** PUBLIC DISCLOSURE COPY **

Form **990** (Rev. January 2020)

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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 **and ending** JUN 30, 2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PENINSULA REGIONAL MEDICAL CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 100 EAST CARROLL STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code SALISBURY, MD 21801

D Employer identification number 52-0591628

E Telephone number 410-546-6400

G Gross receipts $ 817,100,355.

F Name and address of principal officer: STEVEN LEONARD, CEO
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TIDALHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1897

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

2 Check this box ▶ ☐ 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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3840
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,175,826.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	416,803.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,445,254.	17,202,254.
9	Program service revenue (Part VIII, line 2g)	463,023,019.	473,954,597.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,905,644.	28,672,909.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,048,884.	1,047,978.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	505,422,801.	520,877,738.

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)	234,717,145.	252,919,271.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 647,876.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	226,139,423.	248,158,482.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	460,856,568.	501,077,753.
19	Revenue less expenses. Subtract line 18 from line 12	44,566,233.	19,799,985.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	750,488,371.	860,332,244.
21	Total liabilities (Part X, line 26)	203,768,078.	312,831,733.
22	Net assets or fund balances. Subtract line 21 from line 20	546,720,293.	547,500,511.

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

▶ BRUCE I. RITCHIE, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARY TORRETTA	Preparer's signature: Mary O'Toretto	Date: 05/17/2021	Check if self-employed ☐	PTIN: P00847851
Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶	36-6055558
Firm's address ▶ 1000 WILSON BOULEVARD, SUITE 1400 ARLINGTON, VA 22209			Phone no.	(703) 847-7500

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

Form **8868**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

Electronic filing *(e-file)*. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
PENINSULA REGIONAL MEDICAL CENTER	52-0591628

Number, street, and room or suite no. If a P.O. box, see instructions.
100 EAST CARROLL STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SALISBURY, MD 21801

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-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 ▶ JIM GREGORY
100 EAST CARROLL ST SALISBURY, MD 21801

Telephone No. ▶ 410 912-4979 Fax No. ▶

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

1 I request an automatic 6-month extension of time until 05/17, 20 21, 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, 20 19, and ending 06/30, 20 20.

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

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

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

Cumulative e-File History 2019

FED

Tax Return
5490IC

Return Type
990

Taxpayer
PENINSULA REGIONAL MEDICAL CENTER

Submitted Date	2020-11-13 15:19:42
Acknowledgement Date	2020-11-13 15:57:52
Status	Accepted
Submission ID	54681420203185000026

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

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

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

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

4a (Code:) (Expenses $ 447,933,540. including grants of $) (Revenue $ 463,059,797.)
SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 447,933,540.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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	38	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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	279		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3840		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	X	
b	If "Yes," enter the name of the foreign country ▶ CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA,MD,NC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

JIM GREGORY - 410-912-4979

100 EAST CARROLL STREET, SALISBURY, MD 21801

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES TODD, M.D.	40.00									
PHYSICIAN	0.00					X		1,028,511.	0.	100,675.
(2) ZACHARY BAKER, M.D.	40.00									
PHYSICIAN	0.00					X		929,586.	0.	30,562.
(3) STEVEN LEONARD	40.00									
PRESIDENT/CEO	1.00	X		X				844,182.	0.	97,168.
(4) FAWAD KHAN, M.D.	40.00									
PHYSICIAN	0.00					X		905,907.	0.	32,270.
(5) DANIEL DANIELS, M.D.	40.00									
PHYSICIAN	0.00					X		820,582.	0.	27,409.
(6) KARIM ARANOUT, M.D.	40.00									
PHYSICIAN	0.00					X		810,087.	0.	37,611.
(7) LURA LUNSFORD	40.00									
VP OF OPERATIONS	2.00			X				645,759.	0.	58,888.
(8) BRUCE I. RITCHIE	40.00									
CFO	1.00			X				610,657.	0.	89,092.
(9) CHARLES SILVIA JR., M.D.	40.00									
VP - CHIEF MEDICAL OFFICER	1.00			X				525,075.	0.	64,429.
(10) SIMONA ENG, D.O.	40.00									
BOARD MEMBER THRU 12/31/19	1.00	X						477,411.	0.	52,393.
(11) KARIN DIBARI, M.D.	40.00									
VP PRESIDENT PRMG	3.00				X			474,530.	0.	28,614.
(12) SARAH SCOTT	40.00									
VP PEOPLE & ORGANIZATION DEV.	0.00				X			305,939.	0.	51,745.
(13) JAMES TRUMBLE	40.00									
VP - CLINICAL INTEGRATION	1.00				X			331,003.	0.	24,802.
(14) KATHRYN FIDDLER	40.00									
VP - POPULATION HEALTH	1.00				X			249,262.	0.	33,511.
(15) SARAH ARNETT	40.00									
CHIEF NURSING OFFICER	1.00				X			196,040.	0.	13,621.
(16) HERBERT J. GEARY III	5.00									
PAST CHAIR THRU 12/31/19	8.00	X		X				23,534.	0.	0.
(17) VEL NATESAN, M.D.	1.00									
BOARD MEMBER	1.00	X						19,271.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEBORAH ABBOTT	1.00									
CHAIRMAN THRU 12/31/19	2.00	X		X				7,500.	0.	0.
(19) MONTGOMERY SAYLER	1.00									
BOARD MEMBER THRU 10/31/19	2.00	X						3,756.	0.	0.
(20) RYAN MCLAUGHLIN	1.00									
SECRETARY THRU 10/31/19	1.00	X		X				0.	0.	0.
(21) DAVID ROMMEL	1.00									
TREASURER THRU 10/31/19	2.00	X		X				0.	0.	0.
(22) DR. RONDALL ALLEN	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(23) TIMOTHY BENNING, M.D.	1.00									
BOARD MEMBER THRU 10/31/19	1.00	X						0.	0.	0.
(24) THOMAS COATES	1.00									
BOARD MEMBER THRU 10/31/19	1.00	X						0.	0.	0.
(25) MEMO DIRIKER	1.00									
CHAIRMAN FROM 01/01/20	1.00	X		X				0.	0.	0.
(26) JAMES HARSTEIN	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal ▶								9,208,592.	0.	742,790.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								9,208,592.	0.	742,790.

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 ▶ 341

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHERIDAN ANESTHESIA OF MD P.O. BOX 744883, ATLANTA, GA 30374-4883	ANESTHESIA SERVICES	6,720,412.
INTERMED GROUP 13301 N W HWY 441, ALACHUA, FL 32615-8512	BIOMEDICAL SERVICES	6,189,350.
FOCUSONE SOLUTIONS LLC P.O. BOX 310861, DES MOINES, IA 50331-0861	TEMP LABOR SERVICES	5,103,305.
EPIC SYSTEMS CORP P.O. BOX 88314, MILWAUKEE, WI 53288-0314	TECHNICAL SERVICES	4,228,083.
SLEEP WAVES INC, 873 E BALTIMORE PIKE STE345, KENNETT SQUARE, PA 19348	SLEEP LAB SERVICES	2,842,800.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 80

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK HIGDON	1.00									
BOARD MEMBER THRU 12/31/19	1.00	X						0.	0.	0.
(28) JANELLE BEILER	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(29) KAREN POISKER	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(30) MARK EDNEY	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(31) MARY DIBARTOLO	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(32) MARTIN NEAT	1.00									
BOARD MEMBER THRU 12/31/19	1.00	X						0.	0.	0.
(33) PERCY J. PURNELL	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(34) THOMAS RICCIO, M.D.	1.00									
BOARD MEMBER THRU 12/31/19	1.00	X						0.	0.	0.
(35) SUSAN WILLGUS-MURPHY	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(36) ANDREA WILLIAMS	1.00									
BOARD MEMBER THRU 12/31/19	1.00	X						0.	0.	0.
(37) JULIUS ZANT, M.D.	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,656,452.				
	e Government grants (contributions)	1e	15,045,802.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	500,000.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			17,202,254.			
Program Service Revenue		Business Code					
	2a NET PATIENT SERVICES	621500		464,221,974.	462,983,284.	1,238,690.	
	b AMBULATORY PHARMACY	900099		9,649,950.		9,649,950.	
	c INVESTMENT IN PREMIER	900099		82,673.	76,513.	6,160.	
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			473,954,597.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,391,491.		-150.	8,391,641.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	300,383.				
	b Less: rental expenses	6b	431,411.				
	c Rental income or (loss)	6c	-131,028.				
	d Net rental income or (loss)			-131,028.			-131,028.
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	316,045,825.	26,799.			
	b Less: cost or other basis and sales expenses	7b	295,758,408.	32,798.			
	c Gain or (loss)	7c	20,287,417.	-5,999.			
	d Net gain or (loss)			20,281,418.			20,281,418.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a CAFETERIA	722514		888,805.			888,805.
	b MANAGEMENT FEES	561000		200,000.		200,000.	
	c LIFELINE	532283		81,176.		81,176.	
	d All other revenue	900099		9,025.			9,025.
	e **Total.** Add lines 11a-11d			1,179,006.			
	12 **Total revenue.** See instructions			520,877,738.	463,059,797.	11,175,826.	29,439,861.

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,591,835.	4,072,841.	509,621.	9,373.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	200,186,568.	177,604,282.	22,173,638.	408,648.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,160,189.	9,011,828.	1,127,621.	20,740.
9 Other employee benefits	24,327,600.	21,549,376.	2,728,047.	50,177.
10 Payroll taxes	13,653,079.	12,164,854.	1,464,288.	23,937.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,511,822.	43,990.	1,467,832.	
c Accounting	142,290.		142,290.	
d Lobbying	21,221.	21,221.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,741,505.		1,741,505.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	59,132,441.	47,234,797.	11,842,795.	54,849.
12 Advertising and promotion	727,964.	727,964.		
13 Office expenses	92,068,327.	88,511,547.	3,484,105.	72,675.
14 Information technology	1,881,334.	1,863,902.	14,313.	3,119.
15 Royalties				
16 Occupancy	4,642,227.	4,534,754.	107,473.	
17 Travel	547,867.	379,386.	164,796.	3,685.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,141.	37,141.		
20 Interest	5,257,650.	5,257,650.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,793,923.	29,602,271.	191,652.	
23 Insurance	5,355,689.	418,321.	4,937,368.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	38,403,724.	38,403,724.		
b BAD DEBTS	6,278,309.	6,278,309.		
c DUES	615,048.	215,382.	398,993.	673.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	501,077,753.	447,933,540.	52,496,337.	647,876.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		8,705,521.	1	101,915,420.
	2	Savings and temporary cash investments		28,985,323.	2	29,158,658.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		42,498,723.	4	45,372,126.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		9,104,522.	8	10,182,805.
	9	Prepaid expenses and deferred charges		7,401,487.	9	7,887,429.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 603,323,022.			
	b	Less: accumulated depreciation	10b 395,009,322.	216,237,708.	10c	208,313,700.
	11	Investments - publicly traded securities		317,793,489.	11	346,155,047.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		119,761,598.	15	111,347,059.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		750,488,371.	16	860,332,244.
Liabilities	17	Accounts payable and accrued expenses		18,752,504.	17	22,171,628.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		133,622,095.	20	130,687,640.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		51,393,479.	25	159,972,465.
	26	**Total liabilities.** Add lines 17 through 25		203,768,078.	26	312,831,733.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		499,696,969.	27	494,771,186.
	28	Net assets with donor restrictions		47,023,324.	28	52,729,325.
		Organizations that do not follow FASB ASC 958, check here ▶ [ ] and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		546,720,293.	32	547,500,511.
	33	Total liabilities and net assets/fund balances		750,488,371.	33	860,332,244.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	520,877,738.
2	Total expenses (must equal Part IX, column (A), line 25)	2	501,077,753.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,799,985.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	546,720,293.
5	Net unrealized gains (losses) on investments	5	7,962,481.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-26,982,248.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	547,500,511.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] 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?	2a		X
	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?	2b	X	
	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 [X] 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
PENINSULA REGIONAL MEDICAL CENTER	52-0591628

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	**11a**	
b	A family member of a person described in (a) above?	**11b**	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	**11c**	

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? *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.*	**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? *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.*	**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)? *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).*	**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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	**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? *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.*	**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? *Provide details in* **Part VI.**	**3a**	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization	**Employer identification number**
PENINSULA REGIONAL MEDICAL CENTER	52-0591628

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

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

Special Rules

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

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

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

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

Name of organization

PENINSULA REGIONAL MEDICAL CENTER

Employer identification number

52-0591628

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		$ 1,656,452.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 15,045,802.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

PENINSULA REGIONAL MEDICAL CENTER

Employer identification number

52-0591628

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	Employer identification number
PENINSULA REGIONAL MEDICAL CENTER	52-0591628

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

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
PENINSULA REGIONAL MEDICAL CENTER	52-0591628

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		21,221.
j Total. Add lines 1c through 1i			21,221.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OTHER ACTIVITIES

PENINSULA REGIONAL MEDICAL CENTER DOES NOT ENGAGE IN ANY DIRECT

LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO MARYLAND

HOSPITAL ASSOCIATION (MHA). MHA ENGAGES IN MANY SUPPORT ACTIVITIES

INCLUDING LOBBYING AND ADVOCATING FOR ITS MEMBER HOSPITALS. THE MHA

Part IV Supplemental Information *(continued)*

REPORTED THAT 4.80% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND

SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV

AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PENINSULA REGIONAL MEDICAL CENTER

Employer identification number
52-0591628

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? ☐ Yes ☐ No

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	71,424,439.	64,583,287.	56,672,686.	49,801,243.	50,044,611.
b Contributions			257,832.	250,000.	500,000.
c Net investment earnings, gains, and losses	8,133,343.	7,263,806.	8,059,133.	6,985,039.	-399,685.
d Grants or scholarships	5,217.	9,245.			
e Other expenditures for facilities and programs			900.		
f Administrative expenses	387,264.	413,409.	405,464.	363,596.	343,683.
g End of year balance	79,165,301.	71,424,439.	64,583,287.	56,672,686.	49,801,243.

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

a Board designated or quasi-endowment ▶ 47.64 %
b Permanent endowment ▶ 10.87 %
c Term endowment ▶ 41.49 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations (3a(i))		X
(ii) Related organizations (3a(ii))	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? (3b)	X	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,378,600.		12,378,600.
b Buildings		276,619,755.	139,085,197.	137,534,558.
c Leasehold improvements				
d Equipment		302,320,763.	248,384,629.	53,936,134.
e Other		12,003,904.	7,539,496.	4,464,408.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				208,313,700.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)	DONOR RESTRICTED FUND	49,064,009.
(2)	BOARD DESIGNATED INVESTMENTS	37,711,890.
(3)	INTERCOMPANY RECEIVABLES	8,970,131.
(4)	OTHER ASSETS	7,720,489.
(5)	SELF INSURANCE FUND	6,220,004.
(6)	INVESTMENT IN PARTNERSHIPS	1,660,536.
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		111,347,059.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ADVANCES FROM THIRD PARTY PAYORS	110,120,531.
(3)	ACCRUED SELF INSURANCE LIABILITY	3,946,059.
(4)	OTHER LIABILITIES	18,300,547.
(5)	EMPLOYEE COMP RELATED PAYROLL TAXES	27,605,328.
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		159,972,465.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	519,689,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	8,785,498.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	431,411.		
e	Add lines **2a** through **2d**			2e	9,216,909.
3	Subtract line **2e** from line **1**			3	510,472,828.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,741,505.		
b	Other (Describe in Part XIII.)	4b	8,663,405.		
c	Add lines **4a** and **4b**			4c	10,404,910.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	520,877,738.

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

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

1	Total expenses and losses per audited financial statements			1	493,289,350.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	431,411.		
e	Add lines **2a** through **2d**			2e	431,411.
3	Subtract line **2e** from line **1**			3	492,857,939.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,741,505.		
b	Other (Describe in Part XIII.)	4b	6,478,309.		
c	Add lines **4a** and **4b**			4c	8,219,814.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	501,077,753.

