Form **990**

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. 2021 Open to Public

Form 990 (2021)

OMB No. 1545-0047

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_				r year, or tax ye				/01/2021			induori.	06	5/30/2022	lion
-	01 1	IC AVA		of organization	a vegninni	ä	07,	101/2021	and endi	g	D Employer ide			
в	Check if	applicable:		-			TNO							
	Add	ress		ON HOSPITA	L OF CEU	CIL COUNTS	, INC.				50.000	704	-	
X	-		- ·	business as er and street (or P	O how if moil	in pat delivered to	atraat addra	aa)	Deemlouite		52-060 E Telephone nu			
-	Nam	ne change					Street addre	55)	Room/suite					
	-	al return		O NEXUS DR							(410)3	98-	4000	
	term	d return/ hinated		town, state or pro		, and ZIP or foreig	n postal cod	e						
	retu			MINGTON, D							G Gross receipts		188,206	
	рел	lication ding	F Name	and address of pri	ncipal officer:	DWIGHT	THOME	Y			H(a) Is this a gro subordinates		urn for Yes	X No
_				BOW STREET	, ELKTON	N, MD 2192	21-5596				H(b) Are all subord	linates	included? Yes	No No
1	Tax-e	xempt st	atus:	X 501(c)(3)	501(c) () ┥ (inse	rt no.)	4947(a)(1)	or 5	27	If "No," a	ttach a	a list. See instructions	3
J	Webs	site: 🕨	WWW.U	JHCC.COM							H(c) Group exem	ption r	number 🕨	
к	Form	of organ	nization:	Corporation	Trust	Association	Other D		L Year	of forma	tion: 1903 M	State	of legal domicile:	MD
P	art I	Su	immary											
	1	Briefly	describe	e the organizatio	on's mission	or most significa	ant activitie	S: TO PR	OVIDE	CHARI	TABLE HEAT	LTH	CARE SERV	ICES
e		TO	THE RE	SIDENTS OF	F CECIL	COUNTY, M	D AND	THE SURF	ROUNDIN	G ARE	A.			
an														
/err	2	Check	this box	▶ if the c	organization	discontinued its	s operatio	ns or dispose	d of more t	han 25%	of its net asset	s.		
Go	3	Numb	er of voti	ng members of	the governin	g body (Part VI,	line 1a)					3		11
es.	4			ependent voting								4		10
ties	5			f individuals em								5		1,411
Activities & Governance	6			of volunteers (est								6		10
Ac				business reven								7a	2.524	1,247.
				ousiness taxable								7b	2,023	NONE
_		, tot a								. <u></u>	Prior Year		Current Y	
	8	Contri	butions a	ind grants (Part '	(III line 1h)						4,153,84	1		,954.
nue	9										164,727,11		169,542	
Revenue	10		and the second of the second is second in the second is second to be								6,010,59		4,746,882.	
Å	11			(Part VIII, colum							3,115,18		2,759	
	12			add lines 8 thro							178,006,73		178,046	
	13			ilar amounts pai					the second s			ONE	170,040	NONE
	14			o or for members								ONE		NONE
													115 600	
Expenses	15			compensation,							93,664,96		115,682	
Den				ndraising fees (P							NC	ONE		NONE
EX				ng expenses (Par						-	76 075 44	-	06 422	107
	17			s (Part IX, colum							76,275,44		86,433	
	18			Add lines 13-1							169,940,41		202,115	
- 9	19	Reven	ue less e	expenses. Subtra	ict line 18 fro	mine 12	<u></u>				8,066,32		-24,069	
Net Assets or Fund Balances		-									ning of Current Y		End of Yea	
sse 3ala	20			art X, line 16)							184,996,00	-	171,242	· · · · · ·
nd I	21			(Part X, line 26)					• • • • •	·	18,875,00		130,401	
				und balances. S	ubtract line 2	1 from line 20.					66,121,00	7.	40,841	<u>,060.</u>
100	rt II		nature											
Und	er pei	nalties of act. and c	t perjury. I complete. I	declare that I have Declaration of prep	ve examined t parer (other that	his return, includi an officer) is based	ing accomp on all infor	anying schedu mation of whic	les and state th preparer h	ements, a las anv ki	and to the best of nowledge.	my l	knowledge and be	elief, it is
			1/	1	IAAA i	te stile					1			
Sig			100	unt	1411. 14	m jus	my							
Her		S	ignature o	t officer			1				Date	-/	1x Inni	20
nei	e			MURRAY				CFO			9	11	10/DUA	0
_				t name and title		1-						-		
Daid		Print/T	ype prepa	irer's name		Preparer's sign	~ ~		Date		Check		PTIN	
Paid Prep		ANTO	NIO C	RUSSO		Sinot PC	CK	uno	05/09/	2023	self-employe	d	P00858539	
	Only	Firm's	name 🕨	PRICEWATI	ERHOUSEC	COOPERS LL	P				Firm's EIN 🕨	1:	3-4008324	
	2. ny	Firm's	address 🕨	► 2001 MAR	KET ST, SUI	TE 1800 PHILA	DELPHIA,	PA 19103			Phone no.	2	67-330-300	00
May	the	IRS dis	scuss th	is return with t	he prepare	er shown abov	e? See in	structions					. X Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

