

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 2001 Market Street, Suite 700 Philadelphia, PA 19103
Special Instructions	Returns should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> and Form 8886, <i>Reportable Transaction Disclosure Statement</i>). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its web site. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

Cumulative E-File History 2014

Federal

Locator: 4219CV
Taxpayer Name: Baltimore Washington Medical Center, Inc.
Return Type: 990, 990

Submitted Date 5/12/2016 4:09:12 AM
Acknowledgement Date 5/12/2016 4:27:54 AM
Status Accepted
Submission ID 23695320161335000017

[Print](#)

[Close](#)

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 07/01, 2014, and ending 06/30, 2015

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

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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Name and title of officer
ALFRED A. PIETSCH, TREASURER

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

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

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>370130474.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

1	4	2	3	7
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 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 2014 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 ▶ *Alfred A. Pietsch, SUPV CFO* Date ▶ 05/16/2016

Part III Certification and Authentication

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

2	3	6	9	5	3	3	6	6	0	5
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do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Frank S. Gaudin* Date ▶ 05/16/2016

**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.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

A For the **2014** calendar year, or tax year beginning **07/01, 2014**, and ending **06/30, 2015**

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 BALTIMORE WASHINGTON MEDICAL CENTER, INC.			D Employer identification number 52-0689917
	Doing Business As			E Telephone number (410) 328-6984
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 412,911,874.
	301 HOSPITAL DRIVE			
City or town, state or province, country, and ZIP or foreign postal code GLEN BURNIE, MD 21061				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)
F Name and address of principal officer: KAREN E. OLSCAMP 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061				
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.MYBWMC.ORG				H(c) Group exemption number ▶
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
L Year of formation: 1964			M State of legal domicile: MD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICES TO THE COMMUNITIES WE SERVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3,178.
	6 Total number of volunteers (estimate if necessary)	6	250.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	67,436.	89,348.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	359,664,908.	370,788,632.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,103,362.	-3,606,866.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,365,529.	2,859,360.
		366,201,235.	370,130,474.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	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)	160,740,568.	169,482,430.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	185,986,642.	174,060,728.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	346,727,210.	343,543,158.	
19 Revenue less expenses. Subtract line 18 from line 12	19,474,025.	26,587,316.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	439,531,739.	482,442,670.
	22 Net assets or fund balances. Subtract line 21 from line 20.	298,434,063.	313,554,153.
	141,097,676.	168,888,517.	

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			
	ALFRED A. PIETSCH Type or print name and title	SVP/CFO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK GIARDINI	<i>Frank S. Giardini</i>	05/16/2016		P00532355
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	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** (2014)

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. BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number (EIN) or 52-0689917
	Number, street, and room or suite no. If a P.O. box, see instructions. 301 HOSPITAL DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLEN BURNIE, MD 21061	

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 ▶ AL CRISP, 250 WEST PRATT STREET BALTIMORE, MD 21201

Telephone No. ▶ 410 328-0649 FAX No. ▶ 410 328-7497

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2016, 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, 2014, and ending 06/30, 2015.

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 2014	
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FED	
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Locator:	4219CV
Taxpayer Name:	Baltimore Washington Medical Center, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	10/12/2015 09:36:39
Acknowledgement Date:	10/12/2015 09:58:12
Status:	Accepted
Submission ID:	23695320152855000011

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

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

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

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

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BALTIMORE WASHINGTON MEDICAL CENTER, INC.	52-0689917
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	301 HOSPITAL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GLEN BURNIE, MD 21061	

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

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

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

• The books are in the care of S. MICHELLE LEE, 250 WEST PRATT STREET BALTIMORE, MD 21201
 Telephone No. 410 328-1376 Fax No. 410 328-7497

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

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

4 I request an additional 3-month extension of time until 05/15, 20 16 .

5 For calendar year _____, or other tax year beginning 07/01, 20 14, and ending 06/30, 20 15 .

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 Frank S. Grandi Title TAX PRINCIPAL Date 02/02/2016

Cumulative e-File History 2014	
FED	
Locator:	4219CV
Taxpayer Name:	Baltimore Washington Medical Center, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	02/02/2016 15:12:09
Acknowledgement Date:	02/02/2016 15:27:45
Status:	Accepted
Submission ID:	23695320160335000019

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF BWMC IS TO PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICES TO THE COMMUNITIES WE SERVE. OUR VISION IS TO BE THE PREFERRED REGIONAL MEDICAL CENTER THROUGH NATIONALLY RECOGNIZED QUALITY, PERSONALIZED SERVICE AND OUTSTANDING PEOPLE.

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

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

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

4a (Code:) (Expenses \$ 294,940,680. including grants of \$) (Revenue \$ 370,788,632.)

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 294,940,680.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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 of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 1098-C, 720, and 700.

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 (16), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

S. MICHELLE LEE 250 WEST PRATT STREET 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) LOUIS L. ZAGARINO CHAIRMAN	1.00 0	X		X				0	0	0
(2) R. KENT SCHWAB VICE CHAIRMAN	1.00 0	X		X				0	0	0
(3) KATHRYN B. FREELAND TREASURER	1.00 0	X		X				0	0	0
(4) KAREN E. OLSCAMP PRESIDENT & CEO	10.00 40.00	X		X				0	722,823.	10,581.
(5) JEFFREY S. ARMIGER DIRECTOR	1.00 0	X						0	0	0
(6) MICHAEL P. CARUTHERS DIRECTOR	1.00 0	X						0	0	0
(7) ROBERT A. CHRENCIK DIRECTOR	1.00 49.00	X						0	6,881,071.	21,095.
(8) LORAIN M. DAILEY, M.D. DIRECTOR	1.00 0	X						0	0	0
(9) PAUL P. GABLE DIRECTOR	1.00 0	X						0	0	0
(10) THOMAS B. HOWELL DIRECTOR	1.00 0	X						0	0	0
(11) STANLEY J. KLOS, JR. DIRECTOR	1.00 0	X						0	0	0
(12) FRANCES L. LESSANS DIRECTOR	1.00 0	X						0	0	0
(13) DAWN LINDSAY DIRECTOR	1.00 0	X						0	0	0
(14) BAYINNAH SHABAZZ, M.D. DIRECTOR	1.00 0	X						83,000.	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) JOHN G. WARNER DIRECTOR	1.00 0	X						0	0	0
16) RICHARD WILLIAMSON DIRECTOR	1.00 0	X						0	0	0
17) ALFRED A. PIETSCH SVP/CFO	10.00 40.00			X				0	436,506.	25,595.
18) LAWRENCE S. LINDER SVP & CMO	10.00 40.00				X			0	546,352.	19,990.
19) CATHERINE WHITAKER-KLICK VP - CNO	10.00 40.00				X			0	275,949.	50,693.
20) KATHLEEN C MCCOLLUM SVP & COO	10.00 40.00				X			0	468,777.	25,595.
21) WILLIAM HENCIAK SR DIRECTOR - PAT FIN SERV	40.00 0					X		211,899.	0	17,994.
22) CATHERINE CORWIN NURSE	40.00 0					X		164,611.	0	19,210.
23) KATHLEEN CAMPBELL PHYSICIAN	40.00 0					X		167,200.	0	10,911.
24) BRIAN COTTER DIRECTOR - PHARMACY	40.00 0					X		167,969.	0	6,618.
25) JOYCE MYERS DIRECOR - PERIOPERATIVE	40.00 0					X		161,780.	0	13,729.
1b Sub-total								83,000.	7,603,894.	31,676.
c Total from continuation sheets to Part VII, Section A								873,459.	2,907,472.	207,969.
d Total (add lines 1b and 1c)								956,459.	10,511,366.	239,645.

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 **201**

	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 **27**

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) RANDY DAVIS PHYSICIAN/FORMER DIRECTOR	1.00 49.00						X	0	1,179,888.	17,634.
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 ► 201

	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	89,348.					
	e Government grants (contributions),	1e						
	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 ▶			89,348.				
Program Service Revenue			Business Code					
	2a NET PATIENT REVENUE		621990	370,788,632.	370,788,632.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f ▶			370,788,632.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			-4,814,548.			-4,814,548.	
	4 Income from investment of tax-exempt bond proceeds ▶			0				
	5 Royalties ▶			0				
	6a Gross rents	(i) Real	683,648.					
		(ii) Personal						
	b Less: rental expenses							
	c Rental income or (loss)		683,648.					
	d Net rental income or (loss) ▶			683,648.			683,648.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	43,989,082.					
		(ii) Other						
	b Less: cost or other basis and sales expenses		42,781,400.					
	c Gain or (loss)		1,207,682.					
	d Net gain or (loss) ▶			1,207,682.			1,207,682.	
	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 CAFETERIA/SALES		722514	1,623,970.			1,623,970.		
b MEDICAL RECORDS REVENUE		900099	230,809.			230,809.		
c MANAGEMENT FEES		900099	67,350.			67,350.		
d All other revenue		900099	253,583.			253,583.		
e Total. Add lines 11a-11d ▶			2,175,712.					
12 Total revenue. See instructions ▶			370,130,474.	370,788,632.		-747,506.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	1,179,888.	1,002,905.	176,983.	
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	138,809,004.	117,987,653.	20,821,351.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,485,231.	2,962,446.	522,785.	
9 Other employee benefits	15,656,974.	13,308,428.	2,348,546.	
10 Payroll taxes	10,351,333.	8,798,633.	1,552,700.	
11 Fees for services (non-employees):				
a Management	11,589,486.	9,851,063.	1,738,423.	
b Legal	652,561.		652,561.	
c Accounting	2,015,814.	1,713,442.	302,372.	
d Lobbying	21,439.		21,439.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	229,126.		229,126.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	812,103.	690,288.	121,815.	
13 Office expenses	9,134,808.	7,764,587.	1,370,221.	
14 Information technology	12,451,809.	10,584,038.	1,867,771.	
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	5,928,159.	5,038,935.	889,224.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	20,434,559.	17,369,375.	3,065,184.	
23 Insurance	4,223,735.	3,590,175.	633,560.	
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>SUPPLIES - MEDICAL & NON-MED</u>	51,649,778.	43,902,311.	7,747,467.	
b <u>PURCHASED SERVICES</u>	26,258,348.	22,319,596.	3,938,752.	
c <u>BAD DEBT EXPENSE</u>	15,357,634.	15,357,634.		
d <u>PROFESSIONAL FEES</u>	9,286,717.	9,286,717.		
e All other expenses	4,014,652.	3,412,454.	602,198.	
25 Total functional expenses. Add lines 1 through 24e	343,543,158.	294,940,680.	48,602,478.	
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	18,280,847.	1	59,773,936.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	33,312,082.	4	28,369,399.
	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	572,056.	7	0
	8 Inventories for sale or use	7,708,325.	8	6,758,638.
	9 Prepaid expenses and deferred charges	2,231,309.	9	2,061,309.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 496,187,647.		
	b Less: accumulated depreciation	10b 265,819,444.	223,802,595.	10c 230,368,203.
	11 Investments - publicly traded securities	45,256,000.	11	35,843,000.
	12 Investments - other securities. See Part IV, line 11	27,832,786.	12	36,604,188.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	80,535,739.	15	82,663,997.
16 Total assets. Add lines 1 through 15 (must equal line 34)	439,531,739.	16	482,442,670.	
Liabilities	17 Accounts payable and accrued expenses	44,138,037.	17	54,296,792.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	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	0	24	0
	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	254,296,026.	25	259,257,361.
	26 Total liabilities. Add lines 17 through 25	298,434,063.	26	313,554,153.
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	134,495,834.	27	161,866,279.
	28 Temporarily restricted net assets	6,601,842.	28	7,022,238.
	29 Permanently restricted net assets	0	29	0
	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	141,097,676.	33	168,888,517.
	34 Total liabilities and net assets/fund balances	439,531,739.	34	482,442,670.

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	370,130,474.
2	Total expenses (must equal Part IX, column (A), line 25)	2	343,543,158.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,587,316.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	141,097,676.
5	Net unrealized gains (losses) on investments	5	0
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	1,203,525.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	168,888,517.