Part XIII Supplemental Information.

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

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR CAPITAL, PATIENT SERVICES

OR EDUCATIONAL PURPOSES.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

THE ORGANIZATION IS PART OF THE CONSOLIDATED FINANCIAL STATEMENTS FOR

PENINSULA REGIONAL HEALTH SYSTEM AND ITS FOOTNOTE STATES:

THE TAX YEARS ENDING JUNE 30, 2020, 2019 AND 2018 ARE STILL OPEN TO AUDIT

FOR BOTH FEDERAL AND STATE PURPOSES. THE HEALTH SYSTEM HAS DETERMINED THAT

Part XIII Supplemental Information *(continued)*

THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2020 AND 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES	431,411.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSES	6,278,309.
NON OPERATING INCOME	28,794.
UBTI FROM ESHP K-1	-150.
CONTRIBUTION REVENUE FROM PENINSULA FOUNDATION	1,656,452.
DONATIONS RECEIVED AS TEMPORARY NET ASSETS	500,000.
RECOVERY OF EXPENSES	200,000.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	8,663,405.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES	431,411.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSES	6,278,309.
RECOVERY OF EXPENSES	200,000.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	6,478,309.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

PENINSULA REGIONAL MEDICAL CENTER

Employer identification number

52-0591628

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA/CARIBBEAN	1	1	INVESTMENTS		5,314,879.
3 a Subtotal	1	1			5,314,879.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	1	1			5,314,879.

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

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 3:

ACTIVITIES PER REGION

THE AMOUNTS IN COLUMN F WERE DETERMINED USING AN ACCRUAL METHOD OF

ACCOUNTING. THE TOTAL AMOUNT REPRESENTS A CAPTIVE INSURANCE INVESTMENT.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PENINSULA REGIONAL MEDICAL CENTER

Employer identification number
52-0591628

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	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"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

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)			11,411,503.		11,411,503.	2.31%
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			11,411,503.		11,411,503.	2.31%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		34,698	1,674,297.	129,174.	1,545,123.	.31%
f Health professions education (from Worksheet 5)		290	1,652,829.	42,225.	1,610,604.	.33%
g Subsidized health services (from Worksheet 6)		266,491	104,657,378.	55,896,290.	48,761,088.	9.85%
h Research (from Worksheet 7)		0	7,028.		7,028.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		4,574	441,464.		441,464.	.09%
j **Total.** Other Benefits		306,053	108,432,996.	56,067,689.	52,365,307.	10.58%
k **Total.** Add lines 7d and 7j		306,053	119,844,499.	56,067,689.	63,776,810.	12.89%

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			12,734.		12,734.	.00%
3	Community support			104,930.	6,600.	98,330.	.02%
4	Environmental improvements			237,086.		237,086.	.05%
5	Leadership development and training for community members						
6	Coalition building			2,773,463.	911,000.	1,862,463.	.38%
7	Community health improvement advocacy						
8	Workforce development			1,962.		1,962.	.00%
9	Other			30,457.		30,457.	.01%
10	Total			3,160,632.	917,600.	2,243,032.	.46%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	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	2	6,278,309.		
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	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				
Section B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME)	5	296,149,082.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	192,321,048.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	103,828,034.		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?	9a	X		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X		

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 PENINSULA REGIONAL MEDICAL CENTER 100 E. CARROLL STREET SALISBURY, MD 21801 WWW.TIDALHEALTH.ORG 210019	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 PENINSULA REGIONAL MEDICAL CENTER

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [ ] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [ ] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [ ] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE SUPPLEMENTAL INFORMATION			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): SEE SUPPLEMENTAL INFORMATION			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group PENINSULA REGIONAL 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?	**13**	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[ ] Insurance status			
f	[ ] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	X	
15	Explained the method for applying for financial assistance?	**15**	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
b	[X] The FAP application form was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFO			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group PENINSULA REGIONAL MEDICAL CENTER

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ 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** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ 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?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group PENINSULA REGIONAL MEDICAL CENTER

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☒ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	**23**		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	**24**		X

Part V Facility Information *(continued)*

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

PENINSULA REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 5: CONSULTING REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPITAL

CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), A XEROX COMPANY, WAS RETAINED BY PENINSULA REGIONAL MEDICAL CENTER TO CONDUCT THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). IN 2021, PENINSULA REGIONAL HEALTH SYSTEM IS PREPARING TO CONDUCT A NEW COMMUNITY HEALTH NEEDS ASSESSMENT THAT WILL COVER THE MD CBSA OF SOMERSET, WICOMICO AND WORCESTER COUNTIES AND A NEW AREA OF SUSSEX COUNTY, DELAWARE. EFFECTIVE JANUARY 1, 2020, NANTICOKE MEMORIAL HOSPITAL (NMH) AND MID-SUSSEX MEDICAL CENTER, DBA NANTICOKE PHYSICIAN NETWORK, (NPN), LOCATED IN SEAFORD, DELAWARE, JOINED PENINSULA REGIONAL HEALTH SYSTEM. NANTICOKE HAS 139 LICENSED ACUTE CARE BEDS (99 CURRENTLY OPERATED) AND PRIMARILY SERVES THE WESTERN SUSSEX COUNTY, DELAWARE PORTION OF THE HEALTH SYSTEM'S PRIMARY SERVICE AREA.

NANTICOKE PHYSICIAN NETWORK PROVIDES OUTPATIENT MEDICAL SERVICES IN WESTERN SUSSEX COUNTY AND FEDERALSBURG, MD. EFFECTIVE MARCH 1, 2020, MCCREADY FOUNDATION, WHICH CONSISTED OF A THREE BED HOSPITAL, ALICE BYRD TAWES NURSING HOME, A 76-LICENSED BED SKLLED NURSING HOME AND CHESAPEAKE COVE ASSISSTED LIVING CENTER IN CRISFIELD, MD, BECAME PART OF PENINSULA REGIONAL HEALTH SYSTEM. THE MCCREADY HOSPITAL DIVISION WAS MERGED IN PENINSULA REGIONAL MEDICAL CENTER AND LIMITED ITS FUNCTIONS TO THOSE CONSISTANT WITH STATUS AS A FREE-STANDING MEDICAL CENTER. HCI AND PRHS HAVE COLLABORATED SINCE 2012 TO DEVELOP THE PRHS CREATING HEALTHY COMMUNITIES PLATFORM. HCI CONSULTANTS CONDUCTED KEY INFORMANT INTERVIEWS IN ORDER TO COLLECT COMMUNITY INPUT. KEY INFORMANT INTERVIEWS WERE CONDUCTED BETWEEN 07/26/2018 AND 08/30/2018. INTERVIEWEES WHO WERE ASKED

Part V Facility Information *(continued)*

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

TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC HEALTH,

SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS AND/OR REPRESENTED THE BROAD

INTEREST OF THE COMMUNITY SERVED BY THE HEALTH SYSTEM, AND/OR COULD SPEAK

TO THE NEEDS OF THE MEDICALLY UNDERSERVED OR VULNERABLE POPULATIONS.

THE FOLLOWING ORGANIZATIONS ARE REPRESENTATIVE OF THE INDIVIDUALS WHO

PARTICIPATED IN THE INTERVIEWS:

CHESAPEAKE HEALTH CENTER, CORELIFE, DEER'S HEAD HOSPITAL CENTER, HOPE,

INC. (HEALTH AND OUTREACH POINT OF ENTRY), LOWER SHORE CLINIC, LOWER SHORE

ENTERPRISES, MAC, INC. (MAINTAINING ACTIVE CITIZENS), SALISBURY

REHABILITATION AND SKILLED NURSING CENTER - GENESIS HEALTHCARE, SALISBURY

UNIVERSITY, TGM GROUP LLC, WICOMICO COUNTY EXECUTIVE, WICOMICO COUNTY

HEALTH DEPARTMENT, PENINSULA REGIONAL MEDICAL CENTER, AND THE SOMERSET

COUNTY HEALTH DEPARTMENT.

THERE WERE ALSO THREE FOCUS GROUPS THAT WERE ORGANIZED AND FACILITATED BY

PENINSULA REGIONAL MEDICAL CENTER, WICOMICO COUNTY HEALTH DEPARTMENT, AND

SOMERSET COUNTY HEALTH DEPARTMENT. THE FOCUS GROUPS CONVENED ON

08/23/2018, 08/29/2018, AND 09/14/2018. THE AUGUST 23RD FOCUS GROUP

CONSISTED OF PROFESSIONALS AND PROVIDERS FROM VARIOUS DISCIPLINES IN THE

TRI-COUNTY AREA AND WAS HELD AT PRMC. THE AUGUST 29TH FOCUS GROUP WAS HELD

IN SALISBURY AT THE SALVATION ARMY AND INCLUDED MEMBERS OF THE GREATER

SALISBURY COMMUNITY. THE SEPTEMBER 14TH FOCUS GROUP WAS HELD IN POCOMOKE

CITY IN WORCESTER COUNTY AT THE POCOMOKE LIBRARY AND INCLUDED MEMBERS OF

THE GREATER POCOMOKE AREA.

A COMMUNITY SURVEY WAS AVAILABLE USING SURVEY MONKEY, AN ONLINE SURVEY

Part V Facility Information *(continued)*

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

TOOL, AND A PAPER VERSION OF THE SURVEY. THE SURVEY WAS DISTRIBUTED ACROSS

PRMC'S ENTIRE SERVICE AREA FROM 07/23/2018 TO 09/10/2018. A TOTAL OF 584

RESPONSES WERE COLLECTED AND A REPORT WAS CREATED.

PENINSULA REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 6B: CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS

OTHER THAN HOSPITAL FACILITIES

THE HOSPITAL FACILITY'S CHNA IS CONDUCTED WITH ONE OR MORE ORGANIZATIONS

OTHER THAN THE HOSPITAL. THESE ORGANIZATIONS WE PARTNERED WITH INCLUDE THE

WICOMICO COUNTY HEALTH DEPARTMENT (WICHD) AND THE SOMERSET COUNTY HEALTH

DEPARTMENT (SCHD).

A PARTNERSHIP WAS FORMED BETWEEN PRMC, WICHD, AND SCHD TO COLLABORATE FOR

THE BENEFIT OF THE COMMUNITY. THESE ORGANIZATIONS HAVE BEEN PARTNERING

TOGETHER ON LOCAL ASSESSMENT EFFORTS SINCE 1995. TWO OF THE ORGANIZATIONS

ARE REQUIRED TO COMPLETE A CHNA; PRMC IS A NON-PROFIT HOSPITAL AND WICHD

AS AN ACCREDITED HEALTH DEPARTMENT. SCHD IS IN THE EARLY PHASE OF PUBLIC

HEALTH ACCREDITATION.

IN DECEMBER 2018, PRMC, SCHD, AND WICHD PUBLISHED THEIR 2019 CHNA. THE

CHNA REPORT PROVIDES AN OVERVIEW OF SIGNIFICANT HEALTH NEEDS IN THE

TRI-COUNTY SERVICE AREA. THIS CHNA REPORT WAS DEVELOPED TO PROVIDE AN

OVERVIEW OF THE HEALTH NEEDS IN THE TRI-COUNTY SERVICE AREA, INCLUDING

SOMERSET, WICOMICO, AND WORCESTER COUNTIES IN MARYLAND. PRMC, SCHD, AND

WICHD PARTNERED WITH CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO

CONDUCT THE CHNA. THE GOAL OF THIS REPORT IS TO OFFER A MEANINGFUL

Part V Facility Information *(continued)*

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

UNDERSTANDING OF THE GREATEST HEALTH NEEDS ACROSS THE TRI-COUNTY SERVICE

AREA, AS WELL AS TO GUIDE PLANNING EFFORTS TO ADDRESS THOSE NEEDS. SPECIAL

ATTENTION HAS BEEN GIVEN TO IDENTIFY HEALTH DISPARITIES, NEEDS OF THE

VULNERABLE POPULATIONS, UNMET HEALTH NEEDS OR GAPS IN SERVICES, AND INPUT

FROM THE COMMUNITY.

CHNA ON HOSPITAL FACILITY'S WEBSITE

SCHEDULE H, PART V, LINE 7A

HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-

2019

PENINSULA REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 7D: OTHER WAYS THE HOSPITAL MAKES ITS CHNA REPORT

AVAILABLE TO THE PUBLIC

PENINSULA REGIONAL'S COMPREHENSIVE CHNA REPORT IS MADE AVAILABLE TO THE

PUBLIC ONLINE AT

HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-

2019 AND A PAPER COPY IS MADE AVAILABLE TO THE PUBLIC AT SEVERAL LOCATIONS

WITHIN THE HOSPITAL FOR PUBLIC INSPECTION. IN ADDITION, THE REPORT HAS

BEEN TRANSLATED INTO SPANISH AND THE HOSPITAL IS LOOKING INTO A FURTHER

TRANSLATION TO CREOLE. WE PARTNER WITH CONDUENT HEALTHY COMMUNITIES

INSTITUTE TO DISCOVER WHAT THE MOST PRESSING HEALTH CHALLENGES ARE IN

SOMERSET, WORCESTER AND WICOMICO COUNTIES. THE PUBLIC CAN VIEW THE RESULTS

OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT ONLINE, AS WELL AS OUR ACTION

PLAN OF STEPS WE PLAN TO TAKE BASED ON THE INFORMATION GATHERED IN THE

ASSESSMENT. IN ADDITION, A COMMUNITY HEALTH DATA AND RESOURCES SECTION CAN

Part V Facility Information *(continued)*

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

BE ACCESSED BY THE PUBLIC. AS PART OF THIS CREATING HEALTHY COMMUNITIES, A

MODULE IS AVAILABLE TO THE PUBLIC IN WHICH THEY CAN EXPLORE MULTIPLE

DASHBOARDS THAT PROVIDE A GAUGE TO THE HEALTH OF THE COMMUNITIES SERVED,

SOCIO-DEMOGRAPHICS AND PROMISING PRACTICES. THE DASHBOARDS INCLUDE

FEATURES SUCH AS A CHNA GUIDE, HEALTH DATA, DEMOGRAPHIC DATA, HEALTH

DISPARITIES, SOCIO NEEDS INDEXES, FINDING GRANTS, INDICATOR COMPARISONS,

AND PROGRESS TRACKING.

IMPLEMENTATION STRATEGY ON HOSPITAL FACILITY'S WEBSITE

SCHEDULE H, PART V, LINE 10A

HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/IMPLEMENTATION-STRATEGY-COMMUNITY-

BENEFIT-2019

PENINSULA REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 11: HOW NEEDS IDENTIFIED IN THE CHNA ARE

ADDRESSED

PENINSULA REGIONAL MEDICAL CENTER HAS A FIXED VALUE OF RESOURCES

AVAILABLE, AND THE HOSPITAL FOCUSES THOSE RESOURCES TO THE AREAS WITH THE

GREATEST IMPACT, THEREFORE NOT ALL NEEDS, TO DATE, IDENTIFIED IN THE CHNA

WERE ABLE TO BE ADDRESSED. NON-PRIORITIZED NEEDS INCLUDED ACCESS TO HEALTH

SERVICES, OLDER ADULTS & AGING, AND ORAL HEALTH. THESE NEEDS WERE NOT

SELECTED BECAUSE THEY DID NOT MEET THE PRIORITIZATION CRITERIA AS STRONGLY

AS THE SELECTED TOPICS. EVEN THOUGH NOT ALL IDENTIFIED NEEDS ARE ADDRESSED

SPECIFICALLY IN THE "IMPLEMENTATION STRATEGY COMMUNITY BENEFITS" PLAN,

THERE ARE POPULATION HEALTH INITIATIVES ADOPTED THROUGH THE HEALTH

SYSTEM'S 2020 STRATEGIC PLAN THAT PROMOTE HEALTH AND WELL-BEING WITHIN THE

Part V Facility Information *(continued)*

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

COMMUNITY, AND ADDRESS NEEDS WITHIN THE CHNA.