	UNION HOSPITAL OF CECIL COUNT	Y, INC.	52-0607945	
-	rm 990 (2021) Part III Statement of Program Service Accomplishments			Page 2
Γ¢	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this	Part III		. X
1	Briefly describe the organization's mission:			A
•	UNION HOSPITAL OF CECIL COUNTY, INC.'S MISSION IS	TO PROVIDE		
	CHARITABLE HEALTHCARE SERVICES TO THE RESIDENTS OF			
	MARYLAND; WESTERN NEW CASTLE COUNTY, DELAWARE; AND		ræb	
	COUNTY, PENNSYLVANIA.	boomining chieb.		
2	Did the organization undertake any significant program services during the	o yoar which woro n	at listed on the	
2	prior Form 990 or 990-EZ?			X No
	If "Yes," describe these new services on Schedule O.			
2	Did the organization cease conducting, or make significant changes	in how it conducto	any program	
3	services?			X No
	If "Yes," describe these changes on Schedule O.			_A NO
4	Describe the organization's program service accomplishments for each	of its three largest	nrogram services as me	asured by
-	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to the total expenses, and revenue, if any, for each program service reported.			
4a	a (Code:) (Expenses \$131,353,878. including grants of \$	NONE) (Reve	nue \$ 169,572,493.	_)
	SEE SCHEDULE O			
4h	b (Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
) (itott		_/
4c	c (Code:) (Expenses \$including grants of \$) (Reve	enue \$)
				_
4d	d Other program services (Describe on Schedule O.)			
		enue \$)	
40	e Total program service expenses ► 131,353,878.	υαυ ψ	1	
JSA	A		Form C	990 (2021)
1E1	1020 1.000 6830QG 472W V21-7.15			(2021)

-	90 (2021)		F	Page 3
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,"		103	
•	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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 Rev. Proc. 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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	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	4.45		37
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
15	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. See instructions	17		Х
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?			
20 -	If "Yes," complete Schedule G, Part III	19	37	X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	X X	
ם 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	A	<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page	4
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Part	V 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		Х
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	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 70	\$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	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	A	x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		Λ
L.		240		v
ام	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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 on Schedule O for Part VI, lines 11b and 102 Note: All Form 000 files are required to complete Schedule O			
Dert	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				V
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1.0	Enter the number reported in her 3 of Form 1006. Enter 0 if not applicable		103	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a105Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1bNONE	-		
		-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.0		
164	reportable gaming (gambling) winnings to prize winners?	1c		

UNION HOSPITAL OF CECIL COUNTY, INC.

