SCREENINGS - 48 BMIS AND BPS (ONLY STARTED IN MAY 2014)

Part VI Supplemental Information

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FARMER'S MARKET - APPROX. 2,400 INDIVIDUALS AT THE FM; \$2,347 IN

WIC/SNAP BENEFITS AND \$1,209 IN MATCHING MD FM MONEY USED

KIDS TO FARMER'S MARKET - 90 BALTO CITY ELEMENTARY SCHOOL STUDENTS;

90/90 TRIED 1 NEW ITEM AT THE FARMER'S MARKET

DIABETES PREVENTION PROGRAM - (STARTING IN FY15) - 2 UMMC STAFF WERE

TRAINED BY DHMH TO BE FACILITATORS OF THIS NEW PROGRAM

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:

TALO - \$18,986

Part VI Supplemental Information

Provide the following information.

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MOBILE VAN - \$26,500

FARMERS MRKT - \$6,440

KIDS TO FM - \$7,500

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

INITIATIVE 2 - CANCER

IDENTIFIED NEED: CANCER IS THE 2ND LEADING CAUSE OF DEATH IN BALTO CITY.

216.8 DEATHS PER 100,000 IN BALTO CITY AS BASELINE. RACIAL DISPARITIES
IN THE CITY: WHITE 191 AND BLACK 236. 24.7% OF BALTO 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: BALTIMORE CITY CANCER PROGRAM (BCCP)

Part VI Supplemental Information

Provide the following information.

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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.

PRIMARY OBJECTIVES: 1) PROVIDE RISK ASSESSMENTS AND SCREENINGS AT
NUMEROUS HEALTH EVENTS TO INCREASE PUBLIC AWARENESS OF THE IMPORTANCE OF
CANCER PREVENTION AND EARLY DETECTION,

2) PROVIDE EDUCATION, INFORMATION, AND ENGAGING ACTIVITIES TO THE TO
MINIMIZE THE PREVALENCE OF CANCER

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI- YEAR INITIATIVES
SINCE 2004; ONGOING

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC PARTNERS WITH THE
BALTIMORE CITY CANCER PROGRAM (BCCP)

HOW WERE THE OUTCOMES EVALUATED? OUTCOMES ARE MEASURED IN TERMS OF
VOLUMES/ REACH AND MARYLAND SHIP OBJECTIVE NUMBER 26 (AGE-ADJUSTED
MORTALITY RATE FROM CANCER), MD GOAL:169.2. WHILE MANY FACTORS OTHER
THAN OUR PROGRAMMING AFFECT THE SHIP OUTCOME, THIS IS THE LONG-TERM
OBJECTIVE WHICH IS LINKED TO THIS PROGRAM.

Part VI Supplemental Information

Provide the following information.

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OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): SHIP OBJECTIVE NUMBER 26

MET THE MD TARGET. HOWEVER, BALTO CITY DID NOT MEET THE TARGET AT A RATE OF 215.2 AND AN AFRICAN AMERICAN RATE OF 231.2.

BCCP HEALTH FAIRS/COMMUNITY EDUCATION - 5,259 ENCOUNTERS

BREAST EXAMS - 620

MAMMOGRAMS - 695

PAP - 242

COLORECTAL SCREENINGS - 107

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: NOT COUNTED IN SPREADSHEET

Part VI Supplemental Information

Provide the following information.

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DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: NOT COUNTED IN
SPREADSHEET

INITIATIVE 3 - MATERNAL CHILD HEALTH

IDENTIFIED NEED: INFANT MORTALITY (PER 1,000 LIVE BIRTHS) IS 12.1 IN
BALTO CITY WITH HIGHER MORTALITY IN 6/10 TARGETED ZIPS. % OF PRENATAL
CARE IN 1ST TRIMESTER AVG IS 77.3% IN BALTO CITY WITH LOWER AVGS IN 4/10
TARGETED ZIPS. % OF BIRTHS TO MOTHERS WHO SMOKE AVG IS 8.8% IN BALTO
CITY WITH HIGHER PREVALENCE RATES IN 6/10 TARGETED ZIPS. RACIAL
DISPARITIES IN THE CITY: WHITES 85.2%/BLACKS 72%.
RATE OF PEDIATRIC ASTHMA EMERGENCY ROOM VISITS IN BALTO CITY IS 138.4
WHICH IS TWICE AS HIGH AS THE MARYLAND RATE OF 59.1

HOSPITAL INITIATIVES: STORK'S NEST, BREATHMOBILE

PRIMARY OBJECTIVES: 1) PROVIDE ACCESS TO EVIDENCE-BASED PRENATAL CARE AND
SUPPORT TO PROMOTE HEALTHY PREGNANCIES AND HEALTHY BABIES;
2) PROVIDE EDUCATION AND INFORMATION TO FAMILIES ON HEALTHY PREGNANCIES,
BREASTFEEDING, AND EARLY INFANT CARE THROUGH ENGAGING PROGRAMS AND

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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INITIATIVES.

- 3) PROVIDE ACCESS TO EVIDENCE-BASED PEDIATRIC ASTHMA CARE.
- 4) PROVIDE EDUCATION AND INFORMATION TO CHILDREN AND FAMILIES ON ASTHMA TRIGGERS, PREVENTION, AND CARE

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI- YEAR INITIATIVES

SINCE 2005; ONGOING

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC PARTNERS WITH ZET PHI BETA SORORITY, MARCH OF DIMES, B'MORE HEALTHY BABIES, AND CENTERING INSTITUTE

HOW WERE THE OUTCOMES EVALUATED? OUTCOMES ARE MEASURED IN TERMS OF VOLUMES/ REACH AND MARYLAND SHIP OBJECTIVES #1 (INFANT MORTALITY)

MARYLAND 2014 GOAL: 6.6%,

OBJECTIVE # 2 (BABIES WITH LOW BIRTH WEIGHT) MD 2014 GOAL: 8.5% ,

OBJECTIVE #41 (ED VISITS FOR ASTHMA) MD 2014 GOAL: 52.4%

WHILE MANY FACTORS OTHER THAN OUR PROGRAMMING AFFECT THE SHIP OUTCOME,

Part VI Supplemental Information

Provide the following information.

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THESE ARE THE LONG-TERM OBJECTIVES WHICH LINKED TO THESE PROGRAMS

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): SHIP OBJECTIVE #1 -

DECLINED TO MEET THE STATE GOAL, HOWEVER, BALTO CITY/AFRICAN AMERICAN

RATE IS HIGHER AT 13.9%

OBJECTIVE #2 - DECLINED TO 8.5% BUT DOES NOT MEET THE TARGET - BALTO

CITY/AFRICAN AMERICAN RATE IS HIGHER AT 14.3%

OBJECTIVE # 41 - DECLINED TO 52.4% BUT BALTO CITY/AFRICAN AMERICAN RATE

IS 270.4%

STORK'S NEST - 197 PREGNANT WOMEN; 88.6% BABIES BORN > 37WKS GESTATION;

85.6% BABIES BORN >2500 GRAMS; 59.8% WOMEN INITIATING BREASTFEEDING

BREATHMOBILE - 111 SITE VISITS WITH 511 INDIVIDUAL STUDENTS SEEN AND A

TOTAL OF 843 PATIENT VISITS

CONTINUATION OF INITIATIVE: INITIATIVES CONTINUE THROUGH FY15 - FY15

CHNA RESULTS WILL BE THE BASIS FOR DETERMINING IF THIS WILL CONTINUE AS A

Part VI Supplemental Information

Provide the following information.