BASED ON THE SIGNIFICANT NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, THE FOLLOWING IMPLEMENTATION INITIATIVES WERE DEVELOPED AND OUTLINED IN OUR 2019-2021 IMPLEMENTATION STRATEGY PLAN FOR PENINSULA REGIONAL MEDICAL CENTER, AND ALSO IN THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR SOMERSET COUNTY HEALTH DEPARTMENT AND WICOMICO COUNTY HEALTH DEPARTMENT. THIS BOOKLET CAN BE FOUND AT HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/IMPLEMENTATION-STRATEGY-COMMUNITY-BENEFIT-2019 IN ADDITION TO WHERE THE COMMUNITY HEALTH NEEDS ASSESSMENT CAN ALSO BE FOUND.

AFTER A THOROUGH REVIEW OF THE HEALTH STATUS IN OUR COMMUNITY THROUGH THE CHNA, WE IDENTIFIED AREAS THAT WE COULD ADDRESS USING OUR RESOURCES, EXPERTISE AND COMMUNITY PARTNERS. THE FOLLOWING ARE THE PRIORITIZED HEALTH NEEDS THAT WILL BE ADDRESSED:

- BEHAVIORAL HEALTH (MENTAL HEALTH AND MENTAL DISORDERS AS WELL AS SUBSTANCE ABUSE)
- DIABETES
- CANCER (FOCUS AREAS: BREAST, COLORECTAL, CERVICAL, LUNG, SKIN)

PRIORITY AREAS IDENTIFIED

BEHAVIORAL HEALTH

GOALS:

- ADDRESS BEHAVIORAL ISSUES IN THE TRI-COUNTY SERVICE AREA BY REDUCING THE INSTANCES OF OPIOID RELATED DEATHS.
- ADDRESS BEHAVIORAL ISSUES IN THE TRI-COUNTY SERVICE AREA BY TARGETING

Part V Facility Information *(continued)*

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

SENIORS SUFFERING WITH MINOR TO MAJOR DEPRESSION.

STRATEGIES:

- COLLABORATIVELY ADDRESS THE OPIOID CRISIS IN THE TRI-COUNTY SERVICE AREA WITH AN EMPHASIS ON PREVENTION, TREATMENT, RESOURCES AND ENFORCEMENT.

- PROVIDE PEER SUPPORT FOR PEOPLE WHO HAVE OVERDOSED OR SOUGHT HELP FOR OPIOID ADDICTION ISSUES.

- ADDRESS DEPRESSION IN ADULTS 50 YEARS OR OLDER THROUGH SKILL BUILDING, PROBLEM SOLVING AND SOCIALIZATION ACTIVITIES.

OBJECTIVES AND ANTICIPATED IMPACT:

- WORK COLLABORATIVELY TO ADDRESS POLICY, DEVELOP EDUCATION AND RAISE COMMUNITY AWARENESS IN THE FIGHT AGAINST OPIOID USE, AND CONTINUE TO REDUCE INSTANCES OF HEROIN OVERDOSE EACH YEAR.

- UTILIZING THE COMMUNITY OUTREACH ADDICTIONS TEAM (COAT), CONTACT AND PROVIDE LINKAGE TO TREATMENT AND OTHER SUPPORT SERVICES TO COMMUNITY MEMBERS DEALING WITH SUBSTANCE ABUSE ISSUES.

- REDUCE THE INSTANCES OF DEPRESSION IN OLDER ADULTS THROUGH OUTREACH AND ACCESS TO AN EVIDENCE-BASED INTERVENTION PROGRAM. INCREASE PERCENT OF PROGRAM PARTICIPANTS WITH A SIGNIFICANT REDUCTION OF DEPRESSION ABOVE THE 2018 BASELINE OF 50%.

1. PENINSULA REGIONAL TO COLLABORATE WITH WICOMICO COUNTY OPIOID INTERVENTION TEAM AND SOMERSET COUNTY OPIOID UNITED TEAM ACTIVITIES:

- BRING AWARENESS, EDUCATION AND RESOURCES TO THE COMMUNITY TO WORK TOWARD ELIMINATING OPIOID ABUSE.

Part V Facility Information *(continued)*

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

- TARGET AWARENESS ACTIVITIES AND CAMPAIGNS TO THE COMMUNITY AND SCHOOLS.

- PARTICIPATION IN DRUG AWARENESS COALITIONS.

- NARCAN TRAINING FOR COMMUNITY MEMBERS.

- DEVELOP AND IMPLEMENT AN OPIOID INTERVENTION TEAM EDUCATIONAL TRAILER FOR PARENTS, GUARDIANS AND ADULTS. THIS IS A MOCK TEENAGE BEDROOM SET UP TO SHOW POSSIBLE RED FLAGS FOR UNHEALTHY BEHAVIOR AND/OR SUBSTANCE USE.

- COORDINATE AND HOST FIRST RESPONDER DINNER TO HELP ADDRESS COMPASSION FATIGUE.

- WORK WITH COMMUNITY PARTNERS TO COORDINATE THE GO PURPLE AWARENESS CAMPAIGN PROGRAM.

2. PROGRAM TO ENCOURAGE ACTIVE AND REWARDING LIVES (PEARLS)

ACTIVITIES:

- RAISE AWARENESS OF THIS FREE PROGRAM THROUGH TARGETED OUTREACH TO CLINICIANS CARING FOR OLDER ADULTS, AS WELL AS SENIOR CENTERS AND OTHER LOCAL ORGANIZATIONS SERVING OLDER COMMUNITY MEMBERS.

- PROVIDE ENGAGING AND IMPACTFUL CURRICULUM IN AN EASY-TO-LEARN APPROACH THROUGH FLEXIBLE ONE-ON-ONE VISITS AT LOCATIONS CONVENIENT FOR THE COMMUNITY MEMBER BEING SERVED.

3. ER UTILIZATION REDUCTION AND ACCESS IMPROVEMENT

ACTIVITIES:

- SWIFT, A MOBILE INTEGRATED HEALTH TEAM, MAKES HOME-BASED VISITS TO INDIVIDUALS UTILIZING 911 AT LEAST FIVE TIMES OVER A SIX-MONTH PERIOD FOR NON-LIFE-THREATENING MEDICAL REASONS. THE TEAM PROVIDES PHYSICAL, MENTAL AND SAFETY ASSESSMENTS AND SCREENS FOR SOCIAL DETERMINANTS OF HEALTH. BASED ON THEIR ASSESSMENT, PATIENTS ARE REFERRED, AS NECESSARY, FOR

Part V Facility Information *(continued)*

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

APPROPRIATE CARE INTERVENTIONS SUCH AS PRIMARY CARE PROVIDERS, MEDICAL

SPECIALISTS, IN HOME PROVIDERS, FINANCIAL AND SOCIAL RESOURCES, AS WELL AS

OTHER COMMUNITY RESOURCES.

ALIGNMENT OPPORTUNITIES:

- PRMC, AS PART OF A REGIONAL PARTNERSHIP WITH ATLANTIC GENERAL HOSPITAL

IN WORCESTER COUNTY, SCHD AND WICHD, IS COLLABORATING WITH THE MARYLAND

HEALTH SERVICE COST REVIEW COMMISSION TO DEVELOP A REGIONAL APPROACH TO

BEHAVIORAL HEALTH FOR FY 2021. WORK IN THESE THREE AREAS WILL BE

INCORPORATED INTO THIS TRI-COUNTY REGIONAL PARTNERSHIP AND UPDATED IN THIS

DOCUMENT IN 2021.

- WICHD STRATEGIC PLAN 2017-2022, PRIORITY #1: IMPROVE COMMUNITY HEALTH

AND WELLNESS BY FOCUSING ON PRIORITY AREAS IDENTIFIED IN COLLABORATION

WITH THE LOCAL HEALTH IMPROVEMENT COALITION: CHRONIC DISEASE AND

BEHAVIORAL HEALTH. PRMC AND WICHD WILL BUILD OFF THE SUCCESSFUL EFFORTS

THAT WERE INCLUDED FOR THIS PROGRAM IN THEIR 2016 IMPLEMENTATION STRATEGY

PLAN.

COLLABORATIVE ACTIVITIES:

- TRAIN PEER SUPPORT SPECIALISTS.

- PROVIDE PHONE AND IN-PERSON SUPPORT FOR PEOPLE WHO HAVE OVERDOSED OR WHO

STRUGGLE WITH OPIOID ADDICTION, AS WELL AS OTHER SUBSTANCE ABUSE ISSUES.

- PROVIDE CONNECTIONS TO RESOURCES INCLUDING TREATMENT OPTIONS.

- PROVIDE PEER OUTREACH TO HIGH-RISK AREAS OF THE COMMUNITY.

- MAINTAIN ONGOING COMMUNICATIONS ABOUT METRICS BETWEEN PRMC AND COAT

TEAM.

- EVALUATE EXPANSION TO SOMERSET COUNTY.

Part V Facility Information *(continued)*

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

DIABETES

GOAL:

IMPROVE HEALTH OF PEOPLE WITH DIABETES OR PRE-DIABETES IN THE TRI-COUNTY SERVICE AREA.

STRATEGIES:

- OFFER EVIDENCE-BASED CHRONIC DISEASE SELF-MANAGEMENT CLASSES (CDSM) THROUGHOUT THE TRI-COUNTY SERVICE AREA.

- EXPAND ACCESS TO DIABETES SCREENING, EDUCATION AND RESOURCES THROUGHOUT THE TRI-COUNTY SERVICE AREA WITH THE WAGNER WELLNESS VAN MOBILE CLINIC SERVICES.

- PROVIDE A FREE EVIDENCE-BASED WEIGHT LOSS, NUTRITION AND PHYSICAL ACTIVITY PROGRAM FOR WOMEN AND CHILDREN IN WICOMICO AND SOMERSET COUNTIES.

OBJECTIVES AND ANTICIPATED IMPACT:

- BY DECEMBER 2020, INCREASE THE NUMBER OF SIX-WEEK EDUCATIONAL CLASSES WITH IDENTIFIED DIABETES PATIENTS AND THEIR SUPPORTING CAREGIVERS FROM 26 TO 52 PER YEAR.

- BY PARTNERING WITH OTHER COMMUNITY STAKEHOLDERS, THE COMMUNITY WELLNESS PROGRAM WILL INCREASE ACCESS TO DIABETES SCREENING, EDUCATION AND CONNECTION TO COMMUNITY RESOURCES. THIS PROGRAM, WHICH INCLUDES THE WAGNER WELLNESS VAN OUTREACH, PROVIDES HEALTH OUTREACH EVENTS THAT ARE BOTH LARGE-SCALE AND SMALL-SCALE, AND CAN BE AIMED TOWARD THE PUBLIC OR A TARGETED POPULATION OR GEOGRAPHIC AREA.

- STARTING IN SEPTEMBER 2019 AND ENDING IN JUNE 2021, SCALE'S EXPECTED OUTCOMES INCLUDE: 80% OF ADULT PARTICIPANTS WILL REPORT WEIGHT LOSS OF AT

Part V Facility Information *(continued)*

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

LEAST 5% OF THEIR TOTAL BODY WEIGHT FROM BASELINE; 20% OF ADULT

PARTICIPANTS WILL REPORT A DROP-IN HEMOGLOBIN A1C BY 0.2 POINTS OR MORE;

20% OF ADULT PARTICIPANTS WILL REPORT A DECREASE IN BLOOD PRESSURE

(DIASTOLIC AND SYSTOLIC) BY 5 POINTS OR MORE; DEMONSTRATED BEHAVIOR CHANGE

AND IMPROVED HEALTH STATUS.

1. CHRONIC DISEASE SELF-MANAGEMENT (CDSM) CLASSES

PRMC WILL BUILD OFF THE SUCCESSFUL EFFORTS THAT WERE INCLUDED FOR THIS

PROGRAM IN ITS 2016 IMPLEMENTATION STRATEGY PLAN ACTIVITIES.

ACTIVITIES:

- TARGET AND IDENTIFY PATIENTS WHO HAVE DIABETES AND THEIR CAREGIVERS

THROUGH SELF-REFERRAL OR PROVIDER REFERRAL.

- TRAIN COMMUNITY PEER TRAINERS AND PRMC COMMUNITY HEALTH WORKERS TO

CONDUCT CLASSES.

- OFFER CLASSES IN ENGLISH, SPANISH AND AMERICAN SIGN LANGUAGE.

- EXPLORE THE POSSIBILITY TO OFFER CLASSES IN HAITIAN-CREOLE, KOREAN AND

MANDARIN LANGUAGES, BASED ON AVAILABILITY OF PEER TRAINERS IN THESE

LANGUAGES.

- OFFER SIX-WEEK CLASSES AT LEAST ONCE WEEKLY.

- EDUCATE PARTICIPANTS ON DIABETES SELF-MANAGEMENT AND HAVE THEM SET AND

TRACK WEEKLY PERSONAL GOALS AND SHARE THOSE WITH THEIR PROVIDERS.

- PARTNER WITH MAC, INC. TO COLLECT DATA ON PRE AND POST A1C VALUES.

- CONNECT WITH THE STATEWIDE HEALTH INFORMATION EXCHANGE TO MAKE REFERRALS

BETWEEN PROVIDER OFFICES AND MAC, INC. FOR ALL CDSM CLASSES.

2. WAGNER WELLNESS VAN EXPANSION

Part V Facility Information *(continued)*

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

PRMC AND WICHD WILL BUILD OFF THE SUCCESSFUL EFFORTS THAT WERE INCLUDED

FOR THIS PROGRAM IN ITS 2016 IMPLEMENTATION STRATEGY PLAN.(CONTINUED IN

SUPPLEMENTAL INFORMATION)

PENINSULA REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 13B: ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

PENINSULA REGIONAL MEDICAL CENTER OFFERS FINANCIAL ASSISTANCE TO PATIENTS

WHOSE INCOME IS AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES. PRMC

ALSO PROVIDES FINANCIAL ASSISTANCE BASED UPON SEVERAL SPECIAL SITUATIONS:

1) FINANCIAL ASSISTANCE WILL BE CONSIDERED IF PATIENT IS OVER INCOME

CRITERION, BUT HAS A FINANCIAL HARDSHIP. A FINANCIAL HARDSHIP EXISTS WHEN

THE AMOUNT OF MEDICAL DEBT AT PENINSULA REGIONAL MEDICAL CENTER EXCEEDS

25% OF THE FAMILY'S INCOME IN A YEAR.

2) A PATIENT THAT HAS QUALIFIED FOR MARYLAND MEDICAL ASSISTANCE IS DEEMED

TO AUTOMATICALLY QUALIFY FOR PRMC'S FINANCIAL ASSISTANCE PROGRAM. THE

AMOUNT DUE FROM A PATIENT ON THESE ACCOUNTS MAY BE WRITTEN OFF TO

FINANCIAL ASSISTANCE WITH VERIFICATION OF MEDICAID ELIGIBILITY. NORMAL

DOCUMENTATION REQUIREMENTS ARE WAIVED FOR FINANCIAL ASSISTANCE GRANTED

UPON THE BASIS OF MARYLAND MEDICAL ASSISTANCE ELIGIBILITY.

3) PATIENTS WHO ARE BENEFICIARIES/RECIPIENTS OF CERTAIN MEANS-TESTED

SOCIAL SERVICES PROGRAMS ADMINISTERED BY THE STATE OF MARYLAND ARE DEEMED

TO HAVE PRESUMPTIVE ELIGIBILITY FOR PRMC'S FINANCIAL ASSISTANCE PROGRAM.