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		
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
--	---

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2014

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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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 2014; 15 Public support percentage from 2013 Schedule A; 16a 33 1/3% support test - 2014; b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; b 10%-facts-and-circumstances test - 2013; 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **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

2014

▶ **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 BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

Caution. An organization that 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 BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 89,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BALTIMORE WASHINGTON MEDICAL CENTER, INC.**

Employer identification number

52-0689917

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 BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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); a Current year; b Carryover from last year; c Total; 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

OTHER ACTIVITIES

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 4.80% AND 28.80% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B 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.

2014

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

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

52-0689917

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 value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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: Description, 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: Description, Amount. 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) Revenue 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 Revenue 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) 2014

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? Yes No

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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c 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:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		602,544.		602,544.
b Buildings		279,560,684.	105,704,067.	173,856,617.
c Leasehold improvements		2,421,477.	2,050,156.	371,321.
d Equipment		188,456,587.	158,065,221.	30,391,366.
e Other		25,146,355.		25,146,355.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				230,368,203.

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) OTHER INVESTMENTS	36,604,188.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	36,604,188.	

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.

(a) Description	(b) Book value
(1) SELF INSURANCE TRUST	24,615,128.
(2) LIMITED USE ASSET - BWMC FOUND	7,022,238.
(3) DEBT SERVICE AND CONSTRUCTION	26,537,928.
(4) TERRAPIN REINSURANCE	16,488,703.
(5) COLLATERALIZED INVESTMENTS	8,000,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	82,663,997.

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) DUE TO UMMS	172,211,292.
(3) ADVANCES - THIRD PARTY PAYORS	9,056,618.
(4) MALPRACTICE INSURANCE LIABILITY	11,645,563.
(5) AP - AFFILIATES	40,447,859.
(6) PENSION LIABILITY	9,407,326.
(7) TERRAPIN REINSURANCE	16,488,703.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	259,257,361.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE PER AUDIT REPORT

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ **Attach to Form 990.**

▶ **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

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

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 <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input 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 criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			5,929,023.		5,929,023.	1.81
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			5,929,023.		5,929,023.	1.81
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,564,836.	23,526.	1,541,310.	.47
f Health professions education (from Worksheet 5)			2,338,484.		2,338,484.	.71
g Subsidized health services (from Worksheet 6)			9,251,476.		9,251,476.	2.82
h Research (from Worksheet 7)			580,398.		580,398.	.18
i Cash and in-kind contributions for community benefit (from Worksheet 8)			96,742.		96,742.	.03
j Total Other Benefits			13,831,936.	23,526.	13,808,410.	4.21
k Total. Add lines 7d and 7j.			19,760,959.	23,526.	19,737,433.	6.02

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			1,449.		1,449.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			2,154.		2,154.	
7 Community health improvement advocacy						
8 Workforce development			425.		425.	
9 Other						
10 Total			4,028.		4,028.	

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)	144,803,787.
6 Enter Medicare allowable costs of care relating to payments on line 5	142,150,983.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	2,652,804.
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? 1

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

1 BALTIMORE WASHINGTON MEDICAL CENTER
 301 HOSPITAL DRIVE
 GLEN BURNIE MD 21061
 WWW.MYBWMC.ORG
 02-015

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
X	X					X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BALTIMORE WASHINGTON MEDICAL CENTER

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA, implementation strategy, and excise tax.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group BALTIMORE WASHINGTON MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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 FAP was widely available on a website (list url): <u>WWW.MYBWMC.ORG</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group BALTIMORE WASHINGTON MEDICAL CENTER

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? 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)		

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used 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)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BALTIMORE WASHINGTON MEDICAL CENTER

SCHEDULE H, PART V, SECTION B

LINE 5 - THE CNHA TOOK 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. THE CHNA WAS COMPRISED OF SEVERAL RESEARCH COMPONENTS INCLUDING AN ANALYSIS OF SECONDARY DATA SOURCES (CENSUS DATA, HOSPITAL DISCHARGE DATA AND OTHERS) AND PRIMARY DATA COLLECTION THROUGH KEY STAKEHOLDER INTERVIEWS AND FOCUS GROUPS. THE CHNA EXAMINED A VARIETY OF INDICATORS, INCLUDING SOCIAL DETERMINANTS OF HEALTH (E.G. INCOME, HOUSING, EDUCATION), MORTALITY RATES, RISKY BEHAVIORS (E.G. ALCOHOL, DRUG, TOBACCO USE) AND CHRONIC HEALTH CONDITIONS SUCH AS DIABETES AND HEART DISEASE. ADDITIONAL ANALYSES WERE CONDUCTED BY RACE, AGE, ETHNICITY AND ZIP CODE.

COMMUNITY INPUT WAS OBTAINED INPUT THROUGH A KEY INFORMAT SURVEY AND FOCUS GROUPS. A SURVEY WAS CONDUCTED AMONG ANNE ARUNDEL COUNTY "KEY INFORMANTS." KEY INFORMANTS WERE DEFINED AS AREA HEALTH CARE PROFESSIONALS (INCLUDING PUBLIC HEALTH LEADERS), SOCIAL SERVICE PROVIDERS, NON-PROFIT LEADERS, BUSINESS LEADERS, FAITH-BASED ORGANIZATIONS AND OTHER AREA AUTHORITIES. THE ONLINE SURVEY GARNERED 121 COMPLETED SURVEYS, COLLECTED BETWEEN JULY AND AUGUST 2012. A TOTAL OF FIVE FOCUS GROUPS WERE HELD AT VARIOUS LOCATIONS THROUGHOUT ANNE ARUNDEL COUNTY IN AUGUST AND SEPTEMBER 2012. FOCUS GROUP TOPICS ADDRESSED MENTAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

& BEHAVIORAL HEALTH, ACCESS TO HEALTH CARE, AND NUTRITION & PHYSICAL ACTIVITY. EACH SESSION LASTED APPROXIMATELY TWO HOURS AND WAS FACILITATED BY TRAINED STAFF.

PARTICIPANTS WERE RECRUITED THROUGH LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS AND PUBLIC NEWS RELEASES. PARTICIPANTS IN THE MENTAL & BEHAVIORAL HEALTH FOCUS GROUP WERE INDIVIDUALS WITH MENTAL AND/OR BEHAVIORAL HEALTH ISSUES OR FAMILY MEMBERS OF INDIVIDUALS WITH MENTAL AND/OR BEHAVIORAL HEALTH ISSUES. THE FOUR OTHER FOCUS GROUPS INCLUDED INDIVIDUALS FROM THE GENERAL POPULATION IN ANNE ARUNDEL COUNTY. IN TOTAL, 55 PEOPLE PARTICIPATED ACROSS THE FIVE FOCUS GROUPS HELD IN AUGUST AND SEPTEMBER 2012. APPROXIMATELY 69% WERE FEMALE AND 31% WERE MALE. NEARLY 53% WERE WHITE/CAUCASIAN, AND APPROXIMATELY 42% WERE BLACK/AFRICAN AMERICAN. IT SHOULD BE NOTED THAT THE PROPORTION OF FEMALES AND BLACKS/AFRICAN AMERICANS WAS HIGHER IN THE FOCUS GROUPS THAN THE OVERALL POPULATION IN ANNE ARUNDEL COUNTY. PARTICIPANTS CAME FROM A VARIETY OF ZIP CODES THROUGHOUT ANNE ARUNDEL COUNTY.

THE CHNA PROCESS WAS DEVELOPED BY A WORKGROUP CONVENED BY THE HEALTHY ANNE ARUNDEL COALITION. THE WORKGROUP INCLUDED UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER, INC. ("UM BWMC"), THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, ANNE ARUNDEL MEDICAL CENTER, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC. AND OTHER AGENCIES. HOLLERAN CONSULTING, A NATIONALLY-RESPECTED RESEARCH AND CONSULTING FIRM WITH MORE THAN TWENTY YEARS OF EXPERIENCE CONDUCTING COMMUNITY HEALTH ASSESSMENTS,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CONDUCTED THE SECONDARY DATA ANALYSIS, KEY INFORMANT SURVEYS AND FOCUS GROUPS AND WROTE THE REPORT DOCUMENTS, WITH THE EXCEPTION OF THE ZIP CODE LEVEL DATA TABLES. THE ZIP CODE LEVEL DATA TABLES WERE COMPLETED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH. THERE WERE NO SIGNIFICANT GAPS IDENTIFIED IN THE DATA COLLECTION.

WHEN USING THE CHNA DATA TO DETERMINE THE HOSPITAL'S COMMUNITY BENEFIT PRIORITIES, UM BWMC CONSULTED WITH THE MEDICAL CENTER'S ADMINISTRATIVE AND CLINICAL LEADERSHIP, STATE AND LOCAL HEALTH AND SOCIAL SERVICE OFFICIALS, OTHER HEALTH CARE PROVIDERS AND COMMUNITY MEMBERS. UM BWMC'S COMMUNITY HEALTH IMPROVEMENT PRIORITIES ARE ALIGNED WITH THE MARYLAND STATE HEALTH IMPROVEMENT PROCESS AND THE PRIORITIES OF OUR LOCAL HEALTH IMPROVEMENT COALITION, THE HEALTHY ANNE ARUNDEL COALITION.

LINE 6A

THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED IT'S CHNA INCLUDE:

- ANNE ARUNDEL MEDICAL CENTER

LINE 6B

THE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED IT'S CHNA INCLUDE:

- ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH
- ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC.
- HEALTHY ANNE ARUNDEL COALITION

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LINE 7

UM BWMC'S CHNA REPORT IS MADE WIDELY AVAILABLE TO THE PUBLIC. THE CHNA IS POSTED ON THE HOSPITAL'S WEB SITE AT [HTTP://WWW.MYBWMC.ORG/COMMUNITY-BENEFIT](http://www.mybwmc.org/community-benefit). THIS LINK ALLOWS THE VIEWER TO DOWNLOAD THE UM BWMC ABBREVIATED VERSION OF THE COMPLETE ANNE ARUNDEL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT OR VISIT THE ANNE ARUNDEL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT WEB SITE. THE ANNE ARUNDEL COUNTY CHNA WEB SITE INCLUDES SUMMARY INFORMATION AND DOWNLOADS FOR THE COUNTY-WIDE REPORT, SECONDARY DATA ANALYSIS REPORT, KEY INFORMANT SURVEY REPORT, FOCUS GROUP REPORT AND ZIP CODE LEVEL DATA TABLES. PAPER COPIES OF CHNA DOCUMENTS ARE AVAILABLE UPON REQUEST.

THE HEALTHY ANNE ARUNDEL COALITION HELPED TO MAKE THE ANNE ARUNDEL COUNTY CHNA REPORT WIDELY AVAILABLE TO THE PUBLIC. A WEBSITE WAS DEVELOPED TO SHARE THE COUNTY-WIDE CHNA RESULTS ([WWW.AAHEALTH.ORG/CHNA](http://www.aahealth.org/chna)). THE CHNA WAS ALSO POSTED ON THE COALITION'S WEBSITE ([WWW.HEALTHYANNNEARUNDEL.ORG](http://www.healthyannnearundel.org)) AND FACEBOOK PAGE. OTHER COALITION MEMBERS ALSO USED THEIR WEBSITES AND SOCIAL MEDIA TO PROMOTE THE RELEASE OF THE CHNA AND KEY FINDINGS. ADDITIONALLY, A PRESS RELEASE WAS ISSUED AND THE HEALTHY ANNE ARUNDEL COALITION HOSTED A MEETING IN JANUARY 2013 TO PRESENT AND DISCUSS THE CHNA FINDINGS. APPROXIMATELY 50 AREA PROFESSIONALS AND COMMUNITY MEMBERS ATTENDED.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LINE 11

UM BWMC FOCUSES THE MAJORITY OF OUR COMMUNITY BENEFIT RESOURCES ON OUR IDENTIFIED IMPLEMENTATION STRATEGIES, AS THESE AREAS ARE IMPORTANT TO THE HEALTH OF THE COMMUNITY AND UM BWMC HAS THE INFRASTRUCTURE, CLINICAL EXPERTISE AND OTHER RESOURCES TO SUPPORT THESE STRATEGIES. THE UNMET NEEDS NOT ADDRESSED DIRECTLY BY UM BWMC ARE BEING ADDRESSED THROUGH THE ACTION PLAN OF THE LOCAL HEALTH IMPROVEMENT COALITION, THE HEALTHY ANNE ARUNDEL COALITION, AND ITS CORRESPONDING SUBCOMMITTEES WHICH UM BWMC IS ACTIVELY INVOLVED, OR OTHER LOCAL GOVERNMENT AGENCIES AND COMMUNITY PARTNERS. UM BWMC WILL CONTINUE TO WORK WITH OTHER HEALTH CARE PROVIDERS AND COMMUNITY PARTNERS TO MEET UNMET NEEDS AND WILL PROVIDE ASSISTANCE AS RESOURCES ARE AVAILABLE.