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STRATEGIC PRIORITY BEYOND FY15.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR:

STORK'S NEST - \$19,968

BREATHMOBILE - \$224,094

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS:

STORK'S NEST - \$2,994

BREATHMOBILE - \$215,938

INITIATIVE 4 - INFECTIOUS DISEASE PREVENTION

IDENTIFIED NEED: 44.5% OF BALTO CITY ADULTS WERE IMMUNIZED AGAINST FLU

COMPARED TO 53.1% IN MARYLAND (PER MD SHIP 2011-13 DATA). RACIAL

DISPARITIES IN THE CITY: 57.6% WHITES/ 47.3% AFRICAN AMERICANS HAD A FLU

Part VI Supplemental Information

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SHOT

HOSPITAL INITIATIVES: ANNUAL FALL FLU IMMUNIZATION PROGRAM PROMOTING FLU
IMMUNIZATIONS AND EDUCATION.

-PRIOR HIV INITIATIVE WAS TRANSFERRED TO UM MIDTOWN CAMPUS AS OUR
PARTNER

PRIMARY OBJECTIVES: 1) PROVIDE ACCESS TO FREE FLU VACCINES IN THE
TARGETED WEST BALTIMORE ZIP CODES.

2) EDUCATE THE COMMUNITY ON THE IMPORTANCE OF RECEIVING ANNUAL FLU
VACCINES

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI- YEAR INITIATIVES
SINCE 2008; ONGOING

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC PARTNERS WITH THE
BALTIMORE CITY HEALTH DEPARTMENT

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.
- 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.

VOLUMES/ REACH AND MARYLAND SHIP OBJECTIVE # 24

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 # 24 -

44.5% IMMUNIZED IN BALTO CITY (LAST REPORTED 2011-13)

GOAL: 65.6%

333 FLU IMMUNIZATIONS WERE PROVIDED AT FLU CLINICS IN WEST BALTIMORE.

THERE WERE LIMITED VACCINES FROM THE BCHD IN FY14.

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.

*HIV SCREENING AND PREVENTION INITIATIVES WERE TRANSFERRED TO UMMC

MIDTOWN CAMPUS DUE TO SERVICE RE-ALIGNMENT

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR:

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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- 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.

FLU SHOTS - \$992

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: \$0

INITIATIVE 5 - INJURY PREVENTION

IDENTIFIED NEED: HOMICIDE IS THE 6TH LEADING CAUSE OF DEATH IN BALTO CITY. HOMICIDE RATE IS HIGHER IN 5/10 OF THE TARGETED ZIPS AND AT SAME RATE IN 1 ZIP.

ALCOHOL/ SUBSTANCE USE & DISTRACTIONS IMPAIRS DRIVING & LEAD TO PREVENTABLE ACCIDENTS.

RATE OF PEDESTRIAN INJURIES IN BALTO CITY IS 122.4 WHICH IS MORE THAN 3 TIMES THE MARYLAND BASELINE. PEDIATRIC ACCIDENTS ARE THE LEADING CAUSE OF DEATH IN CHILDREN.

Part VI Supplemental Information

Provide the following information.

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

HOSPITAL INITIATIVES: VIOLENCE INTERVENTION PROGRAM (VIP), INJURY PREVENTION PROGRAMS (INCLUDING DISTRACTED DRIVING), TRAUMA PREVENTION PROGRAM, SAFE KIDS BALTIMORE, SAFE KIDS BUCKLE UP, & SAFE KIDS INSPECTOR DETECTOR

PRIMARY OBJECTIVES: 1) PROVIDE ACCESS TO EVIDENCE-BASED INTERVENTION PROGRAMS,
2) EDUCATE COMMUNITY ON THE IMPORTANCE OF VIOLENCE PREVENTION, DISTRACTED DRIVING, PEDESTRIAN SAFETY, AND HELMET/SEAT BUCKLE USE.

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVES SINCE 1998; ONGOING

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC PARTNERS WITH BALTIMORE CITY POLICE COMMISSIONER, BALTIMORE CITY HEALTH DEPT., HSCRC, LOCAL FIRE DEPTS., AND DPSC SECRETARY, AND BCPS

HOW WERE THE OUTCOMES EVALUATED? OUTCOMES ARE MEASURED IN TERMS OF VOLUMES/ REACH AND MARYLAND SHIP OBJECTIVES #9 (ALCOHOL-IMPAIRED DRIVING

Part VI Supplemental Information

Provide the following information.

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

FATALITIES) MD GOAL: 0.27; #12 (DOMESTIC VIOLENCE) MD GOAL:59.2, #15

(PEDESTRIAN INJURY RATE). WHILE MANY FACTORS OTHER THAN OUR PROGRAMMING

AFFECT THE SHIP OUTCOME, THESE ARE THE LONG-TERM OBJECTIVES LINKED TO

THESE INITIATIVES

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): SHIP OBJECTIVE # 9 - MET

THE STATE TARGET, BUT THERE IS ONLY STATE-WIDE DATA, NONE FOR BALTIMORE

CITY. OBJ #12 DID NOT MEET THE MD TARGET OF 53.6 AND WITH A BALTO CITY

RATE OF 149. OBJ #15 DID ALSO NOT MEET THE MD TARGET OF 41.2. THE BALTO

CITY RATE IS NEARLY THREE TIMES THAT AT 114.4.

VIP - 471 ENCOUNTERS (PEER COUNSELING, EDUCATION)

TRAUMA PREVENTION - 6,269 ENCOUNTERS (AT RISK YOUTH CLASSES, SURVIVOR

NETWORK, DISTRACTED DRIVING COMMUNITY EDUCATION

SAFE KIDS - 4,658 ENCOUNTERS WITH CHILDREN AND THEIR PARENTS (FOR CAR

SAFETY SEAT CHECKS, FREE SMOKE DETECTORS, FREE HELMETS, COMMUNITY

EDUCATION AND HEALTH FAIRS

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.

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:

SAFE KIDS BALTIMORE - \$13,261

VIOLENCE PREVENTION - APPROX. \$150,000

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS:

SAFE KIDS BALTIMORE - \$2,145

INITIATIVE 6 - WORKFORCE DEVELOPMENT

IDENTIFIED NEED: 11% UNEMPLOYMENT RATE IN BALTO CITY WITH 6/10 TARGETED

ZIPS WITH MUCH HIGHER RATES (UP TO 19.6%)

HOSPITAL INITIATIVES: HCA INTERNS, PROJECT SEARCH, YOUTH WORKS, BACH

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.