THE AMOUNT DUE FROM A PATIENT ON THESE ACCOUNTS MAY BE WRITTEN OFF TO

Part V Facility Information *(continued)*

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

FINANCIAL ASSISTANCE WITH VERIFICATION OF ELIGIBILITY FOR ONE OF THESE

PROGRAMS. NORMAL DOCUMENTATION REQUIREMENTS ARE WAIVED FOR FINANCIAL

ASSISTANCE GRANTED UPON THE BASIS OF PRESUMPTIVE ELIGIBILITY. IT IS THE

RESPONSIBILITY OF PATIENTS TO NOTIFY THE HOSPITAL THEY ARE IN A MEANS

TESTED PROGRAM AND PROVIDE THE DOCUMENTATION, BUT PRMC STAFF DOES INQUIRE

AS TO THIS STATUS DURING THE INTAKE PROCESS AND AT OTHER POINTS DURING THE

FINANCIAL ASSISTANCE DETERMINATION PROCESS.

PENINSULA REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 13H: SEE DISCLOSURE FOR SCHEDULE H, PART V, LINE

13B

PENINSULA REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 15E: PUBLICIZING THE FINANCIAL ASSISTANCE POLICY

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS WILL

BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE

AGENCIES. IN THE EVENT THAT THE PATIENT HAS APPLIED FOR AND KEPT ALL

NECESSARY APPOINTMENTS AND THIRD PARTY ASSISTANCE IS NOT AVAILABLE,

PENINSULA REGIONAL MEDICAL CENTER WILL PROVIDE CARE AT REDUCED OR ZERO

COST.

WHEN NO THIRD PARTY ASSISTANCE IS AVAILABLE TO COVER THE TOTAL BILL AND

THE PATIENT INDICATES THAT THEY HAVE INSUFFICIENT FUNDS, THE FOLLOWING

PROCEDURE WILL OCCUR:

Part V Facility Information *(continued)*

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

1) THE MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE APPLICATION SHOULD BE

REVIEWED BY STAFF, IN CONSULTATION WITH THE PATIENT, TO MAKE INITIAL

ASSESSMENT OF ELIGIBILITY.

2) COMPARE PATIENT'S INCOME TO CURRENT FEDERAL POVERTY GUIDELINES.

3) IF PRELIMINARILY ELIGIBLE PER GUIDELINES, SEND MARYLAND STATE UNIFORM

FINANCIAL ASSISTANCE APPLICATION TO PATIENT/GUARANTOR FOR COMPLETION AND

SIGNATURE. PATIENT SHOULD ATTACH APPROPRIATE DOCUMENTATION AND RETURN TO

REPRESENTATIVE WITHIN 10 DAYS.

UPON RECEIPT OF THE FINANCIAL ASSISTANCE REQUEST, THE REPRESENTATIVE WILL

REVIEW INCOME AND ALL DOCUMENTATION. THE PATIENT MUST BE NOTIFIED WITHIN

TWO BUSINESS DAYS OF THEIR PROBABLE ELIGIBILITY AND INFORMED THAT THE

FINAL DETERMINATION WILL BE MADE ONCE THE COMPLETED FORM AND ALL

SUPPORTING DOCUMENTS ARE RECEIVED, REVIEWED, AND THE INFORMATION VERIFIED.

INCOME INFORMATION WILL BE VERIFIED USING THE DOCUMENTATION PROVIDED BY

THE PATIENT AND EXTERNAL RESOURCES WHEN AVAILABLE. A FINANCIAL ASSISTANCE

DISCOUNT WILL BE APPLIED TO THE PATIENT'S RESPONSIBILITY ACCORDINGLY.

4) IF INELIGIBLE, THE REPRESENTATIVE WILL NOTIFY THE PATIENT AND RESUME

NORMAL DUNNING PROCESS AND FILE DENIAL WITH THE ACCOUNT. THE DENIALS WILL

BE KEPT ON FILE IN THE COLLECTION OFFICE. ALL DENIALS WILL BE REVIEWED BY

THE COLLECTION COORDINATOR LEVEL OR ABOVE.

THE PATIENT MAY REQUEST RECONSIDERATION BY SUBMITTING A LETTER TO THE

DIRECTOR OF PATIENT FINANCIAL SERVICES INDICATING THE REASON FOR THE

Part V Facility Information *(continued)*

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

REQUEST.

ONLY INCOME AND FAMILY SIZE WILL BE CONSIDERED IN APPROVING APPLICATIONS

FOR FINANCIAL ASSISTANCE UNLESS ONE OF THE FOLLOWING THREE SCENARIOS

OCCURS:

- THE AMOUNT REQUESTED IS GREATER THAN $50,000.

- THE TAX RETURN SHOWS A SIGNIFICANT AMOUNT OF INTEREST INCOME, OR THE

PATIENT STATES THEY HAVE BEEN LIVING OFF OF THEIR SAVINGS ACCOUNTS.

- DOCUMENTATION INDICATES SIGNIFICANT WEALTH.

IF ONE OF THE ABOVE THREE SCENARIOS ARE APPLICABLE IN THE APPLICATION,

LIQUID ASSETS MAY BE CONSIDERED INCLUDING: CHECKING AND SAVINGS ACCOUNTS,

STOCKS, BONDS, CERTIFICATES OF DEPOSIT, MONEY MARKET OR ANY OTHER ACCOUNTS

FOR THE PAST THREE MONTHS ALONG WITH THE PAST YEAR'S TAX RETURN, AND A

CREDIT REPORT MAY BE REVIEWED. THE FOLLOWING ASSETS ARE EXCLUDED:

- THE FIRST $10,000 OF MONETARY ASSETS.

- UP TO $150,000 IN A PRIMARY RESIDENCE.

CERTAIN RETIREMENT BENEFITS (SUCH AS A 401-K WHERE THE IRS HAS GRANTED

PREFERENTIAL TAX TREATMENT AS A RETIREMENT ACCOUNT INCLUDING BUT NOT

LIMITED TO DEFERRED-COMPENSATION PLANS QUALIFIED UNDER THE INTERNAL

REVENUE CODE, OR NONQUALIFIED DEFERRED-COMPENSATION PLANS) WHERE THE

PATIENT POTENTIALLY COULD PAY TAXES AND/OR PENALTIES BY CASHING IN THE

BENEFIT.

IF THE BALANCE DUE IS SUFFICIENT TO WARRANT IT AND THE ASSETS ARE

Part V Facility Information *(continued)*

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

SUITABLE, A LIEN WILL BE PLACED ON THE ASSETS FOR THE AMOUNT OF THE BILL.

COLLECTION EFFORTS WILL CONSIST OF PLACEMENT OF THE LIEN WHICH WILL RESULT

IN PAYMENT TO THE HOSPITAL UPON SALE OR TRANSFER OF THE ASSET.

5) COLLECTION COORDINATOR WILL REVIEW DOCUMENTATION.

IF ELIGIBLE, THE ACCOUNT WILL BE WRITTEN OFF TO FINANCIAL ASSISTANCE AND

THE "REQUEST FOR FINANCIAL ASSISTANCE" FORM FINALIZED. A COPY IS RETAINED

IN THE PATIENT'S FILE. THE REPRESENTATIVE WILL CALL THE PATIENT AND NOTIFY

HIM/HER OF THE FINAL DETERMINATION OF ELIGIBILITY.

6) PENINSULA REGIONAL MEDICAL CENTER WILL REVIEW ONLY THOSE ACCOUNTS WHERE

THE PATIENT OR GUARANTOR INQUIRE ABOUT FINANCIAL ASSISTANCE, MAILS IN AN

APPLICATION, OR IN THE NORMAL WORKING OF THE ACCOUNT THERE IS INDICATION

THAT THE PATIENT MAY BE ELIGIBLE. ANY PATIENT/CUSTOMER SERVICE

REPRESENTATIVE, FINANCIAL COUNSELOR, OR COLLECTION REPRESENTATIVE MAY

BEGIN THE REQUEST PROCESS.

PRE-PLANNED SERVICE MAY ONLY BE CONSIDERED FOR FINANCIAL ASSISTANCE WHEN

THE SERVICE IS MEDICALLY NECESSARY. FOR EXAMPLE, NO COSMETIC SURGERY WILL

BE ELIGIBLE.

INPATIENT, OUTPATIENT, EMERGENCY, AND PENINSULA REGIONAL MEDICAL GROUP

PHYSICIAN CHARGES ARE ALL ELIGIBLE.

FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, PLAIN LANGUAGE SUMMARY

AVAILABLE ON THE HOSPITAL'S WEBSITE

SCHEDULE H, PART V, LINES 16A, 16B & 16C

Part V Facility Information *(continued)*

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

HTTPS://WWW.TIDALHEALTH.ORG/MEDICAL-CARE/FINANCIAL-ADMIN-SERVICES/BILLING/T

IDALHEALTH-NANTICOKE-FINANCIAL-ASSISTANCE

MAXIMUM CHARGE AMOUNTS FOR FAP-ELIGIBLE INDIVIDUALS

SCHEDULE H, PART V, LINE 22D

PENINSULA REGIONAL MEDICAL CENTER IS A MARYLAND HOSPITAL. AS SUCH PATIENTS

AND ALL INSURANCE COMPANIES, INCLUDING MEDICARE & MEDICAID, PAY THE SAME

RATE. THIS RATE IS DETERMINED BY THE STATE AGENCY, THE MARYLAND HEALTH

SERVICES COST REVIEW COMMISSION.

CONTINUED FROM SCHEDULE H, PART V, LINE 11

ACTIVITIES:

- OUTREACH TO COMMUNITIES UTILIZING A NURSE PRACTITIONER (NP) TO

PROVIDE PRIMARY CARE SERVICES.

- PROVIDE SCREENINGS FOR DIABETES (OTHER SCREENINGS PROVIDED AS WELL).

- IDENTIFY NEED FOR AND MAKE REFERRALS TO COMMUNITY RESOURCES FOR

HEALTH EDUCATION PROGRAMS.

- ENSURE THOSE PEOPLE IDENTIFIED AS DIABETIC OR PRE-DIABETIC ARE

REFERRED FOR PRIMARY CARE FOLLOW UP.

- TRACK RATE OF SUCCESSFUL PCP FOLLOW UP FOR ALL REFERRALS.

- IDENTIFY BARRIERS TO ACCESSING PCP FOLLOW UP AND WORK TOWARDS FUTURE

SOLUTIONS.

3. SUSTAINABLE CHANGE AND LIFESTYLE ENHANCEMENT (SCALE)

ACTIVITIES:

Part V Facility Information *(continued)*

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

- TARGET OUTREACH TO OVERWEIGHT WOMEN OF CHILD-BEARING AGE (UP TO AGE

55) AND OVERWEIGHT CHILDREN AGES 7 17.

- OFFER EDUCATION AND ACTIVITIES TO ENCOURAGE HEALTHIER EATING AND

PHYSICAL ACTIVITY.

- PROVIDE SUPPORT THROUGH COOKING DEMONSTRATIONS, GROCERY STORE TOURS,

WALKS AND BETTER ACCESS TO FRESH, HEALTHY FOOD.

CANCER

GOAL:

- IMPROVE CANCER PREVENTION, EARLY DETECTION AND INTERVENTION/TREATMENT

OF CANCER TO PROVIDE THE BEST POSSIBLE OUTCOMES IN THE TRI-COUNTY AREA

FOR COLORECTAL, BREAST, CERVICAL, LUNG AND SKIN CANCERS.

STRATEGIES:

- PARTNER WITH WICHD AND SCHD TO EXPAND CANCER SCREENING.

- UTILIZE CANCER RATE DATA TO IDENTIFY NEIGHBORHOODS WITH HIGH CANCER

INCIDENCE RATES FOR TARGETED EDUCATION AND SCREENING ACTIVITIES.

- COLLABORATE WITH LOCAL SCHOOL DISTRICT(S) AND COLLEGES/UNIVERSITIES

TO INTEGRATE SKIN CANCER PREVENTION EDUCATION WITHIN STUDENT HEALTH

CURRICULA.

OBJECTIVES AND ANTICIPATED IMPACT:

- WORKING IN PARTNERSHIP WITH THE WICHD AND SCHD, OFFER ADDITIONAL

CANCER PREVENTION PROGRAMS AND SCREENING OPTIONS FOR LOW-INCOME

COMMUNITY MEMBERS, AND CONNECT THOSE WHO NEED TREATMENT.

- INCREASE KNOWLEDGE OF AT-RISK ACTIVITIES FOR CANCER, IMPORTANCE OF

HEALTHY BEHAVIORS IN PREVENTION OF CANCER AND IMPORTANCE OF SCREENING

Part V Facility Information *(continued)*

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

ACTIVITIES.

1. WAGNER WELLNESS VAN EXPANSION

ACTIVITIES:

- CLINICAL BREAST EXAMS

- SKIN CANCER SCREENING

- EDUCATION

- REFERRAL FOR CANCER SCREENINGS

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)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

OTHER METHOD USED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE

N/A - PENINSULA REGIONAL MEDICAL CENTER USES THE FPG IN DETERMINING

ELIGIBILITY FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE IS ALSO

CONSIDERED IF A PATIENT IS OVER INCOME CRITERION BUT HAS FINANCIAL

HARDSHIP BASED ON MEDICAL DEBT. PATIENTS WHO ARE BENEFICIARIES/RECIPIENTS

OF CERTAIN MEANS-TESTED SOCIAL SERVICES PROGRAM ADMINISTERED BY THE STATE

OF THE PATIENT'S RESIDENCE ARE DEEMED TO HAVE PRESUMPTIVE ELIGIBILITY FOR

PRMC'S FA PROGRAM.

PART I, LINE 6A:

COMMUNITY BENEFIT REPORT

PENINSULA REGIONAL MEDICAL CENTER FILES ANNUALLY A COMMUNITY BENEFIT

REPORT WITH THE STATE OF MARYLAND. THE REPORT IS FILED WITH THE HSCRC

(HEALTH SERVICES COST REVIEW COMMISSION).

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

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST

Part VI Supplemental Information *(Continuation)*

THE AMOUNT OF BAD DEBT EXPENSE EXCLUDED FROM THE DENOMINATOR IN THE COLUMN (F) PERCENTAGES IS $6,278,309.

LINE 7B COLUMN (C) & (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 DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

THE COST METHODOLOGY FOR CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS IS THE COST-TO-CHARGE RATIO USED FOR THE CHARITY CARE PROGRAMS AND DIRECT COST METHOD FOR THE OTHER BENEFITS/PROGRAMS.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES

PENINSULA REGIONAL FUNDS A VARIETY OF PROGRAMS THAT WORK TO PROMOTE THE HEALTH AND SAFETY OF OUR COMMUNITY. THESE PROGRAMS INCLUDE ACTIVITIES IN THE AREAS OF HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT,

Part VI Supplemental Information *(Continuation)*

ENVIRONMENTAL IMPROVEMENTS, COALITION BUILDING, AND WORKFORCE DEVELOPMENT.

THE NUMBER OF PERSONS SERVED BY THE COMMUNITY BUILDING ACTIVITIES WERE NOT TRACKED FOR ALL PROGRAMS THROUGHOUT THE COURSE OF THE YEAR.

COALITION BUILDING

HISTORICALLY PENINSULA REGIONAL HAS FACILITATED INVOLVEMENT WITH HEALTH IMPROVEMENT ORGANIZATIONS TO IDENTIFY, ASSESS, AND CREATE AGGREGATE ACTION PLANS TO ADDRESS LOCAL EMERGING AND CHRONIC COMMUNITY BENEFIT SERVICE AREA HEALTHCARE ISSUES. KATHRYN FIDDLER (EXECUTIVE DIRECTOR OF POPULATION HEALTH) AND STEPHANIE ELLIOT (DIRECTOR OF COMMUNITY SERVICES HEALTH) ATTEND THE FOLLOWING LOCAL HEALTH IMPROVEMENT COALITION'S INCLUDING SOME OF THE FRONT-LINE CARE MANAGEMENT COORDINATORS AND PHYSICIANS.