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Par	t 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 1,411			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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	Х	
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	Х	
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			
	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
С	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).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		37
_	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.			
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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9	90 (2021) UNION HOSPITAL OF CECIL COUNTY, INC. 52-0607	945	F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	on 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		Х
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	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>MD</u> ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	「 (sec	ion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est n	olicv.
	and financial statements available to the public during the tax year.		P	,
20	State the name, address, and telephone number of the person who possesses the organization's books and record SR. VP'S OFFICE, 4000 NEXUS DRIVE, NW3-100, WILMINGTON, DE 19803	s 🕨		
	302-428-2441	Form	990	(2021)
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UNION HOSPITAL OF CECIL COUNTY, INC

52-0607945

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

• 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 the 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)	(B)			Pos	C) sition			(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
	hours per week	box, unless person is both an officer and a director/trustee)						compensation from the	compensation from related	of other compensation
	(list any						,	organization (W-2/	organizations (W-2/	from the
	hours for	Individual to or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	dual ecto	ution	Ÿ	mplo	st q	er	1099-NEC)	1099-NEC)	related organizations
	below	trustee	ial tr		руее	omp				
	dotted line)	stee	uste			ensa				
			ē			ated				
(1) KENNETH SILVERSTEIN, MD	1.00									
DIRECTOR (THROUGH 12/31/21)	44.00	Х						NONE	1,543,930.	41,860.
(2) SHARON T. KURFUERST	1.00									
PRES & DIRECTOR (AS OF 1/1/22)	44.00	Х		Х				NONE	909,862.	36,778.
(3) ROBERT MCMURRAY	1.00	-								
TREASURER (EX-OFFICIO)	44.00			Х				NONE	849,222.	43,310.
(4) JUSTIN SAUSVILLE, MD	44.00	-								
DIRECTOR	1.00	Х						770,969.	NONE	33,521.
(5) JENNIFER L. SCHWARTZ, ESQ	1.00	-								
SECRETARY (EX-OFFICIO)	44.00			Х				NONE	720,571.	39,853.
(6) RICHARD C. SZUMEL	NONE	-								
FORMER OFFICER	NONE						Х	720,937.	NONE	1,307.
(7) ROGER D. WU, MD	45.00	-								
PHYSICIAN	NONE					X		664,353.	NONE	31,031.
(8) FAHD RAHMAN, MD	45.00	-								
PHYSICIAN	NONE					X		594,491.	NONE	32,071.
(9) NAVEED HASAN, MD	45.00							562 422		10 001
PHYSICIAN	NONE					X		563,433.	NONE	13,871.
(10) RYAN GERACIMOS, MD	44.00	-							NONE	21 020
CHIEF MEDICAL OFFICER	1.00				X			540,068.	NONE	31,839.
(11) THEODORA FYNN PHYSICIAN	45.00 NONE					x		461,822.	NONE	27,938.
(12) VINAY K. SHARMA	45.00							401,022.	NOINE	27,930.
PHYSICIAN	NONE	-				x		455,132.	NONE	23,216.
(13) JOSE MA, MD	44.00							433,132.	NONE	23,210.
DIRECTOR	1.00	x						305,661.	NONE	29,218.
(14) JOAN PIRRUNG, MSN, APRN, ACNS	44.00				-			505,001.	INOINE	27,210.
VP PAT. CARE SERVIVES-NURSING	11.00				X			NONE	211,425.	62,102.
					-					Form 990 (2021)