UM BWMC'S COMMUNITY HEALTH IMPROVEMENT PRIORITIES AS DEFINED IN THE UM BWMC CHNA AND ACTION PLAN INCLUDE:

1. CHRONIC DISEASES (OBESITY, HEART DISEASE, DIABETES AND CANCER)
2. WELLNESS AND ACCESS
3. MATERNAL/CHILD HEALTH
4. ACCESS TO HEALTHY FOOD AND HEALTHY FOOD EDUCATION
5. INFLUENZA EDUCATION AND PREVENTION
6. VIOLENCE PREVENTION

THESE PRIORITIES WERE DETERMINED AND RANKED BASED ON CHNA DATA, CLINICAL EXPERTISE/ CAPACITIES AND AVAILABLE RESOURCES. PRIORITIES WERE DETERMINED BY HOSPITAL LEADERSHIP (ADMINISTRATIVE AND CLINICAL), THE UM BWMC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY BENEFIT BOARD AND THE UM BWMC BOARD OF DIRECTORS. UM BWMC'S COMMUNITY BENEFIT PRIORITIES ARE ALIGNED WITH THE MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP). UM BWMC SERVES AS CO-VICE CHAIR OF THE HEALTHY ANNE ARUNDEL COALITION, THE LOCAL HEALTH IMPROVEMENT COALITION ESTABLISHED AS PART OF SHIP. UM BWMC ALSO HAS AN ACTIVE ROLE IN EACH SUBCOMMITTEE OF THE COALITION (LEADERSHIP SUBCOMMITTEE, OBESITY PREVENTION SUBCOMMITTEE, CO-OCCURRING DISORDERS SUBCOMMITTEE, PLANNING AND ASSESSMENT SUBCOMMITTEE, COMMUNITY ENGAGEMENT SUBCOMMITTEE, AND PROMOTION AND PUBLICITY SUBCOMMITTEE). THE HEALTHY ANNE ARUNDEL COALITION ALSO SERVES IN AN ADVISORY CAPACITY TO POPULATION HEALTH INITIATIVES IN THE COUNTY.

BELOW ARE SOME HIGHLIGHTS OF UM BWMC'S FY 15 COMMUNITY HEALTH PROMOTION INITIATIVES THAT SUPPORT THESE PRIORITIES:

COLOR YOUR HEART 5K FUN RUN: THIS EVENT WAS CREATED TO ENCOURAGE INDIVIDUALS AND FAMILIES TO ENGAGE IN FUN, HEART-HEALTHY EXERCISE. EXERCISE IS AN IMPORTANT ASPECT OF LEADING A HEALTHY LIFESTYLE. REGULAR EXERCISE, COUPLED WITH A HEALTHY DIET, CAN HELP REDUCE THE RISK OF OVERWEIGHT/OBESITY, DIABETES, CARDIOVASCULAR DISEASE, CANCER AND OTHER CONDITIONS. THE EVENT WAS PROMOTED AS A FUN RUN WITH THE GOAL OF ENGAGING MEMBERS OF THE COMMUNITY WHO WOULD NOT TYPICALLY PARTICIPATE IN A 5K. THE NON-COMPETITIVE EVENT ATTRACTED RUNNERS AND WALKERS OF ALL AGES AND ACTIVITY LEVELS. FAMILIES, FRIENDS AND EVEN A GIRL SCOUT TROOP PARTICIPATED TOGETHER.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEARTBEAT FOR HEALTH: UM BWMC HOSTED HEARTBEAT FOR HEALTH, ITS ANNUAL FAMILY-FRIENDLY HEART HEALTH EVENT, ON SATURDAY, FEBRUARY 21, 2015 AT THE SEVERNA PARK COMMUNITY CENTER. DANCE DEMONSTRATIONS AND DANCE LEARNING OPPORTUNITIES REPRESENTED A VARIETY OF DANCE STYLES AND CULTURAL REPRESENTATIONS. THE EVENT WAS ATTENDED BY OVER 250 ANNE ARUNDEL COUNTY RESIDENTS WHO PARTICIPATED IN HEART HEALTHY ACTIVITIES, HEALTH SCREENINGS AND MORE. ATTENDEES LEARNED ABOUT THE BENEFITS OF DANCE AND EXERCISE IN THE PREVENTION OF HEART DISEASE, DIABETES, AND OVERWEIGHT/OBESITY. FREE HEALTH SCREENINGS FOR CHOLESTEROL, BONE DENSITY, BODY MASS INDEX (BMI) AND BLOOD PRESSURE WERE OFFERED. HEALTH EDUCATION ON A VARIETY OF TOPICS WAS PROVIDED, INCLUDING: HEART DISEASE, CANCER, ACHIEVING/MAINTAINING A HEALTHY WEIGHT, MAKING HEALTHY FOOD CHOICES AND DIABETES PREVENTION/MANAGEMENT.

SMOKING CESSATION CLASSES: SMOKING CESSATION CLASSES ARE OFFERED TO ADULTS AGES 18 AND OLDER. THE CLASSES EDUCATE PARTICIPANTS ON THE HEALTH RISKS ASSOCIATED WITH TOBACCO USE AND PROVIDE THE MECHANISMS (E.G. MEDICATION, COUNSELING) TO HELP PEOPLE QUIT.

COMMUNITY VASCULAR SCREENING PROGRAM: FREE SCREENINGS OF VASCULAR DISORDERS ARE DONE USING NON-INVASIVE, STATE-OF-THE-ART ULTRASOUND AND DOPPLER TECHNOLOGY. SCREENING RESULTS ARE REVIEWED WITH A PHYSICIAN OR NURSE PRACTITIONER IMMEDIATELY FOLLOWING THE SCREENING. PARTICIPANTS LEAVE THE SCREENING WITH A COPY OF THEIR RESULTS TO SHARE WITH THEIR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIMARY CARE PROVIDER.

SUBSIDIZED OUTPATIENT SERVICES: UM BWMC SUBSIDIZES PHYSICIANS THAT PROVIDED NEEDED OUTPATIENT CARE (PRIMARY CARE, OB/GYN). THERE ARE GAPS IN THE AVAILABILITY OF PROVIDERS IN ANNE ARUNDEL COUNTY AND THERE ARE SIGNIFICANT HEALTH DISPARITIES, ESPECIALLY WITH RESPECT TO CHRONIC HEALTH CONDITIONS (E.G. DIABETES, HYPERTENSION) AND MATERNAL/INFANT HEALTH (E.G. INFANT MORTALITY, PRETERM BIRTH, LOW BIRTH WEIGHT).

MARYLAND HEALTH CARE FOR ALL FORUM - THIS EVENT WAS ONE OF ELEVEN FORUMS HELD ACROSS THE STATE TO ENGAGE AND EDUCATE MARYLANDERS ABOUT THE HEALTH SYSTEM TRANSFORMATION UNDERWAY IN OUR STATE.

STORK'S NEST: STORK'S NEST IS A PRENATAL EDUCATION PROGRAM THAT OFFERS SEVERAL SESSIONS A YEAR IN ENGLISH AND SPANISH. PARTICIPANTS EARN POINTS BY ATTENDING CLASSES, GOING TO PRENATAL CARE APPOINTMENTS AND ADOPTING HEALTHY BEHAVIORS. PARTICIPANTS CONTINUE TO EARN POINTS UNTIL THEIR BABY TURNS ONE YEAR OLD BY ATTENDING WELL-BABY CHECKUPS AND MAKING SURE IMMUNIZATIONS ARE RECEIVED ON TIME. POINTS CAN BE USED TO "PURCHASE" PREGNANCY AND INFANT CARE ITEMS AT THE STORK'S NEST STORE.

WEIGHT OF THE NATION SCREENING: UM BWMC OFFERED A FOUR-PART WEIGHT OF THE NATION (WOTN) EDUCATIONAL SERIES. DURING EACH SESSION, A SEGMENT FROM WOTN SERIES WAS VIEWED BY PARTICIPANTS AND THERE WAS A DISCUSSION FACILITATED BY AN INSTRUCTOR FROM ANNE ARUNDEL COMMUNITY COLLEGE. HEALTHY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DINNERS WERE SERVED TO DEMONSTRATE THE COMPONENTS OF A HEALTHY MEAL.

PARTICIPANTS RECEIVED PORTION PLATES TO EDUCATE THEM ABOUT PROPER PORTION SIZES AND FOOD TYPES, AND WATER BOTTLES TO ENCOURAGE DRINKING WATER.

INFLUENZA EDUCATION AND PREVENTION: EDUCATION AND OUTREACH REGARDING THE IMPORTANCE OF RECEIVING AN INFLUENZA VACCINE, PREVENTION OF DISEASE TRANSMISSION/SELF-CARE TIPS AND FREE SEASONAL INFLUENZA VACCINES ARE PROVIDED TO THE COMMUNITY.

IN ADDITION TO THE COMMUNITY OUTREACH ACTIVITIES DESCRIBED ABOVE, UM BWMC PROVIDES SUPPORT TO OUR COMMUNITIES IN NUMEROUS OTHER WAYS. WE OFFER SUPPORT GROUPS FOR CANCER, DIABETES, STROKE, LACTATION, SLEEP DISORDERS AND MENTAL HEALTH. WE HOST BLOOD DRIVES, EXERCISE CLASSES, CHILDBIRTH CLASSES AND EDUCATIONAL EVENTS FOR CANCER SURVIVORSHIP. WE ALLOW COMMUNITY GROUPS TO UTILIZE OUR CONFERENCE FACILITIES FREE OF CHARGE. WE ALSO MAKE DONATIONS TO CERTAIN COMMUNITY ORGANIZATIONS. UM BWMC LEADERSHIP IS ACTIVE ON NUMEROUS COMMUNITY BOARDS AND COMMITTEES TO PROMOTE COMMUNITY HEALTH IMPROVEMENT. WE PROVIDE PHYSICIAN SUBSIDIES TO ENSURE COMMUNITY MEMBERS HAVE ACCESS TO APPROPRIATE HEALTH CARE SERVICES. WE ALSO PARTICIPATE WITH IN EMERGENCY PREPAREDNESS PLANNING TO ASSURE APPROPRIATE HEALTH SERVICES ARE AVAILABLE DURING EMERGENCY SITUATIONS.

UM BWMC WORKS CLOSELY WITH OTHER ORGANIZATIONS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE. IN FY15, UM BWMC COLLABORATED WITH ANNE ARUNDEL MEDICAL CENTER TO JOINTLY APPLY AS LEAD APPLICANTS FOR THE BAY AREA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TRANSFORMATION PARTNERSHIP (BATP), A GRANT-FUNDED OPPORTUNITY FROM THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION TO DEVELOP A PLAN TO DEVELOP LOCAL PLANS FOR HEALTH SYSTEM TRANSFORMATION IN SUPPORT OF MARYLAND'S ALL-PAYER MEDICARE WAIVER MODEL. OUR LOCAL HEALTH IMPROVEMENT COALITION AND NUMEROUS GOVERNMENTAL AGENCIES, HEALTH CARE PROVIDERS, AND COMMUNITY AGENCIES ARE ALSO PART OF THIS PARTNERSHIP. BATP WAS AWARDED A PLANNING GRANT IN THE AMOUNT OF \$400,000 DURING FY15. BATP PLANNING WORK CONTINUED INTO FY16 AND AN RFP WAS SUBMITTED FOR IMPLEMENTATION FUNDING. THE BATP IMPLEMENTATION PLAN WILL IMPROVE ACCESS TO CARE, CARE COORDINATION AND HEALTH OUTCOMES, PARTICULARLY AMONG PATIENTS WITH COMPLEX, CHRONIC ILLNESS AND BEHAVIORAL HEALTH CONDITIONS.