- WICOMICO COUNTY LHIC
- WORCESTER COUNTY HRSA
- HEALTHY SOMERSET COALITION
- WORCESTER COUNTY LHIC
- TRI COUNTY HEALTH IMPROVEMENT PLANNING
- TRI COUNTY ALLIANCE FOR THE HOMELESS
- PROJECT LIVING WELL ADVISORY COMMITTEE MAC (MAINTAINING ACTIVE CITIZENS)

PHYSICIAN RECRUITING

PENINSULA REGIONAL FEELS IT IS IMPORTANT TO CONTINUALLY MONITOR SPECIALTIES WHERE A SIGNIFICANT AMOUNT OF PATIENT CARE WITHIN THE SERVICE AREA IS PROVIDED BY OLDER PHYSICIANS, AS A SUDDEN OR UNEXPECTED LOSS OF COVERAGE COULD HAVE AN ADVERSE EFFECT ON THE PROVISION OF MEDICAL SERVICES

Part VI Supplemental Information *(Continuation)*

TO THE COMMUNITY. SUCCESSION PLANNING AND RECRUITMENT GO HAND-IN-HAND, AS DOES SOCIO-DEMOGRAPHICS AND GOVERNMENTAL INITIATIVES ALL OF WHICH MUST BE CONSIDERED TO ASSESS APPROPRIATE PHYSICIAN RECRUITMENT. KEY FINDINGS, ACCORDING TO THE MOST RECENT MEDICAL STAFF DEVELOPMENT PLAN, INDICATE AN IMMEDIATE NEED FOR RECRUITMENT OF PRIMARY CARE PHYSICIANS TO ENGAGE IN CHRONIC DISEASE MANAGEMENT AS PART OF OUR POPULATION HEALTH INITIATIVES. SUCCESSION PLANNING IS A KEY OBJECTIVE AS TEN PRIMARY CARE PHYSICIANS ARE ABOVE THE AGE OF 55 WHICH WILL LEAVE A VOID IN AN ALREADY UNDERSERVED AREA. DEMOGRAPHICS ALSO PLAY A KEY ROLE AS THE MEDICARE POPULATION IS GROWING AT A FASTER RATE THAN THE STATE OF MARYLAND AND THE NATION. AS A GROWING RETIREMENT COMMUNITY, THERE IS AN INCREASED NEED FOR ADDITIONAL PRIMARY CARE PHYSICIANS AND CERTAIN SPECIALTIES. THERE WILL BE A 22.7% GROWTH OF THOSE BETWEEN THE AGES OF 65 TO 74 OVER THE NEXT 5 YEARS. DEFICIENCIES AND SURPLUSES IN THE CURRENT SUPPLY OF PHYSICIANS WERE DETERMINED BY REVIEWING PHYSICIAN TO-POPULATION RATIOS, PHYSICIAN PATIENT VOLUMES, POPULATION DATA, AND OTHER DATA. MANAGEMENT CONSULTANTS RECOMMEND EVALUATING POTENTIAL RECRUITMENT OF PRIMARY CARE FAMILY MEDICINE, PRIMARY CARE INTERNAL MEDICINE AND PRIMARY CARE PEDIATRICS OVER THE NEXT SEVERAL YEARS. MEDICAL SPECIALTY NEEDS ARE DRIVEN BY THE OVERALL MARKET SUPPLY, WAIT TIMES FOR NEW PATIENT APPOINTMENTS, AND CALL COVERAGE AND INPATIENT CONSULTATION NEEDS. CURRENT MEDICAL SPECIALTY RECOMMENDATIONS INCLUDE RECRUITMENT OF THE FOLLOWING PHYSICIAN SPECIALTIES DUE TO COMMUNITY NEEDS ASSESSMENT, MARKET DEMAND AND RETIREMENT: ALLERGY/IMMUNOLOGY, DERMATOLOGY, ENDOCRINOLOGY, INFECTIOUS DISEASE, NEUROLOGY, OB/GYN, PAIN MANAGEMENT, PSYCHIATRY AND RHEUMATOLOGY. OF THE MEDICAL STAFF, 32% IS EITHER AT OR ABOVE THE AGE OF 55, WHICH POSES SUCCESSION RISK. PENINSULA REGIONAL A RURAL HOSPITAL, AND OTHER LIKE-KIND RURAL COMMUNITIES ARE TYPICALLY CHALLENGED IN BOTH RECRUITMENT AND RETENTION OF PHYSICIANS DUE TO NUMEROUS

Part VI Supplemental Information *(Continuation)*

FACTORS. SOME OF THESE CHALLENGES ARE DUE TO THE LOCATION AND GEOGRAPHY OF THE AREA AND AVAILABILITY OF HEALTHCARE RESOURCES. RETAINING AND RECRUITING RESOURCES IN SUB-SPECIALTIES CAN BE HARD FOR REGIONAL RURAL HOSPITALS AND PENINSULA REGIONAL MEDICAL CENTER IS NO EXCEPTION. TO ADDRESS SPECIFIC COMMUNITY HEALTHCARE NEEDS THE MEDICAL CENTER HAS HAD TO RECRUIT, RETAIN, EMPLOY AND SUBSIDIZE SOME OF THE FOLLOWING SUBSPECIALTIES; PULMONARY, NEURO-HOSPITALIST, NEUROSURGERY, MEDICAL ONCOLOGY & HEMATOLOGY, GASTROENTEROLOGY, PEDIATRIC SPECIALTIES, ENDOCRINOLOGY, CARDIOLOGY, CARDIOVASCULAR SURGERY, AND PAIN MANAGEMENT. RURAL COMMUNITIES LACK THE CULTURAL AND EDUCATIONAL RESOURCES THAT LARGER URBAN CENTERS PROVIDE MAKING IT HARDER TO RETAIN AND RECRUIT THESE PHYSICIANS. LOW POPULATION PATTERNS BY GEOGRAPHY MAKE IT MORE COSTLY AND HARDER FOR COMMUNITIES AND BUSINESSES TO PROVIDE VARIOUS TYPES OF SERVICES ESPECIALLY SPECIALTY PHYSICIAN SERVICES. OVERALL, OUR LOCAL ECONOMY IS NOT AS ROBUST AS THE URBAN CENTERS AS INDICATED BY OUR LOW AVERAGE HOUSEHOLD INCOME IN THE TRI-COUNTY AREA.

DISASTER READINESS

PENINSULA REGIONAL MEDICAL CENTER IS A MEMBER OF DRHMAG (DELMARVA REGIONAL HEALTH MUTUAL AID GROUP) WHICH IS A COALITION OF LOCAL HEALTH DEPARTMENTS, HOSPITALS AND NURSING HOMES. THEY MEET QUARTERLY TO DISCUSS ISSUES OF DISASTER PREPAREDNESS IN THE DELMARVA REGION. PRMC HAS AN INTERNAL EMERGENCY MANAGEMENT COMMITTEE THAT MEETS MONTHLY WHOSE MEMBERS INCLUDE THE SAFETY COORDINATOR, CHIEF OF SECURITY, EMERGENCY DEPARTMENT RN, RISK MANAGEMENT, INFECTION PREVENTION, EXECUTIVE TEAM REPRESENTATIVE, PHARMACIST, EMERGENCY MANAGEMENT COORDINATOR, FIREFIGHTER, AND A COUNTY HEALTH DEPARTMENT REPRESENTATIVE. PRMC ALSO MEETS QUARTERLY WITH OUR LOCAL PARTNERS THAT INCLUDE FIRE, POLICE, EMERGENCY MEDICAL SERVICES, AND

Part VI Supplemental Information *(Continuation)*

WICOMICO COUNTY EMERGENCY MANAGEMENT TO FACILITATE DISASTER PLANNING AND MOCK DRILLS WITHIN THE COMMUNITY.

SCHEDULE H, PART III, LINES 2 AND 3

SEE RESPONSE BELOW TO LINE 4 REGARDING THE METHODOLOGY USED BY THE ORGANIZATION REGARDING BAD DEBT.

SCHEDULE H, PART III, LINE 4

BAD DEBT FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS

UNDER THE PROVISIONS OF ASU 2014-09, WHEN THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME, THE RIGHT IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS, WHICH HAVE THE UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECORDED AS RECEIVABLES SINCE THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. THE ESTIMATED UNCOLLECTIBLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE RECORDED AS A DIRECT REDUCTION TO PATIENT ACCOUNTS RECEIVABLE RATHER THAN AN ALLOWANCE FOR DOUBTFUL ACCOUNTS.

DISCOUNTS RANGING FROM 2% TO 6% OF CHARGES ARE GIVEN TO MEDICARE, MEDICAID, AND CERTAIN APPROVED COMMERCIAL HEALTH INSURANCE AND HEALTH MAINTENANCE ORGANIZATION PROGRAMS FOR REGULATED SERVICES. DISCOUNTS IN VARYING PERCENTAGES ARE GIVEN FOR CERTAIN UNREGULATED SERVICES.

SCHEDULE H, PART III, LINE 8

MEDICARE COSTING METHODOLOGY

Part VI Supplemental Information *(Continuation)*

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO.

PENINSULA REGIONAL MEDICAL CENTER PROVIDES QUALITY MEDICAL SERVICES TO ALL PATIENTS REGARDLESS OF WHAT INSURANCE THEY HAVE. APPROXIMATELY, 49.4% OF THE MEDICAL CENTER'S REVENUE IS ATTRIBUTABLE TO MEDICARE PATIENTS DURING THE YEAR ENDED JUNE 30, 2019.

SCHEDULE H, PART III, LINE 9B

COLLECTION POLICY

THE PENINSULA REGIONAL MEDICAL CENTER COLLECTION POLICY INCLUDES INFORMATION ABOUT OUR FINANCIAL ASSISTANCE POLICY (FAP) AND HOW TO FIND THE FAP. THE DEBT COLLECTION POLICY APPLIES TO ALL PATIENTS. ADDITIONALLY, OUR COLLECTION POLICY INSTRUCTS THAT EXTRAORDINARY COLLECTION ACTIONS (ECA) WILL BE SUSPENDED WHEN A PATIENT REQUESTS INFORMATION ON OUR FAP OR SUBMITS A FINANCIAL ASSISTANCE APPLICATION WITHIN 240 DAYS OF THE FIRST POST-DISCHARGE BILLING STATEMENT. OUR POLICY DESCRIBES WHAT TO DO IF THE FINANCIAL ASSISTANCE APPLICATION IS INCOMPLETE AND WHAT IS REQUIRED TO BE REFUNDED (AMOUNTS OVER $5) IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE AFTER MAKING A PAYMENT. WE INCLUDE CLARIFICATION OF WHAT DATES OF SERVICES ARE INCLUDED IN THE FINANCIAL ASSISTANCE SO THAT WE UNDERSTAND WHEN NORMAL COLLECTION EFFORTS ARE APPROPRIATE.

WITHIN OUR COLLECTION POLICY WE DESCRIBE THAT A PATIENT DENIED FINANCIAL ASSISTANCE MAY REQUEST A RECONSIDERATION. FOR DATES OF SERVICES APPROVED FOR FINANCIAL ASSISTANCE COLLECTIONS PROCESSES ARE HALTED AS THE ACCOUNT IS ADJUSTED TO ZERO DUE FROM PATIENT. THE POLICY STATES HOW TO PROCESS THE PATIENT BALANCE WHEN ONLY A PORTION OF THE CHARGE QUALIFIED FOR FINANCIAL ASSISTANCE; COLLECTIONS WILL ONLY BE

Part VI Supplemental Information *(Continuation)*

PURSUED ON THE AMOUNT THAT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE.

PART VI, LINE 2:

NEEDS ASSESSMENT

PENINSULA REGIONAL ASSESSES COMMUNITY HEALTH NEEDS IN PARTNERSHIP WITH THE LOCAL COUNTY HEALTH DEPARTMENTS (WICOMICO, WORCESTER, SOMERSET). WE MEET ON A REGULAR BASIS TO DISCUSS AND FORMULATE STRATEGIES AND ACTION PLANS IN WHICH WE COLLABORATE WITH EACH OTHER AND LOCAL ENTITIES TO ADDRESS RESIDENTS' MOST UNDERSERVED AND CRITICAL HEALTHCARE AND SOCIAL NEEDS. DEVELOPING RELATIONSHIPS WITH COMMUNITY PARTNERS IS CRITICAL TO CONTINUED IDENTIFICATION OF UNDERSERVED NEEDS AND POPULATION HEALTH MANAGEMENT SUCCESS; A CORNERSTONE OF PENINSULA REGIONAL STRATEGY. THE FOLLOWING LOCAL RELATIONSHIPS, PARTNERSHIPS AND MEMBERSHIPS HAS CREATED SYNERGY PRODUCING LOCAL HEALTHCARE DIVIDENDS, EXAMPLES OF THESE RELATIONSHIPS INCLUDE THE FOLLOWING: TRI-COUNTY DIABETES ALLIANCE, SWIFT (SALISBURY WICOMICO INTEGRATED FIRSTCARE TEAM), FEDERALLY QUALIFIED HEALTH CENTERS, YMCA, PATIENT CARE ADVISORY COUNCIL, LOCAL SNFS, FAITH BASED ENTITIES, MAC (MAINTAINING ACTIVE CITIZENS), SHELTERS (HALO, HOPE), LOCAL COLLEGES & HIGH SCHOOLS. WORKING TOGETHER WITH DIVERSE AND DISPARATE LOCAL ENTITIES FOR THE UNITED BUT COMMON GOAL OF MEETING RESIDENTS' UNDERSERVED NEEDS- PLANNING TOGETHER, APPLYING RESOURCES OUR GOAL IS A HEALTHIER COMMUNITY. IN ADDITION TO THE CHNA, PENINSULA REGIONAL HAS EMBARKED ON IDENTIFYING AND TARGETING "SUPER UTILIZERS" WITHIN OUR CBSA (COMMUNITY BENEFIT SERVICE AREA); THESE RESIDENTS WILL BE IDENTIFIED, AND TARGETED FOR POPULATION HEALTH MANAGEMENT.

- DEMOGRAPHICS (BLOCK GROUPS, ZIP CODES)

- RACE/ETHNICITY

Part VI Supplemental Information *(Continuation)*

- AGE-COHORTS

- CHRONIC CONDITIONS

THE TARGET POPULATION INCLUDES PATIENTS THAT HAVE CHRONIC CONDITIONS WHO HAVE DEMONSTRATED TO HAVE BEEN HIGH UTILIZERS AT PRMC, OR ARE IDENTIFIED AS BEING AT RISK OF HIGH UTILIZATION BASED ON HIS/HER CHRONIC CONDITIONS AND PATTERNS OF CARE. CURRENT DATA INDICATES AN "OVERRELIANCE" BY LOCAL RESIDENTS ON PENINSULA REGIONAL'S EMERGENCY ROOM FOR PRIMARY AND CHRONIC CONDITION NEEDS. IN RESPONSE, PRMC HAS INTRODUCED INTERVENTIONS, CARE MANAGEMENT PROGRAMS, EDUCATION, AND FOLLOW-UP WITH MEASUREMENT AND OUTCOMES. BASED UPON A CURRENT ASSESSMENT THERE ARE APPROXIMATELY 1,000+ RESIDENTS THAT MEET THE CRITERIA OF "SUPER UTILIZERS" STRATIFIED BY SOCIO-DEMOGRAPHICS AND CHRONIC DISEASE.