FELLOWS, BUILDING STEPS, NAHSE, HEALTHCARE CAREER ALLIANCE PROGRAM,

SUMMER YOUTH INTERNSHIPS

PRIMARY OBJECTIVES: 1) PROVIDE EMPLOYMENT OPPORTUNITIES FOR THE

UNEMPLOYED AND UNDEREMPLOYED WITHIN OUR TARGETED COMMUNITY,

2) CREATE CAREER ADVANCEMENT AND SKILL ENHANCEMENT OPPORTUNITIES FOR

UMMC EMPLOYEES,

3) INTRODUCE MINORITY YOUTH TO CAREERS IN HEALTH CARE

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVES

SINCE 2003; ONGOING

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC PARTNERS WITH

UNIVERSITY OF MARYLAND BALTIMORE, THE ARC OF BALTIMORE, BALTIMORE CITY

PUBLIC SCHOOLS, DIVISION OF REHABILITATION SERVICES, BUILDING STEPS,

CENTER FOR URBAN FAMILIES

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

VOLUMES/ REACH AND MARYLAND SHIP OBJECTIVE #36 (ADULTS WITH HEALTH

INSURANCE); MARYLAND 2014 GOAL: 93.6%

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.

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 #36 -
INCREASED UP TO 86.5% (LAST REPORTED IN 2012)

PROVIDED 418 TOTAL ENCOUNTERS

HIRED 49 YOUTH AND 15 HCA INTERNS IN FY14 FOR A TOTAL OF 64 HIRES

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

WORKFORCE DEV - \$291,777 (ALL PROGRAMS)

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS:

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.

\$80,000 FOR HCA INTERNS PROGRAM

PROMOTING THE HEALTH OF THE COMMUNITY - UMSJMC

SCHEDULE H, PART VI, LINE 5

UM-SJMC PROMOTES COMMUNITY HEALTH THROUGH THE SIGNIFICANT PHYSICIAN

SUBSIDIES WE PAY TO PROVIDE SPECIALTY CARE SERVICES, PARTICULARLY IN OUR
EMERGENCY DEPARTMENT, REGARDLESS OF THE PATIENT'S ABILITY TO PAY.

COMMUNITY HEALTH IS PROMOTED THROUGH THE CANCER INSTITUTE'S PATIENT

FAMILY ADVISORY COUNCIL WHICH IS COMPOSED OF REPRESENTATIVES FROM THE

COMMUNITY, PATIENT AND FAMILY MEMBERS, REPRESENTATIVES OF CANCER-FOCUSED

SUPPORT GROUPS SUCH AS NUEVA VIDA (SCREENINGS, EDUCATION AND SUPPORT FOR

HISPANIC CANCER PATIENTS/SURVIVORS) AND SISTER'S NETWORK (SCREENINGS,

EDUCATION AND SUPPORT FOR AFRICAN AMERICAN WOMEN WHO ARE CANCER

PATIENTS/SURVIVORS). OUR ANNUAL, FREE WOMEN'S HEALTH SYMPOSIUM HAS BECOME

AN EVENT THAT DRAWS A CAPACITY CROWD OF WOMEN WHO PARTICIPATE IN DAY-LONG

MULTI-DISCIPLINARY OPPORTUNITIES TO LEARN ABOUT CARE FOR THEIR HEALTH.

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.

AFFILIATED HEALTH CARE SYSTEM ROLES - UMMSC

SCHEDULE H, PART VI, LINE 6

AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), THE UNIVERSITY OF MARYLAND MEDICAL CENTER UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, THE UMMC 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 IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND PROGRAMS TO ELIMINATE HEALTH CARE DISPARITIES IN OUR 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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- 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.

AFFILIATED HEALTH CARE SYSTEM ROLES - UMSJMC

SCHEDULE H, PART VI, LINE 6

AS A MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, UM-SJMC

PARTICIPATES ANNUALLY IN MULTIPLE COMMUNITY-BASED EVENTS, I.E., HEALTH FAIRS, SCREENINGS AND EDUCATIONAL OPPORTUNITIES ACROSS THE UMMS SYSTEM, PARTICULARLY IN COLLABORATION WITH THE DOWNTOWN UNIVERSITY OF MARYLAND MEDICAL CENTER.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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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.

STATE FILING OF COMMUNITY BENEFIT REPORT

MD,

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UMBF INC 100 N. GREENE ST. BALTIMORE, MD 21201			40,000.				GENERAL ASSISTANCE
(2) YOUTHWORKS BALTIMORE CITY FOUNDATION INC. 101 WEST 24TH STREET BALTIMORE, MD 21218			75,000.				GENERAL ASSISTANCE
(3) CHARLES REGIONAL MEDICAL CENTER FOUNDATION 616 E. CHARLES ST LA PLATA, MD 20646			10,000.				GENERAL ASSISTANCE
(4) FORT WASHINGTON MEDICAL CENTER, INC 11711 LIVINGSTON RD, FORT WA, MD 20744			10,000.				GENERAL ASSISTANCE
(5) CAL RIPKEN SR. FOUNDATION 1427 CLARKVIEW ROAD BALTIMORE, MD 21209			15,000.				GENERAL ASSISTANCE
(6) UMMS FOUNDATION 22 S. GREENE ST BALTIMORE, MD 21201			15,000.				GENERAL ASSISTANCE
(7) BALTIMORE AREA COUNCIL BSA 701 WYMAN PARK DR BALTIMORE, MD 21211			10,000.				GENERAL ASSISTANCE
(8) GREATER BALTIMORE COMMITTEE 111 S.CALVERT STREET, BALTIMORE, MD 21202			9,535.				GENERAL ASSISTANCE
(9) MD HOSPITAL RESEARCH & EDUC. FOUNDATION (MH) 6820 DEERPATH ROAD ELKRIDGE, MD 21075			100,000.				GENERAL ASSISTANCE
(10) NATIONAL MULTIPLE SCLEROSIS SOCIETY 2219 YORK ROAD - STE 302 TIMONIUM, MD 21093			7,500.				GENERAL ASSISTANCE
(11) AMERICAN HEART ASSOCIATION 217 E. REDWOOD STREET BALTIMORE, MD 21201			25,000.				GENERAL ASSISTANCE
(12) RONALD MCDONALD HOUSE - BALTIMORE 635 W. LEXINGTON STREET BALTIMORE, MD 21201			20,000.				GENERAL ASSISTANCE

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UM-SJMC FOUNDATION 7601 OSLER DRIVE TOWSON, MD 21204			10,000.				GENERAL ASSISTANCE
(2) UM - SCHOOL OF NURSING 655 WEST LOMBARD STREET BALTIMORE, MD 21201			10,000.				GENERAL ASSISTANCE
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 39.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

UNIVERSITY OF MARYLAND MEDICAL SYSTEM MAKES CONTRIBUTIONS TO
ORGANIZATIONS IN SUPPORT OF ITS OVERALL MISSION OF HEALTH PROMOTION IN
THE COMMUNITY IT SERVES.