IN FY15 UM BWMC DECIDED TO SHIFT OUR COMMUNITY BENEFIT RESOURCES AND NOT FOCUS ON VIOLENCE PREVENTION. OTHER ORGANIZATIONS IN THE COUNTY, INCLUDING THE YWCA, DEVOTE RESOURCES TO VIOLENCE PREVENTION INITIATIVES. THERE WAS NOT SUFFICIENT INTEREST BY COMMUNITY PARTNERS TO OFFER THE VIOLENCE PREVENTION PROGRAMS OUTLINED IN UM BWMC'S ACTION PLAN DEVELOPED IN FY13.

THE NEED FOR ENHANCED AND IMPROVED COORDINATION OF BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH AND SUBSTANCE ABUSE) WAS A COMMON THEME THROUGHOUT THE ASSESSMENT. THIS COMMUNITY NEED IS BEING ADDRESSED BY THE HEALTHY ANNE ARUNDEL COALITION, OUR COUNTY'S LOCAL HEALTH IMPROVEMENT COALITION, WITH LEADERSHIP FROM THE ANNE ARUNDEL COUNTY DEPARTMENT OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC., ANNE ARUNDEL MEDICAL CENTER AND UM BWMC. UM BWMC SERVES A CO-VICE CHAIR OF THE HEALTHY ANNE ARUNDEL COALITION AND ALSO ACTIVELY SUPPORTS THE COALITION'S SUBCOMMITTEE THAT FOCUS ON IMPROVING BEHAVIORAL HEALTH (INCLUDING ACCESS TO CARE, QUALITY OF CARE AND COORDINATION OF SERVICES).

UM BWMC'S CHEMICAL DEPENDENCY NURSE PRACTITIONER HAS A LEADERSHIP ROLE IN MANY INITIATIVES RELATED TO SUBSTANCE ABUSE PREVENTION IN ANNE ARUNDEL COUNTY. EXAMPLES OF SOME OF THE COUNTY-WIDE COMMITTEES THAT HE PARTICIPATES ON INCLUDE THE CO-ORDERING DISORDERS SUBCOMMITTEE (PART OF THE HEALTHY ANNE ARUNDEL COALITION), THE CHANGE AGENTS COMMITTEE, THE DRUG AND ALCOHOL COUNCIL WORKGROUP AND THE FATAL OVERDOSE REVIEW TEAM. IN FY15, UM BWMC AND THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH DEVELOPED A NEW INITIATIVE FOR EMERGENCY DEPARTMENT PATIENTS ADDICTED TO PRESCRIPTION DRUGS AND OPIOIDS. PEER SUPPORT SPECIALISTS FROM THE DEPARTMENT OF HEALTH WILL BE LOCATED IN UM BWMC'S EMERGENCY DEPARTMENT TO HELP ADDICTED PATIENTS ACCESS TREATMENT AND RECOVERY SUPPORT SERVICES. THIS PROGRAM WILL BE IMPLEMENTED IN FY16.

LACK OF AFFORDABLE DENTAL SERVICES, ENVIRONMENTAL HEALTH CONCERNS AND TRANSPORTATION BARRIERS ARE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA NOT DIRECTLY BEING ADDRESSED BY UM BWMC. UM BWMC DOES NOT PROVIDE ROUTINE DENTAL CARE AT THIS TIME, BUT REFERS PATIENTS TO LOW-COST DENTAL CLINICS FOR CARE. WE DO SUBSIDIZE ORAL SURGERY ON-CALL SERVICES (\$83,120 IN FY15) AND HAVE ORAL SURGEONS ON THE MEDICAL STAFF. ENVIRONMENTAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH CONCERNS ARE BEING ADDRESSED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH'S BUREAU OF ENVIRONMENTAL HEALTH SERVICES AND OTHER LOCAL ENVIRONMENTAL ADVOCACY ORGANIZATIONS. PUBLIC TRANSPORTATION IS NOT IN THE SCOPE OF SERVICES THAT UM BWMC CAN PROVIDE AS A HOSPITAL; HOWEVER, WE DO PROVIDE SOME TRANSPORTATION ASSISTANCE THROUGH OUR CARE MANAGEMENT PROGRAM (\$52,984 IN FY15). WE ALSO PROVIDE TRANSPORTATION ASSISTANCE FOR PARTICIPANTS IN OUR STORK'S NEST PRENATAL EDUCATION PROGRAM AND WILL BE PROVIDING THIS SERVICE FOR PARTICIPANTS IN OUR CENTERING PREGNANCY PROGRAM. ANNE ARUNDEL AND SURROUNDING COUNTY GOVERNMENTS ARE COLLABORATING TO EXPAND ACCESS TO PUBLIC TRANSPORTATION IN THE CENTRAL MARYLAND REGION.

LINE 22D

ALL PATIENTS ARE CHARGED STATE REGULATED RATES REGARDLESS OF THEIR ABILITY TO PAY.

LINE 24

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? _____

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

Part VI Supplemental Information

Provide the following information.

- 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 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, PART I, 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

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.

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 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.

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.

SCHEDULE H, LINE 7F COLUMN (C) AND (D)

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

SCHEDULE H, PART II

THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER, INC. ("UM BWMC") PROMOTES HEALTH AND WELLNESS IN THE COMMUNITIES IT SERVES. THESE ACTIVITIES

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.

INCLUDE COMMUNITY SUPPORT, COALITION BUILDING AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY. IN FY15, UM BWMC ASSOCIATES SERVED AS SCIENCE FAIR JUDGES AT LOCAL SCHOOLS, READ TO STUDENTS AS PART OF THE READ FOR THE RECORD PROGRAM, AND PARTICIPATED IN CAREER FAIRS. UM BWMC STAFF ALSO PARTICIPATED IN YOUTH MENTORING PROGRAMS. UM BWMC PROVIDES LEADERSHIP TO MANY COMMUNITY COALITIONS AND COLLABORATIVE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH. THE HEALTHY ANNE ARUNDEL COALITION (HAAC) IS JOINTLY LED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, UM BWMC AND ANNE ARUNDEL MEDICAL CENTER. THIS COALITION IS A PARTNERSHIP OF PUBLIC SECTOR AGENCIES, HEALTH CARE PROVIDERS AND PAYERS, COMMUNITY-BASED PARTNERS, THE BUSINESS COMMUNITY AND ACADEMIC INSTITUTIONS. PRIMARY HEALTH IMPROVEMENT PRIORITIES FOR THIS COALITION INCLUDE OBESITY PREVENTION AND BEHAVIORAL HEALTH. OTHER COMMUNITY COALITION THAT UM BWMC PLAYS AN ACTIVE ROLE IN INCLUDE: CONQUER CANCER COALITION, FETAL AND INFANT MORTALITY REVIEW TEAM, CHANGE AGENTS COMMITTEE, DRUG AND ALCOHOL COUNCIL WORKGROUP AND THE FATAL OVERDOSE REVIEW TEAM. ALL OF THESE COMMITTEES AND COALITION ARE COLLABORATIVE EFFORTS TO ADDRESS HEALTH ISSUES AND ADVOCATE FOR POLICIES AND PROGRAMS THAT IMPROVE HEALTH IN THE COMMUNITIES WE SERVE.

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.
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BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

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

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

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
 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

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

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 ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

IT SHOULD BE NOTED THAT BALTIMORE WASHINGTON MEDICAL CENTER, INC. IS IN THE PROCESS OF SOLIDIFYING THEIR BILLING AND COLLECTION POLICY AND PROCEDURES TO INSURE COMPLIANCE WITH THE NEW IRC SECTION 501(R)

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.

REGULATIONS.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

UM BWMC CONTINUOUSLY ASSESSES THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES. IN ADDITION THE CHNA THAT IS CONDUCTED EVERY THREE YEARS, UM BWMC REGULARLY ANALYZES INPATIENT AND EMERGENCY DEPARTMENT UTILIZATION DATA AND DATA FROM EMPLOYED OUTPATIENT PHYSICIAN PRACTICES. UM BWMC ALSO REVIEWS ANNE ARUNDEL COUNTY, MARYLAND AND NATIONAL HEALTH DATA AND TRENDS. UM BWMC AND UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") ALSO CONDUCT STUDIES TO ASSESS HEALTH NEEDS, SUCH AS THE PHYSICIAN NEEDS ASSESSMENT THAT WAS CONDUCTED IN 2014 IN PARTNERSHIP WITH THE ADVISORY BOARD COMPANY. ADDITIONALLY, UM BWMC RECEIVES INPUT AND FEEDBACK INTO COMMUNITY NEEDS THROUGH ITS PARTICIPATION IN COMMUNITY COALITIONS AND COMMITTEES. SOME OF THESE COALITIONS AND COMMITTEES ARE DESCRIBED IN THE NARRATIVE FOR PART II. UM BWMC'S PROCESS FOR CONDUCTING ITS MOST RECENT CHNA IS DESCRIBED IN DETAIL IN PART IV, SECTION C.

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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PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

SCHEDULE H, PART VI, LINE 3

UM BWC PROVIDES EMERGENCY, INPATIENT, AND OTHER CARE REGARDLESS OF ABILITY TO PAY. UM BWC'S FINANCIAL ASSISTANCE POLICY (FAP) WAS ESTABLISHED TO ASSIST PATIENTS IN OBTAINING FINANCIAL AID WHEN THE SERVICES RENDERED ARE BEYOND A PATIENT'S ABILITY TO PAY. A PATIENT'S INABILITY TO OBTAIN FINANCIAL ASSISTANCE DOES NOT IN ANY WAY PRECLUDE THE PATIENT'S RIGHT TO RECEIVE AND HAVE ACCESS TO MEDICAL TREATMENT AT UM BWC. UM BWC'S FAP COMPLIES WITH MARYLAND REGULATIONS, AND INCLUDES A STATEMENT THAT A DETERMINATION ON PROBABLE ELIGIBILITY WILL BE MADE WITHIN TWO BUSINESS DAYS FOLLOWING RECEIPT OF A PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE.

UM BWC'S FINANCIAL ASSISTANCE POLICY PROVIDES ASSISTANCE RANGING UP TO 100% OF THE TOTAL COST OF HOSPITAL SERVICES. PHYSICIAN CHARGES FOR NON-HOSPITAL EMPLOYEES, WHICH ARE BILLED SEPARATELY, ARE EXCLUDED FROM UM BWC'S FAP. PATIENTS ARE ENCOURAGED TO CONTACT THEIR PHYSICIANS DIRECTLY

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.

FOR FINANCIAL ASSISTANCE RELATED TO PHYSICIAN CHARGES. A PATIENT WHO QUALIFIES FOR FINANCIAL ASSISTANCE AT ANY OTHER UMMS AFFILIATED HOSPITAL WILL BE OFFERED THE SAME TERMS AT UM BWMC (AND OTHER UMMS HOSPITALS).

UM BWMC'S FINANCIAL ASSISTANCE APPLICATION PACKET IS AVAILABLE IN ENGLISH AND SPANISH AND INCLUDES THE INFORMATION AND FORMS NEEDED TO APPLY FOR FINANCIAL ASSISTANCE. FOR EMERGENCY SERVICES, APPLICATIONS TO THE FINANCIAL ASSISTANCE PROGRAM ARE COMPLETED AND EVALUATED AFTER TREATMENT IS COMMENCED AND THE PROCESS WILL NOT DELAY PATIENTS FROM RECEIVING NECESSARY EMERGENCY AND INPATIENT CARE.

UM BWMC INFORMS PATIENTS AND PERSONS WHO WOULD OTHERWISE BE BILLED FOR SERVICES ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IN THE FOLLOWING MANNER:

1. UM BWMC PUBLISHES ANNUAL NOTICES INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE AT UM BWMC. THE NOTICES ARE PUBLISHED IN 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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- 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.

BALTIMORE SUN, MARYLAND GAZETTE AND THE CAPITAL, THE THREE MAIN

NEWSPAPERS DISTRIBUTED IN THE UM BWMC'S COMMUNITY BENEFIT SERVICE AREA.