PENINSULA REGIONAL IS TARGETING CBSA ZIP CODES BASED UPON SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH TO INCLUDE THE UNINSURED, INDIGENT POPULATION, RESIDENTS WHO LACK TRANSPORTATION, LACK OF EDUCATION AND AVAILABILITY OF HEALTHY FOODS. TARGETING THIS BY CLUSTER AND BLOCK GROUPS, WE SEEK TO IMPACT THE HEALTH BY PROVIDING PRIMARY HEALTH SERVICES, EDUCATION, ACCESS AND MORE IMPORTANTLY BY FOSTERING RELATIONSHIPS WITHIN THE COMMUNITY WE SERVE. FOR EXAMPLE, OUR WAGNER WELLNESS VAN TRAVELS LOCALLY TO BLOCK GROUPS WHERE THERE WAS AN IDENTIFIED NEED FOR BASIC HEALTH SERVICES, IN ADDITION TO PROVIDING HEALTH SERVICES AND EDUCATION TO LOCAL ETHNIC CHURCHES AND CIVIC ORGANIZATIONS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PENINSULA REGIONAL MEDICAL CENTER MAKES AVAILABLE TO ALL PATIENTS THE HIGHEST QUALITY OF MEDICAL CARE POSSIBLE WITHIN THE RESOURCES AVAILABLE.

Part VI Supplemental Information *(Continuation)*

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE AGENCIES, OR, IF HELP IS NOT AVAILABLE, TO PROVIDE CARE AT REDUCED OR ZERO COST. ONE OF PENINSULA REGIONAL'S OVERALL GUIDING PRINCIPLES IS THAT CONCERN OVER A HOSPITAL BILL SHOULD NEVER PREVENT ANY INDIVIDUAL FROM RECEIVING EMERGENCY HEALTH SERVICES.

THE MEDICAL CENTER WILL COMMUNICATE THIS MESSAGE CLEARLY TO PROSPECTIVE PATIENTS AND TO LOCAL COMMUNITY SERVICE AGENCIES AND MAKE IT CLEAR THAT EMERGENCY SERVICES WILL BE PROVIDED WITHOUT REGARD TO ABILITY TO PAY. THE MEDICAL CENTER WILL ENSURE THAT AN EMERGENCY ADMISSION OR TREATMENT IS NOT DELAYED OR DENIED PENDING DETERMINATION OF COVERAGE OR REQUIREMENT FOR PREPAYMENT OR DEPOSIT. THE MEDICAL CENTER WILL POST ADEQUATE NOTICE OF THE AVAILABILITY OF MEDICAL SERVICES, AND THE GENERAL OBLIGATION OF THE HOSPITAL TO PROVIDE CHARITY CARE.

PENINSULA REGIONAL'S "FINANCIAL ASSISTANCE POLICY" INCLUDES THE REQUIRED LANGUAGE OF DETERMINATION OF PROBABLE ELIGIBILITY WITHIN TWO BUSINESS DAYS. ON PAGE 2, THE "FINANCIAL ASSISTANCE POLICY" STATES THAT UPON RECEIPT OF THE FINANCIAL ASSISTANCE REQUEST, THE REPRESENTATIVE WILL REVIEW INCOME AND ALL DOCUMENTATION. THE PATIENT MUST BE NOTIFIED WITHIN TWO BUSINESS DAYS OF THEIR PROBABLE ELIGIBILITY.

IN ACCORDANCE WITH SECTION 1, 2 AND 3, PENINSULA REGIONAL PROVIDES PUBLIC NOTICE AND INFORMATION REGARDING ITS CHARITY CARE POLICY IN DELMARVA'S LARGEST PAPER "THE DAILY TIMES", POSTED SIGNS IN THE ADMISSION, BUSINESS OFFICE EMERGENCY ROOM AND OTHER MAJOR SERVICE AREAS OF THE MEDICAL CENTER; ADDITIONALLY INDIVIDUAL NOTICE IS PROVIDED TO EACH SELF-PAY ACCOUNT WHO

Part VI Supplemental Information *(Continuation)*

SEEKS SERVICES IN THE MEDICAL CENTER AT THE TIME OF PRE-ADMISSION,

ADMISSION, OR UPON REQUEST.

A COPY OF THE FINANCIAL ASSISTANCE POLICY IS PROVIDED DURING INTAKE AND

DISCHARGE PROCESS UPON REQUEST, AND A FINANCIAL ASSISTANCE INFORMATION

BROCHURE IS PROVIDED TO ALL SELFPAY PATIENTS DURING INTAKE. THE

AVAILABILITY OF FINANCIAL ASSISTANCE IS PRINTED ON BILLING STATEMENTS SENT

TO PATIENTS. PRMC NOTIFIES THE PATIENT OR POTENTIAL PATIENT OF GOVERNMENT

PROGRAMS, INCLUDING PROVIDING THEM WITH INITIAL ASSISTANCE TO APPLY FOR

SUCH PROGRAMS.

PART VI, LINE 4:

COMMUNITY INFORMATION

PENINSULA REGIONAL MEDICAL CENTER AT 266 LICENSED BEDS FUNCTIONS AS THE

PRIMARY HOSPITAL PROVIDER FOR THE RURAL SOUTHERNMOST THREE COUNTIES OF THE

EASTERN SHORE OF MARYLAND, WHICH INCLUDES WICOMICO, WORCESTER AND SOMERSET

COUNTIES. APPROXIMATELY 78% OF THE PATIENTS DISCHARGED FROM THE MEDICAL

CENTER ARE RESIDENTS OF THE PRIMARY SERVICE AREA, WHICH HAS AN ESTIMATED

POPULATION OF APPROXIMATELY 181,350 IN 2019, AND IS EXPECTED TO INCREASE

TO 185,357 OR BY 2.2% BY 2024. THE MEDICAL CENTER ALSO SERVICES DORCHESTER

COUNTY, MARYLAND, THE SOUTHERN PORTION OF SUSSEX COUNTY, DELAWARE AND THE

NORTHERN PORTION OF ACCOMACK COUNTY, VIRGINIA.

PENINSULA REGIONAL'S CBSA (COMMUNITY BENEFITS SERVICE AREA) CONSISTS OF

THOSE ZIP CODES WITHIN OUR PRIMARY SERVICE AREA. MOST OF THE POPULATION

RESIDES IN WICOMICO COUNTY (105,103) WITH SALISBURY SERVING AS THE CAPITAL

OF THE EASTERN SHORE. SALISBURY IS LOCATED ON THE HEADWATERS OF THE

WICOMICO RIVER AND IT IS LOCATED AT THE CROSSROADS OF THE BAY AND THE

Part VI Supplemental Information *(Continuation)*

OCEAN. THE REGION IS UNIQUE; THE CITY OF SALISBURY HAS SIMILAR SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF A LARGE CITY, HOWEVER, THE AREA SURROUNDING SALISBURY IS RURAL AND HAS LIKE-KIND CHARACTERISTICS OF SMALL-TOWN AMERICA. DUE TO THIS DICHOTOMY, SERVING BOTH SOMETIMES PRESENTS A CHALLENGE IN DELIVERING HEALTHCARE. THE TWO OTHER COUNTIES IN PENINSULA REGIONAL'S CBSA INCLUDE WORCESTER COUNTY, WITH A POPULATION OF 52,030 AND SOMERSET COUNTY WITH A POPULATION OF 24,217.

THE GREATER "METROPOLITAN" SALISBURY AREA (ZIP CODES 21801, 21804) HAS A HIGHER POPULATION DENSITY THAN THE SURROUNDING RURAL AREAS. THIS AREA HAS A VULNERABLE POPULATION THAT INCLUDES THE INDIGENT AND A HIGHER MEDICAID MIX. MOVING EAST TOWARDS THE BEACH, LOCATED IN WORCESTER COUNTY ARE SEVERAL LARGER TOWNS, LIKE BERLIN (21811) AND OCEAN CITY (21842) THAT HAVE A HIGH POPULATION DENSITY. SOUTH OF SALISBURY, LOCATED IN SOMERSET COUNTY, ARE THE LARGER TOWNS OF PRINCESS ANNE (21853) AND CRISFIELD (21817). EXCLUDING THE GREATER SALISBURY AREA, THE LANDSCAPE AND ENVIRONMENT IS CONSIDERED RURAL, MADE UP OF SMALL BUSINESSES AND AGRICULTURE.

ALL THREE COUNTIES CAN BE CLASSIFIED AS RURAL WITH A HISTORIC ECONOMIC FOUNDATION IN AGRICULTURE, POULTRY AND TOURISM. WATERMEN AND FARMERS HAVE ALWAYS COMPRISED A LARGE PERCENTAGE OF THE PENINSULA POPULATION, HOWEVER, THEIR NUMBERS HAVE BEEN DECLINING WITH A GROWTH IN THE POPULATION AND EXPANSION OF OTHER SMALL BUSINESSES. OCEAN CITY, MD LOCATED IN WORCESTER COUNTY, IS A MAJOR TOURIST DESTINATION. DURING THE SUMMER WEEKENDS, THE CITY HOSTS BETWEEN 320,000 AND 345,000 VACATIONERS, AND UP TO 8 MILLION VISITORS ANNUALLY.

THE THREE COUNTIES HAVE A DIVERSIFIED ECONOMIC BASE; HOWEVER, IT IS

Part VI Supplemental Information *(Continuation)*

PREDOMINATELY MADE UP OF SMALL EMPLOYERS (COMPANIES WITH LESS THAN 50 EMPLOYEES). MAJOR EMPLOYERS INCLUDE LOCAL HOSPITALS, THE POULTRY INDUSTRY, LOCAL COLLEGES AND TEACHING INSTITUTIONS. THE MEDIAN INCOME OF $55,681 IN OUR COMMUNITY BENEFITS SERVICE AREA IS CONSIDERABLY LESS THAN MARYLAND'S MEDIAN INCOME OF $85,459. IN ADDITION, SEPTEMBER 2019 UNEMPLOYMENT RATES WERE HIGHER FOR MARYLAND'S MOST EASTERN SHORE COUNTIES. THE UNEMPLOYMENT RATE IN MARYLAND WAS 3.7%, THE NATION 3.6% COMPARED TO WICOMICO 4.1%; WORCESTER 4.7% AND SOMERSET 5.4%. RESEARCH INDICATES LOWER MEDIAN INCOMES AND HIGHER UNEMPLOYMENT RATES CONTRIBUTE TO A DISPARITY IN ACCESS TO MEDICAL CARE AND A PREVALENCE OF UNTREATED CHRONIC DISEASE.

THE BABY BOOMER POPULATION (THOSE AGED 55+) REPRESENT A GREATER PORTION OF THE TOTAL POPULATION IN PENINSULA REGIONAL'S CBSA AS COMPARED TO THE NATION. THE EASTERN SHORE OF MARYLAND IS BECOMING A POPULAR RETIREMENT DESTINATION AND THE TREND IS LIKELY TO CONTINUE. THE CHRONIC CONDITIONS OF THIS AGE GROUPING CONSUME HEALTHCARE RESOURCES AT MUCH HIGHER RATES THAN SOME OF THE OTHER YOUNGER AGE-COHORTS.

	MEDICARE POPULATION %
WICOMICO	16.1%
WORCESTER	27.8%
SOMERSET	16.9%
MARYLAND	15.7%
UNITED STATES	16.2%

Part VI Supplemental Information *(Continuation)*

SOURCE: TRUVEN HEALTH ANALYTICS/IBM 2019

PENINSULA REGIONAL'S PRIMARY SERVICE AREA (WICOMICO, WORCESTER, SOMERSET)
REPRESENT SOME OF THE NEEDIEST COUNTIES IN THE STATE OF MARYLAND
(WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND), BASED UPON A SOCIONEEDS INDEX
INCOME, POVERTY, UNEMPLOYMENT, OCCUPATION, EDUCATIONAL ATTAINMENT AND
LINGUISTIC BARRIERS THAT ARE ASSOCIATED WITH POOR HEALTH OUTCOMES,
INCLUDING PREVENTABLE HOSPITALIZATIONS AND PREMATURE DEATH. PENINSULA
REGIONAL HAS ZIP CODES IN EACH OF ITS PRIMARY SERVICE AREA COUNTIES WITH
HIGH SOCIONEEDS INDEX LEVELS. DEPLOYMENT OF RESOURCES IS KEY IN THESE
COMMUNITIES WITH HIGH SOCIOECONOMIC NEEDS AS WE FOCUS AND TARGET
PREVENTION AND OUTREACH SERVICES.

TO MEET ITS MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES,
PENINSULA REGIONAL HAS DEVELOPED A POPULATION HEALTH DIVISION AND HAS
ENGAGED IN POPULATION HEALTH STRATEGIES TO SUPPORT THE MARYLAND TOTAL COST
OF CARE MODEL, WHICH AIMS TO IMPROVE OUTCOMES, IMPROVE THE PATIENT
EXPERIENCE AND REDUCE THE TOTAL COST OF CARE. THE HOSPITAL IS COORDINATING
CARE, INCLUDING MENTAL HEALTH AND POST-ACUTE CARE, ACROSS HOSPITAL AND
NON-HOSPITAL SETTINGS. THE POPULATION HEALTH DIVISION INCORPORATES A
MULTIDISCIPLINARY TEAM OF NURSES, SOCIAL WORKERS AND COMMUNITY HEALTH
WORKERS SUPPORTING THE COMMUNITY WITH A BROAD RANGE OF PRIMARY CARE
SERVICES. THE DIVISION ALSO FOSTERS COMMUNITY PARTNERSHIPS WITH LOCAL
HOSPITALS ATLANTIC GENERAL AND MCCREADY HEALTH IN ADDITION TO
COMMUNITY-BASED ORGANIZATIONS INCLUDING LOCAL HEALTH DEPARTMENTS, FIRE
DEPARTMENTS, THE MARYLAND STATE AREA AGENCY ON AGING AND OTHER AGENCIES TO
PROVIDE PATIENT SUPPORT ALIGNED WITH SOCIAL DETERMINANTS OF HEALTH.

Part VI Supplemental Information *(Continuation)*

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH

PENINSULA REGIONAL MEDICAL CENTER IS COMMITTED TO THE HEALTH OF THE RURAL COMMUNITIES IT SERVES. IN FY 2019, THE HOSPITAL'S CHARITY CARE WAS $8,454,930; COMBINED CHARITY AND BAD DEBT FOR FY 2019 WAS $16,429,970. AS PART OF PENINSULA REGIONAL'S ONGOING COMMITMENT AND MISSION STATEMENT "TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE," WE CONTINUE TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY THROUGH BUILDING RELATIONSHIPS AND COLLABORATIONS WITH ORGANIZATIONS THAT ARE ADDRESSING UNMET HEALTH NEEDS.

THE WAGNER WELLNESS VAN IS A MOBILE CLINIC THAT VISITS LOCAL SHELTERS, CHURCHES AND OTHER AREAS IN PRMC'S COMMUNITY BENEFITS SERVICE AREA WHERE UNDERSERVED RESIDENTS CAN RECEIVE NON-EMERGENCY MEDICAL CARE, CHRONIC CARE MANAGEMENT AND HEALTHY LIFESTYLES EDUCATION. THE VAN VISITS AREAS WHERE THE SOCIAL DETERMINANTS OF HEALTH INDICATE THE GREATEST AMOUNT OF NEED. IT PROVIDES CARE IN AREAS WITH A HIGHER PREVALENCE OF ER VISITS, LOWER MEDIAN INCOMES, INDIGENT POPULATION, ACCESS ISSUES, COMMUNICATION BARRIERS AND OVERALL POOR HEALTH OUTCOMES. THERE HAS BEEN IMPROVED CONTROL OF DIABETES AND HYPERTENSION. THE WAGNER WELLNESS VAN STRIVES TO EDUCATE PATIENTS BY PROVIDING NUTRITIONAL AND HEALTHY LIFESTYLE COUNSELING, IN ADDITION TO MEDICATION COMPLIANCE TO CONTROL DIABETES AND HYPERTENSION. HEALTH SCREENINGS ARE PERFORMED ON RESIDENTS TO HELP DETERMINE APPROPRIATE EDUCATION, SELF-MANAGEMENT CLASS INFORMATION OR REFERRALS TO COMMUNITY RESOURCES AND SERVICES. THESE SCREENINGS INCLUDE PRE-DIABETES, HYPERTENSION AND OBESITY. WHEN WARRANTED, DRUG AND ALCOHOL MISUSE SCREENINGS ARE ALSO CONDUCTED, AND COUNSELING IS AVAILABLE. IF A RESIDENT IS AT RISK FOR DIABETES, AN A1C SCREENING IS PERFORMED TO FURTHER ASSIST WITH DIAGNOSIS AND TREATMENT.