**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.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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 A CHRENCIK PRESIDENT AND CEO	(i)	1,173,854.	543,595.	18,484.	236,346.	10,301.	1,982,580.	0
	(ii)	0	0	0	0	0	0	0
2 HENRY J FRANEY CFO- UMMS/TREASURER	(i)	696,149.	196,084.	129,828.	10,200.	10,301.	1,042,562.	0
	(ii)	0	0	0	0	0	0	0
3 MEGAN M ARTHUR SVP & GEN COUNSEL/ SEC'TY	(i)	419,489.	103,220.	72,065.	10,200.	13,676.	618,650.	0
	(ii)	0	0	0	0	0	0	0
4 JEFFERY A RIVEST PRESIDENT & CEO - UMMC	(i)	722,665.	238,100.	155,349.	10,200.	9,439.	1,135,753.	0
	(ii)	0	0	0	0	0	0	0
5 LISA C ROWEN SVP & CNO - UMMC	(i)	345,960.	109,141.	54,511.	10,200.	14,683.	534,495.	0
	(ii)	0	0	0	0	0	0	0
6 WALTER ETTINGER SVP & CMO - UMMS	(i)	207,750.	25,000.	3,932.	33,615.	3,796.	274,093.	0
	(ii)	0	0	0	0	0	0	0
7 JON P BURNS SVP & CIO	(i)	370,027.	90,517.	54,858.	10,200.	10,226.	535,828.	0
	(ii)	0	0	0	0	0	0	0
8 GLENN F ROBBINS SVP & CMO	(i)	346,591.	76,107.	1,414,295.	10,200.	8,254.	1,855,447.	0
	(ii)	0	0	0	0	0	0	0
9 JONATHAN E GOTTLIEB SVP & CMO	(i)	500,937.	139,486.	9,643.	81,155.	10,301.	741,522.	0
	(ii)	0	0	0	0	0	0	0
10 KEITH D PERSINGER SVP & CFO UMMC	(i)	486,139.	129,850.	74,316.	10,200.	6,212.	706,717.	0
	(ii)	0	0	0	0	0	0	0
11 JOHN W ASHWORTH III SVP NETWORK DEVELOPMENT	(i)	370,396.	91,000.	66,271.	10,200.	10,301.	548,168.	0
	(ii)	0	0	0	0	0	0	0
12 CANDY J. KNOWLES VP - HR	(i)	168,402.	72,914.	283,475.	5,115.	5,863.	535,769.	0
	(ii)	0	0	0	0	0	0	0
13 GERALD L WOLLMAN SVP - CORPORATE OPS	(i)	307,967.	78,276.	245,107.	10,200.	14,683.	656,233.	175,780.
	(ii)	0	0	0	0	0	0	0
14 MARK KELEMEN CHIEF MEDICAL INFO OFFICER	(i)	330,092.	77,677.	49,093.	10,200.	14,683.	481,745.	0
	(ii)	0	0	0	0	0	0	0
15 ALISON G BROWN SVP PLANNING & MARKETING	(i)	355,359.	123,633.	59,032.	10,200.	14,683.	562,907.	0
	(ii)	0	0	0	0	0	0	0
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 PAYMENT OR CHANGES IN CONTROL PAYMENT

SCHEDULE J, PART I, LINE 4A

GLENN F. ROBBINS RECEIVED SEVERANCE PAYMENTS TOTALLING \$1,356,638 AND

CANDY J. KNOWLES RECEIVED SEVERANCE PAYMENTS TOTALLING \$218,077.

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

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

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.

C, RETIREMENT AND OTHER DEFERRED COMPENSATION:

ROBERT A. CHRENCIK

JONATHAN E. GOTTLIEB

WALTER ETTINGER.

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, LINE B(III), OTHER REPORTABLE COMPENSATION:

JEFFREY A. RIVEST

HENRY J. FRANEY

KEITH D. PERSINGER

LISA C. ROWAN

MEGAN M. ARTHUR

JON P. BURNS

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.

GLENN F. ROBBINS

JOHN W. ASHWORTH

CANDY J. KNOWLES

ALLISON G. BROWN

MARK KELEMEN

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 THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F).

GERALD L. WOLLMAN

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 K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

2013

**Open to Public
Inspection**

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2004B)	52-0936091	574217LP8	12/17/2003	37,590,847.	ADVANCE REFUNDING	X			X		X
B MHHEFA (SERIES 2005)	52-0936091	574217W92	06/25/2008	144,317,619.	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2006A)	52-0936091	574217YG4	10/24/2006	46,070,791.	NEW MONEY		X		X		X
D MHHEFA (SERIES 2007A)	52-0936091	574217G74	09/12/2007	96,445,000.	ADVANCE REFUNDING		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	9,485,000.		7,025,000.				400,000.	
2 Amount of bonds legally defeased	25,160,000.							
3 Total proceeds of issue	37,590,847.		144,317,619.		46,907,010.		96,445,000.	
4 Gross proceeds in reserve funds					2,214,122.			
5 Capitalized interest from proceeds					3,498,365.			
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	444,968.		1,167,619.		350,032.		784,512.	
8 Credit enhancement from proceeds	1,056,738.						13,877.	
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds					40,844,491.			
11 Other spent proceeds	36,089,142.		143,150,000.				95,646,611.	
12 Other unspent proceeds								
13 Year of substantial completion					2008			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X			X		X
15 Were the bonds issued as part of an advance refunding issue?	X			X		X	X	
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?						X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?						X		

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

2013

**Open to Public
Inspection**

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2007B)	52-0936091	574217G82	09/12/2007	41,350,000.	ADVANCE REFUNDING	X			X		X
B MHHEFA (SERIES 2008A)	52-0936091	574217U78	05/21/2008	50,000,000.	CURRENT REFUNDING	X			X		X
C MHHEFA (SERIES 2008B)	52-0936061	574217U86	05/21/2008	75,000,000.	CURRENT REFUNDING	X			X		X
D MHHEFA (SERIES 2008C)	52-0936091	574217U94	05/21/2008	50,000,000.	CURRENT REFUNDING	X			X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	175,000.							
2 Amount of bonds legally defeased	41,175,000.		50,000,000.		75,000,000.		50,000,000.	
3 Total proceeds of issue	46,837,192.		50,000,000.		75,000,000.		50,000,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	45,792,457.							
7 Issuance costs from proceeds	336,219.		283,967.		425,158.		283,967.	
8 Credit enhancement from proceeds	5,947.		33,758.		50,542.		33,758.	
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	702,569.		49,682,275.		74,524,300.		49,682,275.	
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15 Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