2. UM BWMC PREPARES ITS FINANCIAL ASSISTANCE INFORMATION IN A CULTURALLY SENSITIVE MANNER, AT A READING LEVEL APPROPRIATE FOR THE SERVICE AREA'S POPULATION AND IN SPANISH, A LANGUAGE PREVALENT IN UM BWMC'S COMMUNITY BENEFIT SERVICE AREA.

3. UM BWMC POSTS INFORMATION ABOUT ITS FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN THE BUSINESS OFFICE, ALL ADMISSION AREAS, THE EMERGENCY DEPARTMENT, AND OTHER OUTPATIENT AREAS THROUGHOUT THE FACILITY.

4. UM BWMC PROVIDES INDIVIDUALIZED NOTICE REGARDING THE HOSPITAL'S FAP AT THE TIME OF PREADMISSION OR ADMISSION TO EACH PERSON WHO SEEKS SERVICES IN THE HOSPITAL. INDIVIDUALS ARE GIVEN A COPY OF THE FINANCIAL ASSISTANCE PATIENT INFORMATION SHEET. COPIES OF THE FINANCIAL ASSISTANCE PATIENT INFORMATION SHEET, IN BOTH ENGLISH AND SPANISH, ARE ATTACHED AS APPENDIX IV.

5. UM BWMC PROVIDES EACH PATIENT A PATIENT HANDBOOK UPON ADMISSION THAT CONTAINS INFORMATION ABOUT ITS FAP AND ANSWERS TO COMMON BILLING

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.).
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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.

QUESTIONS.

6. UM BWMC PROVIDES INFORMATION ABOUT ITS FAP AND FINANCIAL ASSISTANCE

CONTACT INFORMATION IN PATIENT BILLS.

7. UM BWMC EMPLOYS DEDICATED STAFF TO ASSIST PATIENTS WITH APPLYING FOR ITS FINANCIAL ASSISTANCE PROGRAM AND OTHER FINANCIAL ASSISTANCE PROGRAMS FOR HEALTH CARE SERVICES. UM BWMC DISCUSSES WITH PATIENTS OR THEIR FAMILIES THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID AND OTHER FEDERAL, STATE AND LOCAL PROGRAMS. PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, THE MARYLAND HEALTH CONNECTION FOR ENROLLMENT IN MEDICAID AND QUALIFIED HEALTH PLANS AND THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH'S REACH (RESIDENTS ACCESSING A COALITION OF HEALTH) LOW-COST HEALTH CARE PROGRAM FOR UNINSURED ANNE ARUNDEL COUNTY RESIDENTS. UM BWMC IS A PARTICIPATING PROVIDER IN THE REACH PROGRAM.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

UM BWMC, IN FY15, REFINED OUR COMMUNITY BENEFIT SERVICE AREA (CBSA) TO

Part VI Supplemental Information

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INCLUDE ALL OF ANNE ARUNDEL COUNTY. THIS IS CONSISTENT WITH OUR CONTINUED AND EXPANDED LEADERSHIP ROLE IN COUNTY-WIDE COLLABORATIVE POPULATION HEALTH INITIATIVES SUCH AS THE HEALTHY ANNE ARUNDEL COALITION (LOCAL HEALTH IMPROVEMENT COALITION) AND THE BAY AREA TRANSFORMATION PARTNERSHIP (MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE/MARYLAND HEALTH SERVICES COST REVIEW COMMISSION REGIONAL TRANSFORMATION PARTNERSHIP). HOWEVER, UM BWMC DEVOTES ADDITIONAL COMMUNITY BENEFIT RESOURCES TO THE AREAS WHERE 60% OF OUR DISCHARGES ORIGINATE (21061, 21122, 21060, 21144, 21146). THE AREA SURROUNDING UM BWMC WHERE MOST OF OUR DISCHARGES ORIGINATE FROM HAS SOME OF THE MOST VULNERABLE, HIGH-RISK RESIDENTS IN ANNE ARUNDEL COUNTY BASED ON SOCIOECONOMIC AND HEALTH DATA (SOURCE: ANNE ARUNDEL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, 2012. AVAILABLE AT: [HTTP://WWW.AAHEALTH.ORG/CHNA](http://www.aahealth.org/chna)). WE MAKE CONCERTED EFFORTS TO REACH VULNERABLE, AT-RISK POPULATIONS, INCLUDING THE UNINSURED, RACIAL/ETHNIC MINORITIES, PERSONS WITH RISKY HEALTH BEHAVIORS (E.G. SMOKING), AND PEOPLE WITH CHRONIC HEALTH CONDITIONS (E.G. DIABETES, CANCER).

ANNE ARUNDEL COUNTY IS THE FIFTH LARGEST JURISDICTION IN MARYLAND WITH

Part VI Supplemental Information

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APPROXIMATELY 560,133 RESIDENTS. (SOURCE: U.S. CENSUS BUREAU. 2014 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES). IT IS PART OF THE BALTIMORE METROPOLITAN AREA AND IS LOCATED ON THE CHESAPEAKE BAY, ENCOMPASSING A 454 SQUARE MILE AREA. THE CITY OF ANNAPOLIS, THE STATE CAPITOL, IS CENTRALLY LOCATED BETWEEN BALTIMORE AND WASHINGTON, D.C. THE NORTHERN PART OF THE COUNTY IS SUBURBAN AND URBAN WITH THE SOUTHERN PART PRIMARILY RURAL AND AGRICULTURAL.

ANNE ARUNDEL COUNTY IS SERVED BY TWO MAJOR HOSPITALS: UM BWMC IN GLEN BURNIE AND ANNE ARUNDEL MEDICAL CENTER (AAMC) IN ANNAPOLIS. BOTH AAMC AND UM BWMC ARE AFFILIATED WITH ACADEMIC MEDICAL CENTERS, WHICH OFFER ADVANTAGES TO PATENTS REQUIRING HIGHLY-SPECIALIZED TERTIARY CARE. MEDSTAR HARBOR HOSPITAL, WHICH IS LOCATED JUST NORTH OF THE COUNTY LINE IN BALTIMORE CITY, ALSO SERVES COUNTY RESIDENTS. ADDITIONALLY, THERE ARE FOUR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) THAT SERVE COUNTY RESIDENTS: TOTAL HEALTH CARE, CHASE BREXTON, OWENSVILLE PRIMARY CARE AND FAMILY HEALTH CENTERS OF BALTIMORE. THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH ALSO OFFERS A RANGE OF PHYSICAL AND BEHAVIORAL HEALTH SERVICES AT

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FIVE CLINIC SITES. THE ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC. PROVIDES A WIDE RANGE OF QUALITY MENTAL HEALTH SERVICES TO MEDICAID RECIPIENTS AND OTHER LOW-INCOME AND UN-INSURED COUNTY RESIDENTS WHO MEET CERTAIN CRITERIA. OTHER HEALTH CARE SERVICES AVAILABLE IN THE COUNTY INCLUDE PRIMARY CARE PRACTICES, OUTPATIENT SPECIALTY CARE, COMMUNITY CLINICS, URGENT CARE FACILITIES, AND RETAIL STORE-BASED HEALTH CLINICS.

HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) ARE DESIGNATED BY HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AS HAVING SHORTAGES OF PRIMARY MEDICAL CARE, DENTAL OR MENTAL HEALTH PROVIDERS AND MAY BE GEOGRAPHIC; POPULATION I.E., LOW INCOME OR MEDICAID ELIGIBLE; OR FACILITIES I.E., FEDERALLY QUALIFIED HEALTH CENTER OR OTHER STATE OR FEDERAL PRISONS. THERE ARE THREE CATEGORIES OF HPSAS: PRIMARY CARE (SHORTAGE OF PRIMARY CARE CLINICIANS), DENTAL (SHORTAGE OF ORAL HEALTH PROFESSIONALS), AND MENTAL HEALTH (SHORTAGE OF MENTAL HEALTH PROFESSIONALS). THERE IS CURRENTLY 1 DESIGNATED PRIMARY CARE HPSA (OWENSVILLE PRIMARY CARE), 1 DENTAL HPSA (OWENSVILLE PRIMARY CARE) AND 2 MENTAL HEALTH HPSAS (OWENSVILLE PRIMARY CARE AND MARYLAND CORRECTIONAL

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INSTITUTION, JESSUP) IN ANNE ARUNDEL COUNTY. MARYLAND CORRECTIONAL

INSTITUTION IN JESSUP IS STATE RUN INSTITUTE.

MEDICALLY UNDERSERVED AREAS (MUA) MAY BE A WHOLE COUNTY, GROUP OF CONTIGUOUS COUNTIES, A GROUP OF COUNTY OR CIVIL DIVISIONS, OR A GROUP OF URBAN CENSUS TRACTS IN WHICH RESIDENTS HAVE A SHORTAGE OF PERSONAL HEALTH SERVICES. AN MUA IS DETERMINED BASED ON FOUR VARIABLES: RATIO OF PRIMARY MEDICAL CARE PHYSICIANS PER 1,000 POPULATION, INFANT MORTALITY RATE, PERCENTAGE OF THE POPULATION WITH INCOMES BELOW THE POVERTY LEVEL, AND PERCENTAGE OF THE POPULATION AGE 65 OR OVER. MEDICALLY UNDERSERVED POPULATION (MUP) MAY INCLUDE GROUPS OF PERSONS WHO FACE ECONOMIC (LOW-INCOME OR MEDICAID-ELIGIBLE POPULATIONS), CULTURAL AND/OR LINGUISTIC BARRIERS TO PRIMARY MEDICAL CARE SERVICES. THERE ARE 11 CENSUS TRACTS IN ANNE ARUNDEL COUNTY WHICH ARE DESIGNATED AS MEDICALLY UNDERSERVED AREAS OR POPULATIONS. APPROXIMATELY, 54,700 (10%) OF THE COUNTY'S POPULATION LIVES IN THESE 11 CENSUS TRACT, OUT OF WHICH 12% ARE AGE 65 AND OVER AND 23% ARE UNDER 18 YEARS OF AGE. BY RACE AND ETHNICITY, 74% OF THE POPULATION WHO LIVES IN THESE CENSUS TRACTS ARE NON-HISPANIC WHITE, 15%

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ARE NON-HISPANIC BLACK, 5% ARE HISPANIC OF ANY RACE AND 2% ARE ASIAN.

MANY PROVIDERS OF HEALTH CARE SERVICE PROVIDERS OFFER FINANCIAL ASSISTANCE. ALL HOSPITALS IN MARYLAND HAVE FINANCIAL ASSISTANCE POLICIES THAT PROVIDE MEDICALLY NECESSARY SERVICES TO ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY. PATIENTS WILL RECEIVE UP TO 100% OF MEDICALLY NECESSARY CARE COVERED DEPENDING ON THEIR CIRCUMSTANCES. PAYMENT PLANS ARE ALSO AVAILABLE. FQHCs, COMMUNITY CLINICS AND GOVERNMENTAL PROVIDERS OFFER SERVICES ON A SLIDING SCALE OR FREE BASIS. ASSISTANCE WITH ENROLLING IN PUBLICLY FUNDED ENTITLEMENT PROGRAMS AND HEALTH INSURANCE PLANS AVAILABLE THROUGH THE STATE HEALTH BENEFIT EXCHANGE ARE AVAILABLE FROM THE HOSPITALS, COUNTY DEPARTMENTS OF HEALTH AND SOCIAL SERVICES AND THE MARYLAND HEALTH CARE CONNECTION. HOWEVER, IT IS IMPORTANT TO NOTE THAT NOT ALL HEALTH CARE PROVIDERS, PARTICULARLY BEHAVIORAL HEALTH PROVIDERS ACCEPT ALL INSURANCE PLANS OR SELF-PAY PATIENTS.