Part VI Supplemental Information *(Continuation)*

SMITH ISLAND TELEHEALTH- SMITH ISLAND IS KNOWN FOR ITS WATERMEN, SMITH ISLAND CAKE, EXCEPTIONAL SEAFOOD AND BEING ISOLATED WITH LIMITED CONTACT FROM MAINLAND VISITORS. FOR THIS REASON, PENINSULA REGIONAL MEDICAL CENTER CREATED A PARTNERSHIP WITH MCCREADY HEALTH, MAC AREA AGENCY ON AGING, SOMERSET COUNTY HEALTH DEPARTMENT AND THE CRISFIELD CLINIC. THE GOAL OF THE PARTNERSHIP IS TO IMPROVE THE HEALTH OF SMITH ISLAND RESIDENTS, WITH THE TARGET OF EFFECTIVELY REDUCING POTENTIALLY AVOIDABLE ED UTILIZATION. THE PROGRAM WAS LED BY THE SMITH ISLAND COMMUNITY HEALTH STAFF, WHICH PROVIDES CHRONIC DISEASE EDUCATION, MANAGEMENT AND CONNECTS 250 RESIDENTS OF SMITH ISLAND VIA TELEHEALTH FOR PRIMARY CARE PHYSICIAN VISITS.

COMMUNITY HEALTH WORKERS PLAY AN INTEGRAL ROLE IN CHANGING ISLAND RESIDENTS' HEALTH BEHAVIORS AND ACTIONS; THESE EMBEDDED HEALTH FACILITATORS ARE ABLE TO EFFECTIVELY BRIDGE RELATIONSHIPS WITH THE RESIDENTS OF SMITH ISLAND. THESE FACILITATORS ARE ESSENTIALLY A PERSONAL HEALTH COACH THAT ASSISTS RESIDENTS WITH MEDICATION MANAGEMENT, TIMELY COMPLIANCE AND ULTIMATELY HELPING GUIDE RESIDENTS THROUGH PRESCRIBED HEALTHCARE PLANS. FLU SHOTS WERE ADMINISTERED ENSURING THE RESIDENTS OF SMITH ISLAND WERE PROTECTED DURING THE FLU SEASON, EFFECTIVELY REDUCING ED VISITS. SINCE INCEPTION, THE PARTNERSHIP HAS HAD GREAT SUCCESSES. FOR EXAMPLE, THERE HAS BEEN SUBSTANTIAL REDUCTIONS IN A1C LEVELS IN RESIDENTS DIAGNOSED WITH DIABETES; A PRIME EXAMPLE OF THE "TRIPLE AIM" IMPROVING HEALTH, PROVIDING ACCESS, CHRONIC DISEASE EDUCATION, AND REDUCING THE PROBABILITY OF A FUTURE EMERGENCY DEPARTMENT VISIT. RESIDENTS ARE LEARNING HOW TO SELF-MANAGE THEIR CHRONIC DISEASES AND ARE BEING EXPOSED TO THE PRINCIPLES OF LEADING HEALTHY LIFESTYLES.

Part VI Supplemental Information *(Continuation)*

TO EXPAND OUR "HEALTHY LIVING" MESSAGE, PENINSULA REGIONAL SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BASED HEALTH FAIRS PROVIDING NUTRITION EDUCATION, WEIGHT LOSS, DIABETES ASSESSMENT, MULTIPLE SCREENINGS AND HEALTH LITERACY. PARTICIPATION IN HEALTH FAIRS INCLUDE UNDERSERVED AREAS LIKE SMITH ISLAND, AN ISLAND ON THE CHESAPEAKE BAY WITH A POPULATION OF ONLY 250, A HAITIAN CREOLE HEALTH FAIR, HEALTHFEST AND SCREENINGS AT THE GOVERNOR'S BASKETBALL CHALLENGE AT THE CIVIC CENTER IN WICOMICO COUNTY. TRANSFORMING THE CULTURE THROUGH PARTICIPATION AND SPONSORSHIP OF HEALTHY LIFESTYLES AND SCREENINGS, MEETING RESIDENTS AT COMMUNITY EVENTS LOCATED THROUGHOUT THE TRI-COUNTY AREA.

HEALTH ASSESSMENTS

- CHOLESTEROL, HDL, TRIGLYCERIDES
- RESTING 12-LEAD EKG
- BODY FAT / MASS INDEX
- BLOOD PRESSURE TESTING
- PULSE OXIMETRY TESTING
- 10-YEAR RISK ANALYSIS
- REVIEW CURRENT MEDICATIONS
- FOLLOW-UP CARE PLAN
- EXERCISE/NUTRITION

WALKWICOMICO PROMOTES WALKING TRAILS, PERSONAL CHALLENGES, AND AVENUES TO ENJOY THE OUTDOORS- THE PRIMARY OBJECTIVE IS TO INCREASE AWARENESS OF AND ENGAGEMENT IN HEALTHY LIFESTYLE BEHAVIORS PROMOTING EXERCISE TO HELP WITH WEIGHT LOSS, INCREASE ENERGY, REDUCE RISK OF CHRONIC DISEASE AND MAKE PEOPLE FEEL HAPPIER. WALKWICOMICO IS PRIMARILY TARGETING THOSE THAT RESIDE IN THE COUNTY (POP. 100,000+); HOWEVER, IT WOULD ALSO BE AN ATTRACTION FOR

Part VI Supplemental Information *(Continuation)*

ADJACENT COUNTIES INCLUDING VISITORS.

PENINSULA REGIONAL, AS A PARTICIPANT, HAS A COMMON GOAL TO TRANSFORM THE COMMUNITY'S CULTURE BY PROVIDING EDUCATION, GUIDANCE AND RESOURCES TOWARDS PROMOTING EXERCISE THROUGH WALKABILITY AS AN INTEGRAL PART OF A HEALTHY LIFESTYLE. THE COALITION'S INITIATIVES INCLUDED CREATING A WEBSITE AND PHONE APP SPECIFIC TO WALKING IN WICOMICO COUNTY; COMMUNICATING WITH THE COMMUNITY VIA SOCIAL MEDIA; WORKING WITH CIVIC ORGANIZATIONS, CHURCHES, LOCAL BUSINESSES, TOWNS, COUNTY HEALTH DEPARTMENTS AND OTHER GROUPS TO ENCOURAGE LOCAL WALKABILITY. WALKWICOMICO HAS MARKED WALKING ROUTES, INCREASED THE NUMBER OF WALKING ROUTES, PARTICIPATED IN AND LAUNCHED WALKING EVENTS, AND IS ENGAGED WITH DECISION MAKERS THROUGH INPUT AND FEEDBACK ABOUT MAKING WALKING SAFER EASIER AND MORE ACCESSIBLE.

PENINSULA REGIONAL PARTICIPATES WITH MANY PARTNERS THAT MAKE IT POSSIBLE TO CREATE AND DELIVER POPULATION PROGRAMS THAT IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE. THESE PARTNERS HAVE PROVIDED EXPERTISE AND ALLOCATED RESOURCES TO MEET THOSE URGENT HEALTHCARE NEEDS WITHIN OUR COMMUNITY. SOME OF THESE PARTNERS INCLUDE: WICOMICO COUNTY HEALTH DEPARTMENT, SOMERSET COUNTY HEALTH DEPARTMENT, WORCESTER COUNTY HEALTH DEPARTMENT, WICOMICO COUNTY LOCAL HEALTH IMPROVEMENT COALITION, THE CITY OF SALISBURY, YMCA, CRISFIELD CLINIC, CHESAPEAKE HEALTH CARE, SWIFT, SALISBURY FIRE DEPARTMENT/EMS, ATLANTIC GENERAL HOSPITAL, FAITH BASED ORGANIZATIONS, MCCREADY MEMORIAL HOSPITAL, MAC (MAINTAINING ACTIVE CITIZENS), LOCAL COLLEGES/ AND SCHOOLS, C.O.A.T, NATIONAL KIDNEY FOUNDATION, PENINSULA REGIONAL EMPLOYEES, POST-ACUTE CARE FACILITIES, HALO, WALKWICOMICO (COALITION), LOWER SHORE CLINIC, WICOMICO COUNTY SHERIFF'S OFFICE, RESOURCE AND RECOVERY CENTER AND OTHERS. SHERIFF'S OFFICE, RESOURCE AND

Part VI Supplemental Information *(Continuation)*

RECOVERY CENTER AND OTHERS.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM ROLES

PENINSULA REGIONAL MEDICAL CENTER IS PART OF THE PENINSULA REGIONAL HEALTH SYSTEM. THE SYSTEM INCLUDES A FOUNDATION AND FOR-PROFIT ENTITIES WITH INTERESTS IN VARIOUS HEALTH CARE JOINT VENTURES. IN ADDITION TO THE COMMUNITY BENEFITS PROVIDED BY THE MEDICAL CENTER, THE HEALTH SYSTEM EVALUATES THE NEEDS OF THE COMMUNITY AND WILL PARTICIPATE IN COMMUNITY BENEFIT PROGRAMS AS NEEDED.

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

MD

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

PENINSULA REGIONAL MEDICAL CENTER

Employer identification number

52-0591628

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☒ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**	X	
b	Any related organization?	**6b**	X	
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES TODD, M.D.	(i)	846,008.	181,285.	1,218.	86,460.	14,215.	1,129,186.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZACHARY BAKER, M.D.	(i)	804,083.	88,285.	37,218.	14,258.	16,304.	960,148.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVEN LEONARD	(i)	650,174.	178,672.	15,336.	76,054.	21,114.	941,350.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FAWAD KHAN, M.D.	(i)	821,356.	83,380.	1,171.	11,186.	21,084.	938,177.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL DANIELS, M.D.	(i)	513,392.	305,972.	1,218.	19,763.	7,646.	847,991.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KARIM ARANOUT, M.D.	(i)	613,259.	195,610.	1,218.	17,645.	19,966.	847,698.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LURA LUNSFORD	(i)	523,457.	121,084.	1,218.	52,240.	6,648.	704,647.	0.
VP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRUCE I. RITCHIE	(i)	488,399.	121,040.	1,218.	73,274.	15,818.	699,749.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHARLES SILVIA JR., M.D.	(i)	460,825.	63,032.	1,218.	52,957.	11,472.	589,504.	0.
VP - CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SIMONA ENG, D.O.	(i)	380,318.	95,875.	1,218.	40,753.	11,640.	529,804.	0.
BOARD MEMBER THRU 12/31/19	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KARIN DIBARI, M.D.	(i)	415,130.	58,650.	750.	10,732.	17,882.	503,144.	0.
VP PRESIDENT PRMG	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SARAH SCOTT	(i)	272,270.	32,451.	1,218.	51,745.	0.	357,684.	0.
VP PEOPLE & ORGANIZATION DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES TRUMBLE	(i)	304,952.	24,627.	1,424.	10,766.	14,036.	355,805.	0.
VP - CLINICAL INTEGRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KATHRYN FIDDLER	(i)	223,255.	25,025.	982.	31,473.	2,038.	282,773.	0.
VP - POPULATION HEALTH	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SARAH ARNETT	(i)	181,341.	14,418.	281.	10,614.	3,007.	209,661.	0.
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

TRAVEL FOR COMPANIONS

PRMC PROVIDES TRAVEL FOR COMPANIONS OF BOARD MEMBERS AND REPORTS THE VALUE OF THE COMPENSATION PROVIDED AS TAXABLE TO THE RECIPIENT. THIS POLICY HAS BEEN APPROVED BY THE BOARD.

PART I, LINE 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

PRMC HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN (UNDER SECTION 457 (F)). THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE PRMC BOARD OF DIRECTORS TO SUPPLEMENT THE EXECUTIVE'S RETIREMENT INCOME. THE SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED ON AN INDEPENDENT CONSULTANT REPORT ON MARKET-BASED PRACTICES FOR SUPPLEMENTAL RETIREMENT PLANS. THE PERCENTAGE OF FINAL AVERAGE PAY, THE REQUIREMENTS FOR VESTING, PARTICIPANTS, AND PAY-OUT PROVISIONS WERE ESTABLISHED, REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE. THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN C OR IN SCHEDULE J, PART II, COLUMN B(III) AS PART OF DEFERRED COMPENSATION.

Part III Supplemental Information

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

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THIS SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLAN:

STEVEN LEONARD AND JAMES TODD

PRMC PROVIDED THE FOLLOWING FUNDING AMOUNTS DURING 2019:

STEVEN LEONARD $25,525

JAMES TODD $50,000

PART I, LINE 6:

CONTINGENT COMPENSATION

OFFICERS AND KEY EMPLOYEES OF PENINSULA REGIONAL MEDICAL CENTER ARE PAID

COMPENSATION DETERMINED BY A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED

TO INDIVIDUAL GOALS AS WELL AS ORGANIZATION OPERATIONAL ACHIEVEMENTS IN

SERVICE, QUALITY, SAFETY, EMPLOYEE SATISFACTION, AND COST. THE FINAL

DETERMINATION OF THE CONTINGENT COMPENSATION AMOUNT IS DETERMINED AND

APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF

OFFICERS AND KEY EMPLOYEES.

Part III Supplemental Information

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

VARIABLE COMPENSATION PAYMENTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(II) AND REFLECT ATTAINMENT OF CERTAIN GOALS. ALSO INCLUDED IN THAT COLUMN ARE PRODUCTIVITY PAYMENTS OF $275,972 (DANIELS) AND $123,099 (ARNAOUT)

PART I, LINE 7:

NON-FIXED PAYMENTS

HIGHEST COMPENSATED EMPLOYEES OF THE ORGANIZATION ARE PAID COMPENSATION DETERMINED BY A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOALS AS WELL AS ORGANIZATION OPERATIONAL ACHIEVEMENTS IN SERVICE, QUALITY, SAFETY, EMPLOYEE SATISFACTION, AND COST. VARIABLE COMPENSATION PAYMENTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(II) AND REFLECT ATTAINMENT OF CERTAIN GOALS.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
PENINSULA REGIONAL MEDICAL CENTER

Employer identification number
52-0591628

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MARYLAND HEALTH & HIGHER EDUCATION FACILITY	52-0936091	574217UF8	05/02/15	122,212,727.	REFER TO PART VI	X			X		X
B	MARYLAND HEALTH & HIGHER EDUCATION FACILITY	52-0936091	574218UE1	05/02/15	25,222,024.	REFER TO PART VI	X			X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,354,447.	1,930,553.		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	122,212,727.	25,222,024.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	121,024,047.			
7	Issuance costs from proceeds	1,188,680.	222,024.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		25,000,000.		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.92 %		.92 %		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.54 %		.54 %		%		%	
6	Total of lines 4 and 5	1.46 %		1.46 %		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X		X					
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, COLUMN F
DESCRIPTION OF PURPOSE
PROCEEDS OF PUBLICLY-OFFERED, FIXED RATE SERIES 2015 BONDS, TOGETHER
WITH FUNDS HELD IN AN EXISTING DEBT SERVICE RESERVE FUND ACCOUNT AND
THE EXISTING PRINCIPAL AND INTEREST ACCOUNTS, HAVE BEEN USED TO 1)
ADVANCE REFUND ALL OF PENINSULA REGIONAL MEDICAL CENTER'S ("PRMC")
OUTSTANDING SERIES 2006 BONDS (ISSUED 2/09/06) FOR SAVINGS, 2) FUND
VARIOUS CAPITAL EXPENDITURES (INCLUDING EQUIPMENT PURCHASES) (THE
"PROJECT"), AND 3) PAY ALL BOND ISSUANCE EXPENSES.