2013

**Open to Public
Inspection**

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2008D)	52-0936091	574217V28	05/21/2008	50,000,000.	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2008E)	52-0936091	574217V36	05/21/2008	55,000,000.	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2008F)	52-0936091	574217Y66	07/10/2008	89,764,001.	CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2010)	52-0936091	5742175E1	01/07/2010	241,441,656.	NEW MONEY/CURRENT REFUNDING		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired						17,365,000.		10,460,000.
2 Amount of bonds legally defeased								
3 Total proceeds of issue	50,000,000.		55,000,000.		89,764,001.			241,441,656.
4 Gross proceeds in reserve funds								19,092,171.
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	283,967.		309,350.		792,457.			2,656,305.
8 Credit enhancement from proceeds	33,758.		36,775.					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								107,481,564.
11 Other spent proceeds	49,682,275.		54,653,875.		88,971,544.			89,693,180.
12 Other unspent proceeds								22,518,436.
13 Year of substantial completion								2012
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

2013

**Open to Public
Inspection**

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2012A)	52-0936091		08/16/2012	40,785,000.	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2012B)	52-0936091		08/16/2012	50,175,000.	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2012C)	52-0936091		08/16/2012	75,205,000.	CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2012D)	52-0936091		08/16/2012	50,170,000.	CURRENT REFUNDING		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	40,785,000.		50,175,000.		75,205,000.		50,170,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	580,000.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	40,205,000.		50,175,000.		75,205,000.		50,170,000.	
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?		X		X		X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

MHHEFA

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

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OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2013A)	52-0936091	574218MH3	03/08/2013	265,377,428.	NEW MONEY/CURRENT & ADVANCED REFUN		X		X		X
B MHHEFA (SERIES 2008C)	52-0936091	5742172P9	08/08/2008	55,325,000.	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2011A)	52-0936091		10/01/2011	42,000,000.	NEW MONEY		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			54,124,840.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	265,377,428.		58,596,000.		50,000,000.			
4 Gross proceeds in reserve funds			2,511,863.					
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	54,010,562.							
7 Issuance costs from proceeds	2,662,975.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	129,930,000.							
11 Other spent proceeds	35,603,891.							
12 Other unspent proceeds	43,170,000.							
13 Year of substantial completion			2008		2013			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X			X		
15 Were the bonds issued as part of an advance refunding issue?	X			X		X		
16 Has the final allocation of proceeds been made?		X	X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

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

Schedule K (Form 990) 2013

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

MHHEFA

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2011B)	52-0936091		12/01/2011	59,225,000.	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2011C)	52-0936091		12/01/2011	59,225,000.	CURRENT REFUNDING		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	61,800,000.		58,080,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	59,225,000.		59,225,000.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2000		2000					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

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

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

MHHEFA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and bond-financed property usage.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebates, and hedging.

Part III Private Business Use (Continued)

MHHEFA

Table with 9 rows and 8 columns (A-D, Yes/No). Contains questions about management contracts, research agreements, and bond-financed property usage.

Part IV Arbitrage

Table with 10 rows and 8 columns (A-D, Yes/No). Contains questions about Form 8038-T, rebates, and qualified hedges.

Part III Private Business Use (Continued)

MHHEFA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 7 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and qualified hedges.

Part III Private Business Use (Continued)

MHHEFA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 7 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and qualified hedges.

Part III Private Business Use (Continued)

MHHEFA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 7 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and qualified hedges.

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

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?		X		X				
c No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?								

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART III, LINE 9, PART IV, LINE 9 PART V

THE ORGANIZATION IS IN THE PROCESS OF ESTABLISHING WRITTEN PROCEDURES, TO
BE EFFECTIVE BY THE END OF THE FISCAL YEAR JUNE 30, 2014, TO ENSURE THE
FOLLOWING:

- 1) ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH
THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1.141-12 AND 1.145-2;
- 2) VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND
CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF
SELF-REMIEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATION; AND
- 3.) ENSURE COMPLIANCE BY MONITORING THE REQUIREMENT OF SECTION 148.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

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 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Employer identification number: 52-1362793

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$												

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ATWOOD COLLINS	BOARD MEMBER	2,500,000.	SEE BELOW		X
(2) FRANCIS KELLY	BOARD MEMBER	1,078,688.	SEE BELOW		X
(3) ROBERT L PEVENSTEIN	BOARD MEMBER	7,779.	SEE BELOW		X
(4) JOHN DILLON	BOARD MEMBER	156,000.	SEE BELOW		X
(5) WALTER A TILLEY, JR	BOARD MEMBER	105,774.	SEE BELOW		X
(6) WAYNE L GARDINER, SR	BOARD MEMBER	245,456.	SEE BELOW		X
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

ATWOOD COLLINS

THE ORGANIZATION USED M&T BANK FOR MANY OF IT'S BANKING SERVICES, INCLUDING TREASURY MANAGEMENT, DEPOSIT SERVICIES, LINES OF CREDIT AND CORPORATE TRUST AND CUSTODY SERVICES. ATWOOD COLLINS IS EXECUTIVE VICE PRESIDENT OF M&T BANK AS WELL AS A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM. SERVICES PROVIDED BY M&T BANK ARE CHARGED AT OR BELOW FAIR MARKET VALUE.

FRANCIS KELLY

FRANCIS KELLY IS A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM AS WELL AS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OF KELLY & ASSOCIATES INSURANCE GROUP, INC. THE MEDICAL SYSTEM USES KELLY & ASSOCIATES TO PURCHASE HEALTH, VISION, DENTAL AND LIFE INSURANCE POLICIES FOR THE EMPLOYEES OF THE SYSTEM. SERVICES PROVIDED BY KELLY & ASSOCIATES ARE CHARGED AT OR BELOW FAIR MARKET VALUE. THE ABOVE AMOUNT INCLUDES \$941,294 ATTRIBUTABLE TO UMMC AND \$137,394 ATTRIBUTABLE TO SJMC.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

ROBERT L PEVENSTEIN

MR. PEVENSTEIN IS THE PRESIDENT OF PRINCEVILLE PARTNERS, LLC. MR. PEVENSTEIN'S COMPANY HAS PROVIDED CONSULTING SERVICES RELATED TO COST SAVINGS PROGRAMS AND NURSE RESOURCE MANAGEMENT SERVICES. SERVICES PROVIDED ARE ALL CHARGED AT OR BELOW FAIR MARKET VALUE.

JOHN DILLON

MR. DILLON PROVIDES HEALTHCARE CONSULTING SERVICES TO UMMS. ALL SERVICES ARE PROVIDED AT OR BELOW FMV.

WALTER A TILLY, JR

MR. TILLY PROVIDES PEST CONTROL SERVICES THROUGH HIS COMPANY HOME PARAMOUNT PEST CONTROL. ALL SERVICES ARE PROVIDED AT OR BELOW FMV.