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(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles er and	Pos ieck s pe	ition more rson	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) AMY MARSTON	44.00		ee			ated				
CAMPUS OPERATIONS OFFICER	1.00				х			NONE	224,289.	28,971
16) MICHELLE TWUM-DANSO	45.00								,	
DIRECTOR OF HR - CECIL CAMPUS	NONE				х			221,984.	NONE	17,036
17) ROBERT ASANTE	1.00									
DIRECTOR (AS OF 1/2022)	44.00	x						NONE	193,924.	34,931
18) DERON G. BROWN	44.00									· · · · · ·
FORMER FINANCE DIRECTOR	1.00						х	190,295.	NONE	12,359
19) CARL ROBERTS, PH.D.	1.00									
DIRECTOR (THROUGH 4/2022)	1.00	X						NONE	NONE	NON
20) CHRISTY DRYER, DNP	1.00									
DIRECTOR	1.00	X						NONE	NONE	NON
21) DAVID TROLIO	1.00									
DIRECTOR	1.00	Х						NONE	NONE	NON
22) DWIGHT D. THOMEY, ESQ.	1.00									
CHAIR	3.00	Х		Х				NONE	NONE	NON
23) JACQUES RENE	1.00_									
DIRECTOR	1.00	Х						NONE	NONE	NON
24) LEO NAJERA, MD	1.00_									
DIRECTOR	2.00	Х						NONE	NONE	NON
25) MORGAN MILLER, MLIS	1.00_	-								
VICE CHAIR	1.00	Х		Х				NONE	NONE	NON
1b Sub-total							►	5,489,145.	4,653,223.	541,212
c Total from continuation sheets to Part V	II, Section A						►	NONE		NON
d Total (add lines 1b and 1c)								5,489,145.	4,653,223.	541,212

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
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
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

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Yes No

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Part VII Section A. Officers, Directors, Tr	1	;y⊏11	ihio				ng			ט ן בס ב 			
(A)	(B)				C)			(D)	(E)	.		(F)	
Name and title	Average	(do.)	not ch		ition	e than c	no	Reportable	Reportab			timated	
	hours per week (list any					is both		compensation from	compensation related	1 from		ount of other	
	hours for	office	er and			or/trust		the	organizatio	ns		pensatio	n
	related	Individual trustee or director	Ins	Ofi	Fe	Hig	Fo	organization	(W-2/1099-N			om the	
	organizations	dire	titu	Officer	y er	iplo	Former	(W-2/1099-MISC)			orga	anization	I.
	below dotted	dua	ltior	-	ldu	st c yee	×	(related	
	line)	[°] t	Institutional trustee		Key employee	omp					orga	nizations	3
		stee	rust		œ	ben							
			ee			Highest compensated employee							
						ä							
26) REVEREND R. KEVIN BROWN	1.00	-											
DIRECTOR	1.00	Х						NONE		NONE		N	JON
27) ROBERT PALSGROVE	1.00												
DIRECTOR	1.00	X						NONE		NONE		N	JON
28) BETTY J. CAFFO, PH.D.	1.00												
DIRECTOR (THROUGH 12/31/21)	1.00	x						NONE		NONE		N	JON
DIRECTOR (THROUGH 12/31/21)	1.00							NONE		NONE		ľ	1011
	+	-											
	+	4											
	+												
	+	-											
	+	-											
	L												
	+												
1h Sub total													
1b Sub-total	Contion A	• • •	• • •	• •	• •	• • •							
c Total from continuation sheets to Part VII, S	-			• •	• •	• • •							
d Total (add lines 1b and 1c)									.				
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	o re	eceived more than	\$100,000 of				
reportable compensation from the organization	on 🕨												
												Yes	No
3 Did the organization list any former offic	cer. directo	or. or	· tru	iste	e.	kev e	emp	lovee. or highes	t compensa	ted			
employee on line 1a? If "Yes," complete Sched											3	х	
1 5 7 7											-		
4 For any individual listed on line 1a, is the	sum of rep	portat	ble c	com	pen	sation	n ai	nd other compens	sation from	the			
organization and related organizations gr									le J for si	uch			
individual										••	4	Х	_
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Y	′es," comple	te Scl	hedu	ıle J	l for	such	per	son			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest con	npensated i	ndepe	ende	ent o	con	tracto	rs t	hat received more	than \$100,	000 o	of		
compensation from the organization. Report of	compensati	on foi	r the	ca	lenc	dar ye	ar e	ending with or with	nin the orgar	izatio	n's tax		
year.	·							0	U				
								(8)			(0)		
(A) SFF SCHEDIILE O Name and business ad	droce							(B) Description of se		~	(C) Compens	otion	
SEE SCHEDULE O Name and business ad	01692									U	ompens	auun	
					_		T						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 61 61