SCHEDULE K, PART I, LINE A (F)
REFUNDING OF BONDS ISSUED ON 02/09/2006

SCHEDULE K, PART II, LINE 13
A - 2006 PROJECTS - 2009; 1993 PROJECTS - 1998
B - 2015 PROJECTS - 2017

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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PENINSULA REGIONAL MEDICAL CENTER

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total ..... ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SIMONA ENG, D.O.	TRUSTEE	141,266.	MEDICAL STA		X
RONDALL ALLEN, PHARM.D.	TRUSTEE	232,500.	UMES PHARMA		X
DAVID ROMMEL	TRUSTEE	1,003,317.	ELECTRICAL/		X
KIRSTIE SILVIA	FAMILY MBR OF OFCR	62,047.	EMPL COMPN		X
BRIAN RITCHIE	FAMILY MBR OF OFCR	53,894.	EMPL COMPN		X

Part V Supplemental Information.

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

SCHEDULE L, PART IV

DESCRIPTION OF TRANSACTIONS WITH INTERESTED PERSONS

EACH OF THE ABOVE-NAMED TRUSTEES ARE OWNERS OF BUSINESSES WHICH PROVIDE

SERVICES TO PRMC. THE SERVICES PROVIDED WERE APPROVED BY INDEPENDENT

MEMBERS OF THE GOVERNING BODY AND ARE CHARGED AT FAIR MARKET VALUE

RATES. CHARLES SILVIA JR. AND BRUCE I. RITCHIE BOTH HAVE FAMILY MEMBERS

WHO ARE EMPLOYED BY THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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Open to Public Inspection

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Employer identification number
52-0591628

FORM 990, PART III, LINE 4A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PENINSULA REGIONAL MEDICAL CENTER IS A NOT-FOR-PROFIT 501(C)(3) NON-STOCK CORPORATION FOUNDED IN 1897 TO SERVE THE HEALTH CARE NEEDS OF THE COMMUNITY. THE HOSPITAL'S PRIMARY PURPOSE IS TO PROVIDE THE HIGHEST PRIMARY, SECONDARY, AND SELECTED TERTIARY HEALTH CARE SERVICES TO RESIDENTS OF AND VISITORS TO THE MID-DELMARVA PENINSULA IN A COMPETENT, COMPASSIONATE, AND COST-EFFECTIVE MANNER DESIGNED TO ELICIT A HIGH DEGREE OF CUSTOMER SATISFACTION. THE HOSPITAL'S MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE BY PROVIDING QUALITY MEDICAL CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE. IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, EFFORTS WILL BE TAKEN TO ASSURE CARE AT AN AFFORDABLE COST, OR OBTAINED ASSISTANCE THROUGH APPROPRIATE AGENCIES ON THE PATIENT'S BEHALF. EMERGENCY SERVICES CARE WILL BE PROVIDED TO EVERYONE REGARDLESS OF ABILITY TO PAY.

PENINSULA REGIONAL MEDICAL CENTER SERVED OVER 16,000 INPATIENTS AND PROVIDED MORE THAN 645,000 OUTPATIENT SERVICES DURING FISCAL 2020. FOOD SERVICE PROVIDED MORE THAN 460,000 MEALS TO PATIENTS AND EMPLOYEES.

ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF PENINSULA REGIONAL MEDICAL CENTER, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PAY FOR ESSENTIAL MEDICAL SERVICES. THE HOSPITAL, IN KEEPING WITH THE

Name of the organization: PENINSULA REGIONAL MEDICAL CENTER

Employer identification number: 52-0591628

COMMITMENT TO SERVE ALL MEMBERS OF THE COMMUNITY, DURING FISCAL 2020

PROVIDED:

- CHARITY AND OTHER ALLOWANCES TOTALING $50,410,263

- DISCOUNTS TO THIRD PARTY PAYORS INCLUDING GOVERNMENT PROGRAMS SUCH AS

MEDICARE AND MEDICAID $88,301,818

- WRITE-OFF OF UNCOLLECTIBLE ACCOUNTS $6,278,309

- THE TOTAL UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS IS

$144,990,390

ALSO PROVIDED ARE MANY WELLNESS PROGRAMS, COMMUNITY EDUCATION AND FREE

PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES

THAT PENINSULA REGIONAL MEDICAL CENTER BELIEVES WILL SERVE A BONA FIDE

COMMUNITY HEALTH NEED. SOME OF THE PROGRAMS ARE AS FOLLOWS:

- A VARIETY OF BROCHURES ARE DISPLAYED IN ALL HOSPITAL WAITING AREAS TO

EDUCATE MEMBERS OF THE COMMUNITY REGARDING PROGRAMS AND SERVICES.

- PARTICIPATION IN HEALTH FAIRS DURING FY 2020 IN ORDER TO FOSTER

HEALTH EDUCATION IN THE COMMUNITY.

- WE PROVIDE CHILDBIRTH PREPARATION CLASSES, EXERCISE CLASSES FOR

PRENATAL AND POSTPARTUM WOMEN AND CPR CLASSES. WE PROVIDE ASSISTANCE

TO EDUCATORS THROUGH OUR WORK WITH STUDENT NURSES, RADIOLOGY,

RESPIRATORY AND LABORATORY TECHNICIANS.

DURING FY 2020, PENINSULA REGIONAL MEDICAL CENTER VOLUNTEERS

CONTRIBUTED OVER 17,500 HOURS TOWARD THE COMMON PURPOSE OF SERVICING

THE HEALTH CARE OF THE COMMUNITY.

Name of the organization
PENINSULA REGIONAL MEDICAL CENTER

Employer identification number
52-0591628

PROGRAM ACTIVITY

DURING FY 2020, PENINSULA REGIONAL MEDICAL CENTER PERFORMED OVER 650 COMMUNITY OUTREACH ACTIVITIES. SPECIFIC EXAMPLES OF EDUCATION AND OUTREACH PROGRAMS, SUPPORT GROUPS, COMMUNITY HEALTH SCREENINGS, AND FITNESS AND WELLNESS ACTIVITIES SUPPORTED BY PENINSULA REGIONAL MEDICAL CENTER ARE AS FOLLOWS:

COMMUNITY EDUCATIONAL AND OUTREACH PROGRAMS:

- CPR
- CHILDBIRTH PREPARATION CLASSES
- REFRESHER COURSE - CHILDBIRTH
- INFANT CARE CLASSES
- SAFE SITTER PROGRAM
- WOMEN'S HEALTH EDUCATION

SUPPORT GROUPS

- DIABETES SUPPORT GROUP
- HEAD AND NECK CANCER SUPPORT GROUP
- CAREGIVER SUPPORT GROUP

EVENTS:

- COMMUNITY SCREENINGS
- HEIGHT/WEIGHT, BLOOD PRESSURE
- SKIN CANCER SCREENINGS
- ORAL, HEAD AND NECK CANCER SCREENINGS
- HEARING SCREENINGS
- FLU CLINIC
- EDUCATIONAL EXHIBITS TO PROMOTE HEALTHY LIFESTYLES

Name of the organization: PENINSULA REGIONAL MEDICAL CENTER

Employer identification number: 52-0591628

BENEFITS:

- UNITED WAY

FITNESS/EXERCISE PROGRAMMING:

- CARDIAC REHABILITATION

- INDOOR CYCLING AND WEIGHTS

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

BUSINESS RELATIONSHIPS

STEVEN LEONARD, DAVID ROMMEL, MEMO DIRIKER, RYAN MCLAUGHLIN AND MONTGOMERY SAYLER ARE MEMBERS OF THE BOARD OF DIRECTORS OF PENINSULA HEALTH VENTURES, A WHOLLY-OWNED TAXABLE SUBSIDIARY OF PENINSULA REGIONAL HEALTH SYSTEM.

BRUCE I. RITCHIE, PRMC'S CFO, ALSO SERVES AS SECRETARY/TREASURER OF PENINSULA HEALTH VENTURES.

FORM 990, PART VI, SECTION A, LINE 4:

CHANGES TO ORGANIZATIONAL DOCUMENTS

ON JANUARY 1, 2020, (THE NANTICOKE ACQUISITION DATE), PENINSULA REGIONAL HEALTH SYSTEM ACQUIRED AND BECAME THE SOLE CORPORATE MEMBER OF MID-SUSSEX MEDICAL CENTER, INC. AND NANTICOKE MEMORIAL HOSPITAL. ON MARCH 1, 2020, (THE MCCREADY ACQUISITION DATE), PENINSULA REGIONAL HEALTH SYSTEM ACQUIRED AND BECAME THE SOLE CORPORATE MEMBER OF MCCREADY FOUNDATION, INC.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

Name of the organization: PENINSULA REGIONAL MEDICAL CENTER

Employer identification number: 52-0591628

PENINSULA REGIONAL HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF THE MEDICAL CENTER.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OR STOCKHOLDERS WHO MAY ELECT IN ITS CAPACITY AS THE SOLE CORPORATE MEMBER OF THE MEDICAL CENTER, PENINSULA REGIONAL HEALTH SYSTEM HAS THE ABILITY TO ELECT MEMBERS OF THE MEDICAL CENTER'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL

AS THE SOLE CORPORATE MEMBER, PENINSULA REGIONAL HEALTH SYSTEM HAS THE ABILITY TO APPROVE MAJOR EXPENDITURES AND LONG TERM BORROWINGS OF THE MEDICAL CENTER.

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

FORM 990 REVIEW PROCESS

OVERSIGHT OF THE COMPLETION OF THE ORGANIZATION'S FORM 990 HAS BEEN DELEGATED TO THE CHIEF FINANCIAL OFFICER OF PENINSULA REGIONAL MEDICAL CENTER BY THE PRESIDENT OF THE ORGANIZATION. ONCE THE FORM 990 AND ALL SCHEDULES HAVE BEEN PREPARED BY THE ORGANIZATION'S INDEPENDENT TAX SERVICES PROVIDER, THEY ARE REVIEWED BY THE PRESIDENT PRIOR TO FILING. THE RETURN IS PRESENTED TO THE BOARD OF TRUSTEES BY THE ORGANIZATION'S INDEPENDENT TAX ADVISORS FROM GRANT THORNTON LLP AND APPROVED FOR SUBMISSION. A COPY OF THE FORM 990 WAS MADE AVAILABLE TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO THE FILING WITH IRS.

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

Name of the organization: PENINSULA REGIONAL MEDICAL CENTER

Employer identification number: 52-0591628

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

THE BOARD OF TRUSTEES ARE REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY AND ALL INTEREST WHICH THEY OR ANY IMMEDIATE MEMBER OF THEIR FAMILY MAY HAVE IN ANY BUSINESS ENTITY WHICH HAS OR SEEKS A CONTRACTUAL OR COMPETITIVE RELATIONSHIP WITH THE ORGANIZATION. THE BOARD HAS THE AUTHORITY TO DETERMINE IF A VIOLATION HAS OCCURRED AND WHETHER ANY INTEREST WHICH SHOULD BE DISCLOSED SHOULD DISQUALIFY A DIRECTOR FROM PARTICIPATING IN ANY SPECIFIC BOARD DISCUSSION OR BOARD MEMBERSHIP. ALL DISCLOSURES ARE REVIEWED BY THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER. ANY CONFLICTS ARE PRESENTED TO THE BOARD. IF A PERSON IS CONFLICTED, THEY WILL RECUSE THEMSELVES FROM ALL DISCUSSIONS AND DELIBERATIONS TO WHICH THEY WOULD APPEAR TO BE CONFLICTED.

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

PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION USES A COMPENSATION COMMITTEE TO DETERMINE THE COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES. THE CEO OF THE ORGANIZATION HAS A WRITTEN EMPLOYMENT CONTRACT. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT, COMPENSATION SURVEYS AND OTHER ORGANIZATION'S FORM 990 IN THE DETERMINATION PROCESS.

THE MEMBERS OF THE COMPENSATION COMMITTEE ARE INDEPENDENT AND RELY ON THIS COMPARABILITY DATA WHEN THEY DISCUSS AND DETERMINE THE INDIVIDUAL'S COMPENSATION. CONTEMPORANEOUS MINUTES OF SUCH DISCUSSIONS ARE KEPT AND MAINTAINED IN THE ORGANIZATION'S FILES.

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

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

Name of the organization: PENINSULA REGIONAL MEDICAL CENTER

Employer identification number: 52-0591628

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST

TO THE PUBLIC INFORMATION OFFICE OF PENINSULA REGIONAL MEDICAL CENTER AT

100 EAST CARROLL STREET, SALISBURY, MD 21801.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	35,265,487.
MANAGEMENT AND GENERAL EXPENSES	11,842,795.
FUNDRAISING EXPENSES	54,849.
TOTAL EXPENSES	47,163,131.

PHYSICIAN PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	11,981,685.
TOTAL EXPENSES	11,981,685.

OTHER CONTRACTOR SERVICES:

PROGRAM SERVICE EXPENSES	-12,375.
TOTAL EXPENSES	-12,375.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	59,132,441.

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

PENSION ADJUSTMENT	-7,547,744.
PARTNERSHIP INCOME - TAX ADJUSTMENT	-28,644.
CONTRIBUTION FROM FOUNDATION	-1,656,452.
DECREASE IN CAPITAL	-17,749,408.
TOTAL TO FORM 990, PART XI, LINE 9	-26,982,248.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

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Name of the organization

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

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

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	(g) Section 512(b)(13) controlled entity? No
PENINSULA REGIONAL MED CENTER FOUNDATION - 52-1851935, 100 EAST CARROLL STREET, SALISBURY, MD 21801	FUNDRAISING	MARYLAND	501(C)(3)	LINE 7	PRHS		X
PENINSULA REGIONAL HEALTH SYSTEM (PRHS) - 52-2132761, 100 EAST CARROLL STREET, SALISBURY, MD 21801	PARENT	MARYLAND	501(C)(3)	LINE 12B, II	N/A		X
PENINSULA GENERAL HOSPITAL INS TRUST - 52-6321234, 100 EAST CARROLL STREET, SALISBURY, MD 21801	INSURANCE	MARYLAND	501(C)(3)	LINE 12C, III-FI	PRHS		X
DELMARVA PENINSULA INSURANCE COMPANY - 98-1110617, P.O. BOX 1159 KY1-1102, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	501(C)(3)		PRHS	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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 organization? Yes	(g) No
MID-SUSSEX MEDICAL CENTER, INC. - 51-0224470 801 MIDDLEFORD ROAD SEAFORD, DE 19973	HEALTH SERVICES	DELAWARE	501(C)(3)	LINE 10	PRHS		X
NANTICOKE MEMORIAL HOSPITAL - 51-0069243 801 MIDDLEFORD ROAD SEAFORD, DE 19973	HOSPITAL	DELAWARE	501(C)(3)	LINE 3	PRHS		X
NANTICOKE INSURANCE COMPANY, LTD. - 98-0446259, 3RD FLR WILLOW HOUSE, 171 ELGIN AVE, GEORGETOWN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	501(C)(3)		NMH		X
MCCREADY FOUNDATION, INC. - 52-0607921 201 HALL HIGHWAY CRISFIELD, MD 21817	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	PRHS		X

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? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
DELMARVA SURG CTR - 52-2251436, 641 S SALISBURY, SALISBURY, MD 21801	HEALTHCARE	MD	N/A	N/A				X	N/A		X	
DELMARVA ENDOSC CTR - 83-1509115, 11103 CATHAGE ROAD, BERLIN, MD 21801	HEALTHCARE	MD	N/A	N/A				X	N/A		X	

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	(i) Section 512(b)(13) controlled entity? No
PENINSULA HEALTH VENTURES (PHV) - 52-2250012 100 EAST CARROLL STREET SALISBURY, MD 21801	P'SHIP INVESTMENT	MD	N/A	C CORP					X
PRLTC, INC. - 52-2190588 100 EAST CARROLL STREET SALISBURY, MD 21801	LONG TERM CARE	MD	N/A	C CORP					X

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		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)	DELMARVA PENINSULA INSURANCE COMPANY	R	5,314,879.	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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