PERSONS BETWEEN THE AGES OF 20 AND 44 YEARS OLD COMPRISE THE LARGEST SEGMENT OF THE POPULATION AT 34.1%, FOLLOWED BY PERSONS AGE 45 TO 64 AT

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27.5% OF THE POPULATION. PERSONS AGE 19 AND UNDER ARE 24.9% OF THE COUNTY POPULATION AND THOSE AGES 65 AND OLDER COMPRISE 13.4% OF THE POPULATION. THE COUNTY'S MEDIAN AGE IS 38.3 YEARS. THE COUNTY IS SPLIT ALMOST EVENLY BETWEEN MALES (49.5%) AND FEMALES (50.5%). (SOURCE: ANNE ARUNDEL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, 2012. AVAILABLE AT: [HTTP://WWW.AAHEALTH.ORG/CHNA](http://www.aahealth.org/chna))

ANNE ARUNDEL COUNTY HAS A PREDOMINATELY WHITE, NON-HISPANIC POPULATION; HOWEVER, THERE HAS BEEN CONTINUED GROWTH IN THE COUNTY'S MINORITY POPULATION. THE COUNTY'S WHITE, NON-HISPANIC POPULATION NOW ACCOUNTS FOR 70.0% OF THE TOTAL POPULATION, FOLLOWED BY BLACK, NON-HISPANIC AT 16.1%; HISPANIC AT 7.2%; ASIAN, NON-HISPANIC AT 3.7% AND OTHERS AT 2.5%. ENGLISH IS THE COUNTY'S PREDOMINANT LANGUAGE SPOKEN AT HOME AMONG PERSONS FIVE YEARS OF AGE AND OLDER (89.3%), FOLLOWED BY SPANISH AT (5.0%; ALL OTHER LANGUAGES COMBINED TOTALING 5.7%). (SOURCE: ANNE ARUNDEL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, 2012. AVAILABLE AT: [HTTP://WWW.AAHEALTH.ORG/CHNA](http://www.aahealth.org/chna))

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WHILE ANNE ARUNDEL COUNTY IS GENERALLY CONSIDERED AN AFFLUENT COUNTY WITH A MEDIAN INCOME OF \$87,217, APPROXIMATELY 6.1% OF THE POPULATION LIVES IN POVERTY. INCOME AFFECTS ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, RECREATIONAL OPPORTUNITIES AND ACCESS TO HEALTH CARE SERVICES. ADDITIONALLY, IT IS IMPORTANT TO NOTE THAT RACIAL AND ETHNIC DISPARITIES EXIST WITH 8.3% OF BLACKS AND 11.3% OF HISPANICS LIVING IN POVERTY, COMPARED TO ONLY 4.7% OF NON-HISPANIC WHITES. IN THE COUNTY, 15.1% OF THE POPULATION IS MEDICAID RECIPIENTS AND 5.4% OF THE POPULATION IS UNINSURED. THE WHITE, NON-HISPANIC POPULATION HAS THE LOWEST PERCENT UNINSURED AT 4.5%, AND THE HISPANIC, ANY RACE POPULATION HAS THE HIGHEST PERCENT UNINSURED AT 14.1%. (SOURCE: ANNE ARUNDEL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, 2012. AVAILABLE AT: [HTTP://WWW.AAHEALTH.ORG/CHNA](http://www.aahealth.org/chna))

RACIAL AND ETHNIC HEALTH DISPARITIES EXIST IN ANNE ARUNDEL COUNTY, MARYLAND AND THE UNITED STATES. RACIAL AND ETHNIC MINORITIES OFTEN HAVE THE HIGHEST INCIDENCE, PREVALENCE AND MORTALITY RATES FROM CHRONIC DISEASES SUCH AS CARDIOVASCULAR DISEASE, DIABETES AND OBESITY. ADDITIONALLY, LANGUAGE BARRIERS CAN IMPACT ACCESS TO HEALTH SERVICES AND

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HEALTH LITERACY. (SOURCE: MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. STATE HEALTH IMPROVEMENT PROCESS. AVAILABLE AT: [HTTP://WWW.DHMH.MARYLAND.GOV/SHIP](http://www.dhmm.maryland.gov/ship); ANNE ARUNDEL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, 2012. AVAILABLE AT: [HTTP://WWW.AAHEALTH.ORG/CHNA](http://www.aahealth.org/chna).)

ANNE ARUNDEL COUNTY HAS 126 PUBLIC SCHOOLS, SERVING APPROXIMATELY 81,000 STUDENTS. (SOURCE; ANNE ARUNDEL COUNTY PUBLIC SCHOOLS. AVAILABLE AT: [HTTP://WWW.AACPS.ORG/AACPS/BOE/ADMIN/PINFO/FASTFACTS.PDF](http://www.aacps.org/aacps/boe/admin/pinfo/fastfacts.pdf). ACCESSED OCTOBER 20, 2015.) THE COUNTY ALSO HAS MANY PRIVATE PRIMARY AND SECONDARY SCHOOLS, THE AWARD-WINNING ANNE ARUNDEL COMMUNITY COLLEGE, THE U.S. NAVAL ACADEMY, ST. JOHNS COLLEGE AND SATELLITE LOCATIONS OF OTHER INSTITUTES OF HIGHER EDUCATION. ONE OF THE MOST BENEFICIAL ASSETS TO ANNE ARUNDEL COUNTY IS ITS WELL-EDUCATED POPULATION. APPROXIMATELY 91.9% OF THE POPULATION OVER AGE 25 HAS OBTAINED A HIGH SCHOOL DIPLOMA AND APPROXIMATELY 38.8% OF ANNE ARUNDEL COUNTY'S POPULATION AGE 25 AND OVER HAS EITHER A BACHELOR'S DEGREE OR A GRADUATE PROFESSIONAL DEGREE. (SOURCE: U.S. CENSUS BUREAU. 2014 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES)

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ANNE ARUNDEL COUNTY HAS A COMPREHENSIVE SYSTEM OF RECREATIONAL PARKS AND PROGRAMS. MORE THAN 140 PARKS AND SANCTUARIES ARE OVERSEEN BY THE COUNTY DEPARTMENT OF RECREATION AND PARKS. THE DEPARTMENT ALSO MANAGES SPECIALIZED RECREATIONAL FACILITIES, INCLUDING TWO SWIM CENTERS, TWO GOLF COURSES, AND A BASEBALL STADIUM AND SOFTBALL COMPLEX. THE DEPARTMENT ALSO OFFERS A VARIETY OF RECREATIONAL PROGRAMMING INCLUDING EDUCATIONAL CLASSES, COOKING LESSONS, ARTS AND CRAFTS PROGRAMS, YOUTH AND ADULT ATHLETICS, SCHOOL-AGE CHILDCARE AND ADAPTIVE RECREATION. THE COUNTY IS ALSO HOME TO NUMEROUS YOUTH AND ADULT SPORT ORGANIZATIONS THAT OFFER RECREATIONAL ACTIVITIES FOR A RANGE OF AGES AND ABILITY LEVELS. (SOURCE: ANNE ARUNDEL COUNTY DEPARTMENT OF RECREATION AND PARKS. AVAILABLE AT: [HTTP://WWW.AACOUNTY.ORG/RECPARKS/ABOUTUS/INDEX.CFM](http://www.aacounty.org/recparks/aboutus/index.cfm). ACCESSED OCTOBER 20, 2015.)

OVERALL, ANNE ARUNDEL COUNTY RANKS EIGHTH OUT OF TWENTY-FOUR MARYLAND JURISDICTIONS IN MEASURES THAT INDICATE THE OVERALL HEALTH OF THE COUNTY. (SOURCE: COUNTY HEALTH RANKINGS 2015. DATA AVAILABLE AT

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[HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/APP/MARYLAND/2015/RANKINGS/OUTCOMES/OV](http://WWW.COUNTYHEALTHRANKINGS.ORG/APP/MARYLAND/2015/RANKINGS/OUTCOMES/OV)

ERALL)

PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

UM BWMC'S MISSION IS TO PROVIDE THE HIGHEST QUALITY HEALTH CARE SERVICES TO THE COMMUNITIES WE SERVE. THE KEYWORD IS COMMUNITIES. WE EXTEND OUR SERVICES BEYOND THE HOSPITAL WALLS AND OUTSIDE OF OUR CAMPUS THROUGH PARTNERSHIPS WITH ORGANIZATIONS THROUGHOUT OUR COMMUNITY. WE ARE ALWAYS ENGAGING IN NEW COLLABORATIONS AND ENHANCING EXISTING ONES TO MEET THE NEEDS OF THE COMMUNITY AND REACH PEOPLE WE HAVEN'T REACHED BEFORE. WE PLACE A PARTICULAR EMPHASIS ON REACHING VULNERABLE POPULATIONS AND ADDRESSING THE HEALTH IMPROVEMENT PRIORITIES IDENTIFIED THROUGH OUR CHNA.

OUR COMMUNITY BENEFIT PROGRAM INCLUDES HEALTH PROMOTION AND OUTREACH SERVICES TO PROVIDE PEOPLE WITH THE EDUCATION AND TOOLS TO LEAD HEALTHIER

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.

LIVES, SCREENINGS SO THAT PEOPLE CAN BE DIAGNOSED WITH DISEASES WHEN THEY ARE MOST TREATABLE, FINANCIAL ASSISTANCE TO THOSE WHO COULD NOT OTHERWISE AFFORD HEALTH CARE SERVICES, PROVIDER SUBSIDIZED TO INCREASE ACCESS TO CARE, HEALTH CARE WORKFORCE DEVELOPMENT, AND OTHER COMMUNITY BUILDING ACTIVITIES. AS PART OF OUR COMMITMENT TO PROVIDE THE HIGHEST QUALITY OF HEALTH CARE SERVICES TO THE COMMUNITIES WE SERVE, UM BWMC IS WORKING TO ENSURE PATIENTS CAN RECEIVE THE RIGHT CARE, AT THE RIGHT PLACE AND AT THE RIGHT TIME. UM BWMC IS HELPING CONNECT COMMUNITY MEMBERS WITH MEDICAL AND SOCIAL RESOURCES TO HELP THEM BE HEALTHIER. OUR FY15 ANNUAL OPERATING PLAN, WHICH IS DERIVED FROM OUR STRATEGIC PLAN, INCLUDED A FOCUS ON POPULATION HEALTH AND REDUCING POTENTIALLY AVOIDABLE UTILIZATION, SPECIFICALLY RELATED TO READMISSIONS. MANY UM BWMC COMMUNITY BENEFIT INITIATIVES FOCUS ON HEALTH OUTREACH AND EDUCATION TO HELP ACHIEVE/MAINTAIN A HEALTHY WEIGHT AND PREVENT/MANAGE CHRONIC HEALTH CONDITIONS IN ORDER TO HELP PEOPLE LIVE HEALTHIER LIVE AND KEEP THEM OUT OF THE HOSPITAL.

UM BWMC'S COMMUNITY HEALTH IMPROVEMENT PRIORITIES AS DEFINED IN THE UM

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.

BWMC CHNA AND ACTION PLAN INCLUDE:

1. CHRONIC DISEASES (OBESITY, HEART DISEASE, DIABETES AND CANCER)
2. WELLNESS AND ACCESS
3. MATERNAL/CHILD HEALTH
4. ACCESS TO HEALTHY FOOD AND HEALTHY FOOD EDUCATION
5. INFLUENZA EDUCATION AND PREVENTION
6. VIOLENCE PREVENTION

IN FY15, KEY HEALTH PROMOTION INITIATIVES INCLUDED:

1. COLOR YOUR HEART 5K FUN RUN
2. HEARTBEAT FOR HEALTH
3. SMOKING CESSATION CLASSES
4. COMMUNITY VASCULAR SCREENING PROGRAM
5. SUBSIDIZED OUTPATIENT SERVICES
6. MARYLAND HEALTH CARE FOR ALL FORUM
7. STORK'S NEST PARENTAL EDUCATION AND SUPPORT PROGRAM
8. WEIGHT OF THE NATION SCREENING
9. INFLUENZA EDUCATION AND PREVENTION

Part VI Supplemental Information

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THESE INITIATIVES WERE DISCUSSED IN GREATER DETAIL IN THE SUPPLEMENTAL INFORMATION PROVIDED FOR PART IV, SECTION C, ITEM 11. THESE INITIATIVES WERE ALSO DESCRIBED IN DETAIL IN THE FY15 COMMUNITY BENEFIT REPORT SUBMITTED TO THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY.