WAYNE L GARDINER, SR

MR. GARDINER IS THE PRESIDENT OF "BEST CARE AMBULANCE INC". THIS COMPANY PROVIDED AMBULANCE TRANSPORTATION SERVICES FOR THE SHORE HEALTH SYSTEM (SHS), AT EASTEN, DORCHESTER, CHESTERTOWN, CHESTERTOWN NURSING HOME AND UMMC EXPRESS CARE PROGRAM. SERVICES PROVIDED WERE PROVIDED AT OR BELOW

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

FAIR MARKET VALUE.

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

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

FORM 990, PART III, LINE 2

ON DECEMBER 1, 2012, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ACQUIRED SUBSTANTIALLY ALL OF THE ASSETS OF ST. JOSEPH MEDICAL CENTER, A 247-BED COMMUNITY HOSPITAL LOCATED IN TOWSON, MARYLAND, AS WELL AS OWNERSHIP INTERESTS IN RELATED AFFILIATES, PURSUANT TO AN ASSET PURCHASE AGREEMENT WITH CATHOLIC HEALTH INITIATIVES, ST. JOSEPH MEDICAL CENTER, INC. AND CERTAIN OTHER ENTITIES CONTROLLED BY CATHOLIC HEALTH INITIATIVES. THE HOSPITAL ASSETS WERE PURCHASED BY UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, A WHOLLY-OWNED SUBSIDIARY OF UMSJ HEALTH SYSTEM, LLC. UMSJ HEALTH SYSTEM, LLC IS A WHOLLY-OWNED SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM.

UNDER THE PURCHASE AGREEMENT, PURCHASED ASSETS INCLUDE THE ST. JOSEPH MEDICAL CENTER HOSPITAL FACILITY LAND AND IMPROVEMENTS, FURNITURE, FIXTURES AND EQUIPMENT, SUPPLIES, INVENTORY, INTANGIBLE ASSETS, PREPAID EXPENSES AND CERTAIN RECORDS NECESSARY TO CONTINUE OPERATIONS AT THE FACILITY, BUT EXCLUDE CERTAIN ASSETS SUCH AS CASH, INVESTMENTS AND ACCOUNTS RECEIVABLE AS OF THE PURCHASE DATE. UNDER THE TERMS OF THE PURCHASE AGREEMENT, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM DID NOT ASSUME ANY LIABILITIES OR FINANCIAL OBLIGATIONS ASSOCIATED WITH ANY ACQUIRED ASSETS OR THE BUSINESS OPERATIONS AT ST. JOSEPH MEDICAL CENTER THAT EXISTED AT THE TIME OF, OR OCCURRED PRIOR TO, THE PURCHASE DATE, INCLUDING BUT NOT LIMITED TO ACCOUNTS PAYABLE, LIABILITIES FOR BENEFITS OR PENSION PLANS, FINANCIAL OBLIGATIONS TO ANY GOVERNMENTAL AUTHORITY AND

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

CLAIMS OR LITIGATION RELATING TO ACTS OR OMISSIONS THAT OCCURRED PRIOR TO THE PURCHASE DATE.

ON DECEMBER 6, 2013, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM COMPLETED A FULL ACQUISITION AND BECAME A SOLE CORPORATE MEMBER OF UPPER CHESAPEAKE. PRIOR TO 2013, UMMS OWNED A 49 PERCENT INTEREST IN A JOINT VENTURE THAT INCLUDED THE MAJORITY OF THE OPERATING ASSETS AND REVENUES OF UPPER CHESAPEAKE. FOR THIS PERIOD, UMMS' INVESTMENT IN UPPER CHESAPEAKE WAS ACCOUNTED FOR AS A NONCONTROLLING JOINT VENTURE INTEREST AND A COMPONENT OF UMMS' NONOPERATING INCOME.

FORM 990, PART VII

UNIVERSITY OF MARYLAND ST. JOSEPH'S MEDICAL CENTER BOARD OF DIRECTORS

MOHANAKUMAR SUNTHARALINGAM, MEMBER

RICHARD IMBIMBO, MEMBER

GAIL P. CUNNINGHAM, MEMBER

ROBERT A. CHRENCIK, MEMBER

JOHN W. ASHWORTH III, MEMBER

HONORABLE FRANCIS X. KELLY, CHAIRMAN

REV. JOSEPH BARR, MEMBER

JOHN P. COALE ESQ., MEMBER

MONSIGNOR RICHARD CRAMLITT, MEMBER

R. MICHAEL GILL, MEMBER

EDWARD J. GILLISS, VICE CHAIRMAN

PATRICK J. GOLES, MEMBER

CAROLINE A. GRIFFIN, MEMBER

MARAVENE S. LOESCHKE, MEMBER

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

E. ALBERT REECE, MD, MEMBER

HONORABLE JAMES T. SMITH, JR., MEMBER

ADELE A. WILZACK, MEMBER

OFFICERS- NON VOTING MEMBERS

CRAIG J. CARMICHAEL, VP OPERATIONS

PAUL S NICKOLSON, CFO CRAIG J. CARMICHAEL, MEMBER

THE FOLLOWING REPRESENTS COMPENSATION PAID BY UNIVERSITY OF MARYLAND
MEDICAL SYSTEM CORP. TO THE OFFICERS OF ST. JOSEPH'S MEDICAL CENTER
DURING THE TAX YEAR:

INDIVIDUAL	REPORTABLE COMPENSATION	OTHER COMPENSATION
M. SUNTHARALINGAM	1,092,315	133,434
PAUL S. NICKOLSON	306,316	58,973
RICHARD IMBIMBO	433,037	14,296
HONORABLE F. KELLY	-	-
EDWARD J. GILLISS	-	-

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

-EDWARD J GILLIS ALSO SERVES AS A DIRECTOR BUT DOES NOT RECIEVES ANY COMPENSATION FOR HIS SERVES AS A DIRECTOR OR AS AN OFFICER OF ST. JOSEPH'S MEDICAL CENETER.

-HONORABLE F. KELLY SERVES AS AN OFFICER, WITHOUT COMPENSATION FOR HIS SERVICES TO ST. JOSEPH'S MEDICAL CENTER.

THE FOLLOWING DIRECTORS OF ST. JOSEPH'S MEDICAL CENTER ARE NOT COMPENSATED FOR THEIR ROLES AS DIRECTORS OF ST. JOSEPH'S MEDICAL CENTER BUT RATHER RECEIVE COMPENSATION FROM THE THE UNIVERSITY OF MARYLAND CORP. (UMMS CORP.) AS THE PRESIDENT & CEO AND SVP NETWORK DEVELOPMENT OF UMMS CORP., RESPECTIVELY:

INDIVIDUAL	REPORTABLE COMPENSATION	OTHER COMPENSATION
ROBERT CHENCIK	1,735,933	246,647
JOHN ASHWORTH III	527,667	20,501

THE FOLLOWING REPRESENTS COMPENSATION PAID BY UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP. TO THE KEY EMPLOYEES OF ST. JOSEPH'S MEDICAL CENTER DURING THE TAX YEAR:

INDIVIDUAL	REPORTABLE COMPENSATION	OTHER
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Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

COMPENSATION

CRAIG CARMICHAEL	228,358	41,711
GAIL CUNNINGHAM	378,192	55,304
WALTER FURLONG	241,618	44,478
PAMELA JAMIESON	252,023	41,519

THE FOLLOWING REPRESENTS COMPENSATION PAID BY UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP. TO THE TOP 5 HIGHEST COMPENSATED EMPLOYEES OF ST. JOSEPH'S MEDICAL CENTER DURING THE TAX YEAR:

INDIVIDUAL	REPORTABLE COMPENSATION	OTHER COMPENSATION
MICHAEL SCHULTZ	779,419	22,204
R.C.S FINNEY JR.	707,670	22,656
FARHAN MAJEED	676,663	22,204
HENRY SUN	602,723	22,336
LINDA G. ADLER	575,063	22,822

FORM 990, PART VIII, IX, AND X

CONSOLIDATION

TOTAL REVENUE PER 990

ENTITY	CONTRIBUTIONS	PROGRAM	INVEST/RENTAL AND G/L	OTHER
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Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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UMMS 52-1362793	11,705,263	1,399,622,431	11,062,596	19,666,024
UMMRSS LLC 45-5565991	-	317,492	-	-
UMRPS LLC 45-5559036	-	2,713,834	-	19
UMSJP LLC 30-0755741	-	-	-	1,339,968
UMSJMG LLC 37-1704041	62,123	30,128,550	-	6,485,265
UMSJO LLC 32-0391006	-	22,128,106	-	-
UMSJMC 35-2445106	206,750	314,748,398	1,368,370	2,711,839
TOTAL	11,974,136	1,769,658,811	12,430,966	30,203,115

TOTAL EXPENSE PER 990

ENTITY	PROGRAM	MANAGEMENT	FUNDRAISING
UMMS 52-1362793	1,236,233,766	152,653,785	-
UMMRSS LLC 45-5565991	634,596	68,696	-
UMRPS LLC 45-5559036	2,396,542	205,953	-
UMSJP LLC 30-0755741	-	2,113,145	-
UMSJMG LLC 37-1704041	44,390,202	6,993,378	-
UMSJO LLC 32-0391006	26,115,402	1,543,510	-
UMSJMC 35-2445106	273,699,372	59,467,029	-
TOTAL	1,583,469,880	223,045,496	-

BALANCE SHEET- ASSETS

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

ENTITY	TOTAL ASSETS
UMMS 52-1362793	2,974,094,847
UMMRSS LLC 45-5565991	(665,033)
UMRPS LLC 45-5559036	1,202,666
UMSJP LLC 30-0755741	(705,778)
UMSJMG LLC 37-1704041	(17,092,746)
UMSJO LLC 32-0391006	(8,577,816)
UMSJMC 35-2445106	295,834,626
TOTAL	3,244,090,766

BALANCE SHEET- LIABILITIES AND FUND BALANCE

ENTITY	TOTAL	TOTAL	TOTAL
	LIABILITIES	FUND BALANCE	
UMMS 52-1362793	1,702,357,302	1,271,737,545	2,974,094,847
UMMRSS LLC 45-5565991	216,141	(881,174)	(665,033)
UMRPS LLC 45-5559036	970,460	232,206	1,202,666
UMSJP LLC 30-0755741	372,953	(1,078,731)	(705,778)
UMSJMG LLC 37-1704041	4,116,842	(21,209,588)	(17,092,746)
UMSJO LLC 32-0391006	3,025,896	(11,603,712)	(8,577,816)
UMSJMC 35-2445106	355,615,223	(59,780,597)	295,834,626
TOTAL	2,066,674,817	1,177,415,949	3,244,090,766

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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.

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

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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 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

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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 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, LINES 15A AND 15B

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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 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:

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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 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

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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.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

CAPITAL TRANSFER- MGH	\$ 4,090,000
INHERENT CONTRIBUTION- UCHS	114,435,681
CHANGE FAIR VALUE- INTEREST RATE SWAP	1,857,000
OTHER CHANGES	(1,383,047)
CHANGE IN ECONOMIC INTEREST IN UCH LEGACY FUNDING CORP (150,000,000)	
CHANGE IN TRNA- CORP	143,475,000
CHANGE IN PERM RESTRICTED NA	1,276,000

TOTAL	113,750,634

HOURS ON RELATED ENTITY

PART VII, SECTION A, COL (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

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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.

ATTACHMENT 1

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

UMMS, A PRIVATE, NON-PROFIT HEALTH SYSTEM, CONSISTS OF 13 HOSPITALS - THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC), THE ACADEMIC HUB - AND THE 12 COMMUNITY AND SPECIALTY HOSPITALS THROUGHOUT THE STATE OF MARYLAND. UMMC IS A NATIONAL AND REGIONAL REFERRAL CENTER FOR TRAUMA, CANCER CARE, NEUROCARE, CARDIAC CARE AND HEART SURGERY, WOMEN'S AND CHILDREN'S HEALTH AND ORGAN TRANSPLANTS. IT HAS ONE OF THE MOST TECHNOLOGICALLY ADVANCED OPERATING ROOM FACILITIES AND IS INTERNATIONALLY RECOGNIZED FOR ITS LEADERSHIP IN DEVELOPING AND PERFORMING MINIMALLY INVASIVE SURGICAL PROCEDURES. UMMS PROVIDES CHARITY CARE TO PATIENTS UNABLE TO PAY. CHARITY CARE FOR THE YEAR ENDED 6/30/2014 IS APPROXIMATELY \$46,233,967 AT COST.

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE WHITING TURNER CONTRACTING COMPANY 300 EAST JOPPA ROAD TOWSON, MD 21286	GENERAL CONTRACTORS	18,547,350.
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	HEALTHCARE IT	11,371,277.
JEFFREY BROWN CONTRACTING LLC 400 EAST JOPPA ROAD	GENERAL CONTRACTORS	6,843,783.