IN ADDITION TO THE COMMUNITY OUTREACH ACTIVITIES DESCRIBED ABOVE, UM BWMC PROVIDES SUPPORT TO OUR COMMUNITIES IN NUMEROUS WAYS. WE OFFER SUPPORT GROUPS FOR CANCER, DIABETES, STROKE, LACTATION, SLEEP DISORDERS AND MENTAL HEALTH. WE HOST BLOOD DRIVES, EXERCISE CLASSES, CHILDBIRTH CLASSES AND EDUCATIONAL EVENTS FOR CANCER SURVIVORSHIP. WE ALLOW COMMUNITY GROUPS TO UTILIZE OUR CONFERENCE FACILITIES FREE OF CHARGE. WE ALSO MAKE DONATIONS TO CERTAIN COMMUNITY ORGANIZATIONS. WE ALSO PARTICIPATE WITH IN EMERGENCY PREPAREDNESS PLANNING TO ASSURE APPROPRIATE HEALTH SERVICES ARE AVAILABLE DURING EMERGENCY SITUATIONS.

THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, UM BWMC PROMOTES HEALTH AND WELLNESS IN THE COMMUNITIES IT SERVES. THESE ACTIVITIES

Part VI Supplemental Information

Provide the following information.

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INCLUDE COMMUNITY SUPPORT, COALITION BUILDING AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY. IN FY15, UM BWMC ASSOCIATES SERVED AS SCIENCE FAIR JUDGES AT LOCAL SCHOOLS, READ TO STUDENTS AS PART OF THE READ FOR THE RECORD PROGRAM, AND PARTICIPATED IN CAREER FAIRS. UM BWMC STAFF ALSO PARTICIPATED IN YOUTH MENTORING PROGRAMS. UM BWMC PROVIDES LEADERSHIP TO MANY COMMUNITY COALITIONS AND COLLABORATIVE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH. THE HEALTHY ANNE ARUNDEL COALITION (HAAC) IS JOINTLY LED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, UM BWMC AND ANNE ARUNDEL MEDICAL CENTER. THIS COALITION IS A PARTNERSHIP OF PUBLIC SECTOR AGENCIES, HEALTH CARE PROVIDERS AND PAYERS, COMMUNITY-BASED PARTNERS, THE BUSINESS COMMUNITY AND ACADEMIC INSTITUTIONS. PRIMARY HEALTH IMPROVEMENT PRIORITIES FOR THIS COALITION INCLUDE OBESITY PREVENTION AND BEHAVIORAL HEALTH. OTHER COMMUNITY COALITION THAT UM BWMC PLAYS AN ACTIVE ROLE IN INCLUDE: CONQUER CANCER COALITION, FETAL AND INFANT MORTALITY REVIEW TEAM, CHANGE AGENTS COMMITTEE, DRUG AND ALCOHOL COUNCIL WORKGROUP AND THE FATAL OVERDOSE REVIEW TEAM. ALL OF THESE COMMITTEES AND COALITION ARE COLLABORATIVE EFFORTS TO ADDRESS HEALTH ISSUES AND ADVOCATE FOR POLICIES AND PROGRAMS THAT IMPROVE HEALTH IN THE COMMUNITIES WE SERVE.

Part VI Supplemental Information

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IN FY15, UM BWMC COLLABORATED WITH ANNE ARUNDEL MEDICAL CENTER TO JOINTLY APPLY AS LEAD APPLICANTS FOR THE BAY AREA TRANSFORMATION PARTNERSHIP (BATP), A GRANT-FUNDED OPPORTUNITY FROM THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION TO DEVELOP A PLAN TO DEVELOP LOCAL PLANS FOR HEALTH SYSTEM TRANSFORMATION IN SUPPORT OF MARYLAND'S ALL-PAYER MEDICARE WAIVER MODEL. OUR LOCAL HEALTH IMPROVEMENT COALITION AND NUMEROUS GOVERNMENTAL AGENCIES, HEALTH CARE PROVIDERS, AND COMMUNITY AGENCIES ARE ALSO PART OF THIS PARTNERSHIP. BATP WAS AWARDED A PLANNING GRANT IN THE AMOUNT OF \$400,000 DURING FY15. BATP PLANNING WORK CONTINUED INTO FY16 AND AN RFP WAS SUBMITTED FOR IMPLEMENTATION FUNDING. THE BATP IMPLEMENTATION PLAN WILL IMPROVE ACCESS TO CARE, CARE COORDINATION AND HEALTH OUTCOMES, PARTICULARLY AMONG PATIENTS WITH COMPLEX, CHRONIC ILLNESS AND BEHAVIORAL HEALTH CONDITIONS.

UM BWMC HAS A COMMUNITY BENEFIT BOARD OF DIRECTORS THAT PROVIDES OVERSIGHT AND GUIDANCE TO LOCAL COMMUNITY BENEFIT PROGRAMMING AND

Part VI Supplemental Information

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COMMUNITY HEALTH IMPROVEMENT INITIATIVES. THIS BOARD APPROVES THE CHNA, IMPLEMENTATION STRATEGY AND ANNUAL REPORTS. THE COMMUNITY BENEFIT BOARD ALSO MAKES RECOMMENDATIONS TO THE UM BWMC BOARD OF DIRECTORS REGARDING COMMUNITY BENEFIT AND MONITORS THE IMPLEMENTATION OF COMMUNITY BENEFIT ACTIVITIES. THE COMMUNITY BENEFIT AND UM BWMC BOARDS OF DIRECTORS REPRESENT DIVERSE SECTORS OF THE COMMUNITY SERVED BY UM BWMC. THE MAJORITY OF OUR BOARD MEMBERS RESIDE IN THE ORGANIZATION'S SERVICE AREA AND ARE NOT EMPLOYEES, INDEPENDENT CONTRACTORS OR FAMILY MEMBERS THEREOF.

SENIOR LEADERSHIP INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER, VICE PRESIDENT FOR STRATEGY AND BUSINESS DEVELOPMENT, CLINICAL CHAIRPERSONS, AND THE DIRECTOR OF CARE MANAGEMENT ALSO PROVIDE OVERSIGHT AND GUIDANCE TO COMMUNITY BENEFIT AND IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE.

UM BWMC EXTENDS MEDICAL STAFF PRIVILEGES TO QUALIFYING PHYSICIANS IN THE COMMUNITY.

Part VI Supplemental Information

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UM BWMC OPERATES UNDER A UNIQUE REGULATORY SYSTEM THAT CAPS HOSPITAL REVENUES AND PROVIDES ADJUSTMENTS TO ALLOW FOR POPULATION HEALTH IMPROVEMENT INVESTMENTS. UNDER MARYLAND'S GLOBAL BUDGET REVENUE MODEL, UM BWMC REPORTS ON A REGULAR BASIS HOW IT IS INVESTING IN EFFORTS TO IMPROVE POPULATION HEALTH.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

UM BWMC IS PART OF THE UMMS. WE COLLABORATE WITH OTHER UMMS HOSPITALS TO DEVELOP AND IMPLEMENT ACTIVITIES, PROGRAMS AND INITIATIVES TO HELP MARYLANDERS LIVE HEALTHIER LIVES AND TO IDENTIFY THE MOST IMPACTFUL WAYS WE CAN GIVE BACK TO COMMUNITIES THROUGHOUT MARYLAND. UMMS CONVENES A MONTHLY COMMUNITY HEALTH IMPROVEMENT COMMITTEE MEETING THAT INCLUDES LEADERS FOR COMMUNITY HEALTH IMPROVEMENT ACROSS THE SYSTEM. THERE IS A ROUNDTABLE AT EACH MEETING TO DISCUSS BEST PRACTICES AND STRATEGIES, PROGRAM EVALUATION METHODOLOGIES, COMMUNITY BENEFIT REPORTING AND OTHER CONCERNS OR TOPICS OF INTEREST. THE COMMUNITY HEALTH IMPROVEMENT

Part VI Supplemental Information

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COMMITTEE SELECTS COMMUNITY HEALTH CONCERNS THAT IMPACT ALL SYSTEM HOSPITALS AND DEVOTE COLLABORATIVE RESOURCES AND EXPERTISE TO ADDRESSING THOSE CONCERNS. THE UMMS COMMUNITY HEALTHY IMPROVEMENT COMMITTEE IS CURRENTLY FOCUSING ON INCREASING HEALTH LITERACY AMONG THE PATIENTS, FAMILIES AND COMMUNITIES THAT WE SERVE.

UM BWC HAS A COMMUNITY BENEFIT BOARD OF DIRECTORS THAT PROVIDES OVERSIGHT AND GUIDANCE TO LOCAL COMMUNITY BENEFIT PROGRAMMING AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES. THIS BOARD APPROVES THE CHNA, IMPLEMENTATION STRATEGY AND ANNUAL REPORTS. THE COMMUNITY BENEFIT BOARD ALSO MAKES RECOMMENDATIONS TO THE UM BWC BOARD OF DIRECTORS REGARDING COMMUNITY BENEFIT AND MONITORS THE IMPLEMENTATION OF COMMUNITY BENEFIT ACTIVITIES. SENIOR LEADERSHIP INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER, VICE PRESIDENT FOR STRATEGY AND BUSINESS DEVELOPMENT, CLINICAL CHAIRPERSONS, AND THE DIRECTOR OF CARE MANAGEMENT ALSO PROVIDE OVERSIGHT AND GUIDANCE TO COMMUNITY BENEFIT AND IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE.

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COMMUNITY BENEFIT REPORT STATE FILINGS

SCHEDULE H, PART VI, LINE 7

MARYLAND

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

52-0689917

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), 501(c)(4), and 501(c)(29) 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) 2014

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KAREN E. OLS CAMP PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	438,045.	205,371.	79,407.	10,400.	181.	733,404.	0
2 ROBERT A. CHRENCIK DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,183,796.	1,004,469.	4,692,806.	10,400.	10,695.	6,902,166.	4,526,360.
3 ALFRED A. PIETSCH SVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	270,505.	121,500.	44,501.	10,400.	15,195.	462,101.	0
4 LAWRENCE S. LINDER SVP & CMO	(i)	0	0	0	0	0	0	0
	(ii)	348,967.	149,266.	48,119.	10,400.	9,590.	566,342.	0
5 CATHERINE WHITAKER-KLIC VP - CNO	(i)	0	0	0	0	0	0	0
	(ii)	214,155.	58,675.	3,119.	35,498.	15,195.	326,642.	0
6 KATHLEEN C MCCOLLUM SVP & COO	(i)	0	0	0	0	0	0	0
	(ii)	302,216.	124,000.	42,561.	10,400.	15,195.	494,372.	0
7 RANDY DAVIS PHYSICIAN/FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,022,263.	154,327.	3,298.	9,275.	8,359.	1,197,522.	0
8 WILLIAM HENCI AK SR DIRECTOR - PAT FIN SERV	(i)	175,788.	29,405.	6,706.	10,641.	7,353.	229,893.	0
	(ii)	0	0	0	0	0	0	0
9 CATHERINE CORWIN NURSE	(i)	162,844.	0	1,767.	11,977.	7,233.	183,821.	0
	(ii)	0	0	0	0	0	0	0
10 KATHLEEN CAMPBELL PHYSICIAN	(i)	133,988.	31,699.	1,513.	6,572.	4,339.	178,111.	0
	(ii)	0	0	0	0	0	0	0
11 BRIAN COTTER DIRECTOR - PHARMACY	(i)	145,424.	18,067.	4,478.	6,618.	0	174,587.	0
	(ii)	0	0	0	0	0	0	0
12 JOYCE MYERS DIRECOR - PERIOPERATIVE	(i)	137,652.	22,809.	1,319.	13,534.	195.	175,509.	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A

UNIVERSITY OF MARYLAND MEDICAL SYSTEM EXECUTIVES RECEIVE A BENEFIT PACKAGE PAID BY A RELATED ORGANIZATION 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.

PART I, LINE 3

COMPENSATION OF OFFICERS

ALL COMPENSATION TO OFFICERS REPORTED ON PART VII OF THE FORM 990 WAS PAID BY A RELATED ORGANIZATION, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION ("UMMSC") OR ANOTHER RELATED ENTITY IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM. THE FOLLOWING ARE USED BY THE RELATED ENTITY TO ESTABLISH THE COMPENSATION OF ORGANIZATION'S CEO:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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.

PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

DURING THE FISCAL YEAR ENDED JUNE 30, 2015, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") SUPPLEMENTAL NONQUALIFIED 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 (C), RETIREMENT AND OTHER DEFERRED COMPENSATION.

CATHERINE WHITAKER-KLICK

DURING THE FISCAL YEAR END JUNE 30, 2015, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN UMMS SUPPLEMENTAL NONQUALIFIED PLAN. THE OFFICERS AND KEY EMPLOYEES LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION.

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.

KAREN E. OLSCAMP

ALFRED A. PIETSCH

LAWRENCE S. LINDER

KATHLEEN C. MCCOLLUM

DURING THE FISCAL YEAR-ENDED JUNE 30, 2015, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN 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).

ROBERT A. CHRENCIK

PART I, LINE 7

NON-FIXED PAYMENTS

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.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

MEMBER DISCLOSURE

PART VI, SECTION A, LINE 6, LINE 7A AND LINE 7B

BALTIMORE WASHINGTON MEDICAL SYSTEM, INC. (BWMS) IS THE SOLE MEMBER OF
BALTIMORE WASHINGTON MEDICAL CENTER, INC. ("BWMC"). BWMS MAY ELECT ONE OR
MORE BOARD MEMBERS OF THE GOVERNING BODY AND ALL DECISIONS OF THE
GOVERNING BODY MUST BE APPROVED BY BWMS.

FORM 990 REVIEW PROCESS

PART VI, SECTION B, 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 ("UMMS") 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

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

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

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

CONFLICT OF INTEREST POLICY
PART VI, SECTION B, 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

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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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 UMMS REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC, AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN UMMS, 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

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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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.

EXECUTIVE COMPENSATION

PART VI, SECTION B, LINE 15

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.

PUBLIC DISCLOSURE

PART VI, SECTION C, LINE 19

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

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

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

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

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

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

HOURS FOR RELATED ORGANIZATIONS

PART VII, SECTION A, COLUMN (B)

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

PART XI, LINE 9

CHANGE IN BWMC FD NET ASSETS	\$	570,396
UNFUNDED PENSION LIABILITY		633,129

TOTAL	\$	1,203,525
		=====

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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TAX EXEMPT BONDS

FORM 990, PART IV LINE 24A

PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS. THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, THE JAMES LAWRENCE KERNAN HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HOSPITAL CENTER, INC., CIVISTA MEDICAL CENTER, INC., UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, UPPER CHESAPEAKE MEDICAL CENTER, INC., HARFORD MEMORIAL HOSPITAL, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,417,355,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2015. ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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ATTACHMENT 1

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

BWMC IS A COMMUNITY HOSPITAL WITH 323 LICENSED BEDS. 18,986 PATIENTS WERE ADMITTED IN FISCAL YEAR ENDED JUNE 30, 2015, ACCOUNTING FOR 82,196 PATIENT DAYS OF CARE. 99,188 PATIENTS WERE TREATED IN THE CENTER'S EMERGENCY DEPARTMENT. 13,462 PATIENTS REQUIRED SURGICAL PROCEDURES IN THE CENTER'S OPERATING AND ENDOSCOPY ROOMS.

THE MEDICAL CENTER TREATED 415,996 PATIENTS IN THEIR ANCILLARY DEPARTMENTS: LABORATORY, RADIOLOGY, PULMONARY, RESPIRATORY, REHABILITATION, OP-INFUSION AND EEG-SLEEP STUDIES.

THE MEDICAL CENTER EMPLOYED 3,178 EMPLOYEES IN CALENDAR YEAR 2014.

THE CENTER'S MISSION IS TO PROVIDE QUALITY HEALTH CARE TO ALL, REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR ABILITY TO PAY. BWMC ALSO PROVIDES NUMEROUS FREE PROGRAMS AND SERVICES SUCH AS HEALTH CARE SEMINARS, BLOOD PRESSURE AND CHOLESTEROL SCREENINGS, EXERCISE PROGRAMS, PUBLIC SPEAKING ENGAGEMENTS, ETC. THE CENTER'S FACILITIES ARE ALSO UTILIZED BY MANY PUBLIC SERVICE GROUPS AND ORGANIZATIONS THROUGHOUT THE YEAR AT NO CHARGE.

DURING FISCAL YEAR ENDED JUNE 30, 2015, BWMC PROVIDED \$8,041,830 OF CHARITY CARE TO THOSE WHO QUALIFIED UNDER REGULATORY GUIDELINES AND WROTE OFF ANOTHER \$15,357,634 OF PATIENT SERVICE REVENUE AS

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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ATTACHMENT 1 (CONT'D)

BAD DEBTS.

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DIGITRACE CARE SERVICES 200 CORPORATE PLACE PEABODY, MA 01960	HEALTHCARE	1,117,775.
INDEPENDENT DIALYSIS FOUNDATION 840 HOLLINS STREET BALTIMORE, MD 21201	HEALTHCARE	619,850.
HEALOGICS WOUND CARE & HYPERBARIC SRVCS 3087 MOMENTUM PLACE CHICAGO, IL 60689	HEALTHCARE	497,472.
UNIVERSITY OF MARYLAND RADIATION ONCOLOG 22 S. GREENE STREET BALTIMORE, MD 21201	PHYSICIAN SERVICES	457,440.
UP TO DATE LAUNDRY, INC. 1221 DESOTO ROAD BALTIMORE, MD 21223	LAUNDRY	451,661.

ATTACHMENT 3FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
ALTERNATIVE INVESTMENTS	45,256,000.	35,843,000.	FMV
TOTALS	<u>45,256,000.</u>	<u>35,843,000.</u>	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2014

**Open to Public
Inspection**

Employer identification number

52-0689917

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BALTIMORE WASHINGTON EMERGENCY PHYS INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1756326	HEALTHCARE	MD	501(C)(3)	11A	UMBWMS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830243	HEALTHCARE	MD	501(C)(3)	11A	UMBWMS		X
(3) UNIVERSITY OF MARYLAND MEDICAL SYSTEM 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1362793	HEALTHCARE	MD	501(C)(3)	3	N/A		X
(4) UMD BALTIMORE WASHINGTON MEDICAL SYS 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	UMBWMS		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)		UMBWMS		X

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

Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SHIPLEYS CHOICE MEDICAL PARK INC 22 SOUTH GREENE STREET BALTIMORE, MD 21201 04-3643849	REAL ESTATE	MD	501(C)(2)		NCC		X
(2) CHESTER RIVER HEALTH FOUNDATION INC 100 BROWN STREET CHESTERTOWN, MD 21620 52-1338861	FUNDRAISING	MD	501(C)(3)	8	UMSRH		X
(3) UNIV OF MD SHORE REGIONAL HEALTH, INC 100 BROWN STREET CHESTERTOWN, MD 21620 52-2046500	HEALTHCARE	MD	501(C)(3)	11A	UMMSC		X
(4) CHESTER RIVER HOSPITAL CENTER 100 BROWN STREET CHESTERTOWN, MD 21620 52-0679694	HEALTHCARE	MD	501(C)(3)	3	UMSRH		X
(5) CHESTER RIVER MANOR INC 200 MORGNEC ROAD CHESTERTOWN, MD 21620 52-6070333	HEALTHCARE	MD	501(C)(3)	9	UMSRH		X
(6) MARYLAND GENERAL CLINICAL PRACTICE GROUP 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1566211	HEALTHCARE	MD	501(C)(3)	11B	UMMTH		X
(7) MARYLAND GENERAL COMM HEALTH FOUNDATION 827 LINDEN AVENUE BALTIMORE, MD 21201 52-2147532	FUNDRAISING	MD	501(C)(3)	11C	UMMTH		X

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

Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

52-0689917

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY OF MARYLAND MIDTOWN HEALTH 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1175337	HEALTHCARE	MD	501(C)(3)	11B	UMMSC		X
(2) MARYLAND GENERAL HOSPITAL INC 827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(C)(3)	3	UMMTH		X
(3) CARE HEALTH SERVICES INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(C)(3)	9	UMSRH		X
(4) DORCHESTER GENERAL HOSPITAL FOUNDATION 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1703242	FUNDRAISING	MD	501(C)(3)	11D	UMSRH		X
(5) MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(C)(3)	11A	UMSRH		X
(6) UM COMMUNITY MEDICAL GROUP, INC. 920 ELKRIDGE LANDING ROAD LINTHICUM, MD 21090 52-1874111	HEALTHCARE	MD	501(C)(3)	3	UMMSC		X
(7) SHORE HEALTH SYSTEM INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0610538	HEALTHCARE	MD	501(C)(3)	3	UMMSC		X

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Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**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.

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

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

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 EIN: 23-7360743	FUNDRAISING	MD	501(C)(3)	11B	UMMSC		X
(2) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 EIN: 52-0591639	HEALTHCARE	MD	501(C)(3)	3	UMMSC		X
(3) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 EIN: 52-2238893	FUNDRAISING	MD	501(C)(3)	11A	UMMSC		X
(4) UNIVERSITY OF MARYLAND CHARLES REGIONAL PO BOX 1070 LA PLATA, MD 20646 EIN: 52-2155576	HEALTHCARE	MD	501(C)(3)	11C	UMMSC		X
(5) CIVISTA MEDICAL CENTER, INC. PO BOX 1070 LA PLATA, MD 20646 EIN: 52-0445374	HEALTHCARE	MD	501(C)(3)	3	UMCRH		X
(6) CHARLES REGIONAL MEDICAL CENTER FOUNDATI PO BOX 1070 LA PLATA, MD 20646 EIN: 52-1414564	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X
(7) CHARLES REGIONAL MEDICAL CENTER AUXILIAR PO BOX 1070 LA PLATA, MD 20646 EIN: 52-1131193	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X

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Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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

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Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

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)	3	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) UNIV OF MD UPPER CHESAPEAKE HEALTH SYS. 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)	3	UMUCHS		X
(7) UPPER CHESAPEAKE MEDICAL SERVICES, INC. 52-1501734 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	9	UMUCHS		X

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Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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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.

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

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

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)	7	UMUCHS		X
(3) UPPER CHESAPEAKE/ST. JOE'S HOME CARE, INC 52-1229742 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	9	UMUCHS		X
(4) UMSJ HEALTH SYSTEM, LLC 46-0797956 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)		UMMSC		X
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(2) BALTIMORE WASHINGTON IMAGING, 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(3) 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									
(7) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET	HEALTHCARE	MD	UMMSC									

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 CONDOM 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	UMMSC	C CORP					
(6) NA EXECUTIVE BUILDING CONDO ASSN, INC. 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORP					
(7) TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 KY1-1102	INSURANCE	CJ	UMMS	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) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE	RENTAL	MD	UMMSC									
(2) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE	HEALTHCARE	MD	N/A									
(3) UCHS/UMMS REAL ESTATE TRUST 27 520 UPPER CHESAPEAKE DR	REAL ESTATE	MD	N/A									
(4)												
(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) UMMS SELF INSURANCE TRUST 52-6315433 22 SOUTH GREENE STREET BALTIMORE, 21201	INSURANCE	MD	UMMS	TRUST					
(2) UPPER CHESAPEAKE INSURANCE COMPANY 98-0468438 P.O BOX 1109 GRAND CAYMAN, CJ	CAPTIVE INSURANCE	CJ	UMUCHS	LTD					
(3) UPPER CHESAPEAKE HEALTH VENTURES, INC. 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	UMMS	C CORP					
(4) UPPER CHESAPEAKE MEDICAL CENTER LAND CON 77-0674478 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC MED CRT	C CORP					
(5) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING 52-1946829 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC HLTH VENT	C CORP					
(6)									
(7)									

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	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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) NORTH COUNTY CORPORATION	K	203,082.	FMV
(2) NORTH ARUNDEL DEVELOPMENT CORPORATION	K	609,246.	FMV
(3)			
(4)			
(5)			
(6)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 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)													
(8)													
(9)													
(10)													
(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).