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TOWSON, MD 21286		
DELOITTE CONSULTING LLP 100 SOUTH CHARLES STREET BALTIMORE, MD 21201	CONSULTING SVCS.	5,717,846.
ARAMARK HEALTHCARE 1101 MARKET STREET PHILADELPHIA, PA 19107	FOOD SVC	4,989,627.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
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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: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Employer identification number: 52-1362793

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) 36 S. PACA STREET, LLC 36 S. PACA STREET BALTIMORE, MD 21211 56-2544990	RENTAL	MD	1,211,000.	13,745,000.	UMMSC
(2) UNIVERSITY OF MARYLAND ECARE, LLC 250 W. PRATT STREET BALTIMORE, MD 21201 461441270	HEALTHCARE	MD	2,861,000.	2,847,000.	UMMSC
(3) SJMC PHYSICIANS, LLC 7601 OSLER DRIVE TOWSON, MD 20204 36-4734065	HEALTHCARE	MD	0	0	UMMSC
(4) UNIV OF MD MED REG SUPPLIER SERVICES 7601 OSLER DRIVE TOWSON, MD 21204 45-5565991	HEALTHCARE	MD	304,000.	954,000.	UMMSC
(5) UNIV OF MD MED REG PROF SERVICES 7601 OSLER DRIVE TOWSON, MD 21204 45-5559036	HEALTHCARE	MD	2,595,000.	1,203,000.	UMMSC
(6) USSJ HEALTH SYSTEM, LLC 7601 OSLER DRIVE TOWSON, MD 21204 46-0797956	HEALTHCARE	MD	0	0	UMMSC

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

Employer identification number

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

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) USSJ HEALTH SYSTEM I, LLC 46-2097818 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	0	0	UMMSC
(2) UMSJ PROPERTIES, LLC 30-0755741 7601 OSLER DRIVE TOWSON, MD 21204	RENTAL	MD	1,340,000.	3,485,000.	UMMSC
(3) UNIV OF MD ST JOSEPH MEDICAL CENTER, LLC 35-2445106 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	287062413.	249717283.	UMMSC
(4) UNIV OF MD ST JOSEPH MEDICAL GROUP, LLC 37-1704041 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	34,396,000.	4,467,000.	UMMSC
(5) UNIV OF MD ST JOSEPH ORTHOPAEDICS, LLC 32-0391006 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	20,662,000.	2,748,000.	UMMSC
(6) OLP, LLC 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	0	0	UMMSC

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
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

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Internal Revenue Service

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Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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) SJMC-RA, LLC 75-3160895 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	16,053,587.	5,907,717.	UMMSC
(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, I 52-1175337 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	11B	UMMSC	X	
(2) MARYLAND GENERAL HOSPITAL INC 52-0591667 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	03	MGHS		X
(3) CARE HEALTH SERVICES INC 52-1510269 219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	09	SHS		X
(4) DORCHESTER GENERAL HOSPITAL FOUNDATION 52-1703242 219 SOUTH WASHINGTON STREET EASTON, MD 21601	FUNDRAISING	MD	501(C)(3)	11D	SHS		X
(5) MEMORIAL HOSPITAL FOUNDATION INC 52-1282080 219 SOUTH WASHINGTON STREET EASTON, MD 21601	FUNDRAISING	MD	501(C)(3)	11A	SHS		X
(6) SHORE CLINICAL FOUNDATION INC 52-1874111 219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	03	SHS		X
(7) SHORE HEALTH SYSTEM INC 52-0610538 219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	03	UMMSC	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

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Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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 HOSP ENDOW FD 2200 KERNAN DRIVE BALTIMORE, MD 21207 23-7360743	FUNDRAISING	MD	501(C)(3)	11B	UMMSC	X	
(2) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(C)(3)	03	UMMSC	X	
(3) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(C)(3)	11A	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 FOUNDATI PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(C)(3)	11A	CIVHS		X
(7) CHARLES REGIONAL MEDICAL CENTER AUXILIAR PO BOX 1070 LA PLATA, MD 20646 52-1131193	FUNDRAISING	MD	501(C)(3)	11A	CIVHS		X

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

Schedule R (Form 990) 2013

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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) HARFORD 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

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

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

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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) UPPER CHESAPEAKE PROPERTIES, INC. 52-1907237 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		X
(2) UPPER CHES RESIDENTIAL HOSPICE HOUSE, IN 26-0737028 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	07	UMUCHS		X
(3) UPPER CHESAPEAKE/ST. JOE'S HOME CARE, IN 52-1229742 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	09	UMUCHS		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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						0			
(3) NAH/SUNRISE OF SEVERNA PARK LL 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(4) NORTH ARUNDEL SENIOR LIVING LL 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(5) INNOVATIVE HEALTH LLC 52-19972 29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A									
(6) CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE	HEALTHCARE	MD	UMMSC	RELATED	4,583,000.	5,902,500.		X		X		50.0000
(7) SHIPLEY'S IMAGING CENTER LLC 5 22 SOUTH GREENE STREET	HEALTHCARE	MD	UMMSC	RELATED	0	0		X	0	X		50.0000

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 P 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. 52-1363201 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	UMMSC	RELATED	3,929,400.	685,800.		X	0	X		90.0000
(2) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE	RENTAL	MD	UMMSC	RELATED	1,951,380.	11,125,900.		X		X		74.0000
(3) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE	HEALTHCARE	MD	N/A		924,438.	3,077,852.		X		X		51.0000
(4) UCHS/UMMS REAL ESTATE TRUST 27 520 UPPER CHESAPEAKE DR	HOLD LAND	MD	N/A		924,438.	3,077,852.		X		X		51.0000
(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	0	UMMS	C CORP	15,350,500.	93,995,500.	50.0000		X
(2) UMMS SELF INSURANCE TRUST ----- 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMS	TRUST	28,361,500.	89,140,500.	50.0000		X
(3) UPPER CHESAPEAKE INSURANCE COMPANY, LTD ----- 98-0468438 P.O. BOX 1109 GRAND CAYMAN, GRAND CAYMAN ISLANDS CJ	CAPTIVE INSURANCE	CJ	UMUCHS	LTD			100.0000		
(4) UPPER CHESAPEAKE HEALTH VENTURES, INC. ----- 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	UMMS	C CORP		3,367,812.	100.0000		X
(5) UPPER CHESAPEAKE MEDICAL CENTER LAND CON ----- 77-0674478 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC MED CRT	C CORP			100.0000		
(6) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING ----- 52-1946829 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC HLTH VENT	C CORP			100.0000		
(7) UPPER CHESAPEAKE MGMT SVCS ORG, INC. ----- 52-1946025 520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	MANAGEMENT SRVCS	MD	UC HLTH VENT	C CORP			51.0000		

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY CARE LLC	L	117,000.	FMV
(2) UNIVERSITY CARE LLC	K	43,296.	FMV
(3) JAMES L KERNAN HOSPITAL INC.	L	311,468.	FMV
(4) JAMES L KERNAN HOSPITAL INC.	Q	10,544,073.	FMV
(5) MARYLAND GENERAL HOSPITAL INC.	Q	15,233,280.	FMV
(6) MARYLAND GENERAL HOSPITAL INC.	R	1,633,171.	FMV

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) BALTIMORE WASHINGTON MEDICAL CENTER INC.	Q	26,135,654.	FMV
(2) SHORE HEALTH SYSTEM INC.	Q	15,681,985.	FMV
(3) SHORE HEALTH SYSTEM INC.	P	234,511.	FMV
(4) CHESTER RIVER HOSPITAL CENTER INC,	Q	3,944,532.	FMV
(5) CHARLES REGIONAL MEDICAL CENTER INC.	Q	6,256,391.	FMV
(6) UMMS FOUNDATION INC.	C	3,082,493.	FMV

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) CHARLES REGIONAL MEDICAL CENTER INC.	R	2,500,000.	FMV
(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) -----													
(6) -----													
(7) -----													
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(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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