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UNION HOSPITAL OF CECIL COUNTY, INC. Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to an	y line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
٥Ĕ	с	Fundraising events					
fts r A	d	Related organizations	213,953.				
igi	e	Government grants (contributions) 1e	784,001.				
Sin	f	All other contributions, gifts, grants,					
utio er (•	and similar amounts not included above 1					
the	g	Noncash contributions included in					
dit	9	lines 1a-1f	\$				
aŭ	h			997,954.			
			Business Code	,			
e	0-	NET PATIENT SERVICE REVENUE	621990	169,242,468.	169,242,468.		
ž či	2a	OTHER OPERATING REVENUE	621990	204,425.	168,425.	36,000.	
Sei	b	ADULT DAY CARE	623990	95,400.	95,400.	50,000.	
E N	C		023330	55,400.	55,400.		
gra Re	d						
Program Service Revenue	е						
	f	All other program service revenue		169,542,293.			
	g	Total. Add lines 2a-2f		109,542,295.			
	3	Investment income (including dividends		705,929.		211,924.	494,005.
		other similar amounts)	. [211,924.	494,005.
	4	Income from investment of tax-exempt bor		NONE			
	5	Royalties	(ii) Personal	NONE			
		(i) Real					
	6a	Gross rents 6a 77,58					
	b	Less: rental expenses 6b 70					
	С	Rental income or (loss) 6c 76,88					
	d	Net rental income or (loss)		76,882.			76,882.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 14,189,77	3. 10,342.				
ue	b	Less: cost or other basis					
Revenue		and sales expenses 7b 10,145,18					
Re	С	Gain or (loss) 7c 4,044,59	13,638.				
er	d	Net gain or (loss)	<u> </u>	4,040,953.			4,040,953.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses 81	NONE				
	С	Net income or (loss) from fundraising event	<u>s</u> ▶	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	I NONE				
	b	Less: direct expenses 91	NONE				
	С	Net income or (loss) from gaming activitie	<u>s</u> ▶	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances10	a NONE				
	b	Less: cost of goods sold10					
	С	Net income or (loss) from sales of inventory		NONE			
sn			Business Code				
ne ol	11a	LABORATORY REVENUE	621500	2,306,523.	30,200.	2,276,323.	
eni	b	CAFETERIA/FOOD SERVICE REVENUE	722210	328,588.			328,588.
sev Sev	с	OTHER REVENUE	900009	47,541.			47,541.
Miscellaneou Revenue	d	All other revenue					
~	е	Total. Add lines 11a-11d	<u></u> ▶	2,682,652.			
	12	Total revenue. See instructions		178,046,663.	169,536,493.	2,524,247.	4,987,969.

Check if Schedule O contains a resp Do not include amounts reported on lines 6b, 7b,	oonse or note to any line (A) Total expenses	e in this Part IX (B) Program service	(C) Management and	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	2,156,261.	2,156,261.	NONE	NONI
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	89,577,752.	68,812,324.	20,765,428.	NONI
8 Pension plan accruals and contributions (include	4,253,003.	NONE	4,253,003.	NONI
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,189,385.	NONE	13,189,385.	NONI
10 Payroll taxes	6,505,959.	2,042,412.	4,463,547.	NONI
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	54,159.	10,910.	43,249.	NONI
c Accounting	306,695.	NONE	306,695.	NON
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	138,341.	NONE	138,341.	NONI
g Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
(A), amount, list line 11g expenses on Schedule O.)	32,621,321.	26,372,704.	6,248,617.	NONE
12 Advertising and promotion	495,985.	5,218.	490,767.	NONE
13 Office expenses	3,928,033.	1,794,636.	2,133,397.	NONE
14 Information technology	3,061,520.	246,081.	2,815,439.	NONE
15 Royalties	NONE			
16 Occupancy	4,680,703.	1,509,698.	3,171,005.	NONE
17 Travel	267,769.	213,791.	53,978.	NONE
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	100,164.	61,890.	38,274.	NONE
20 Interest	1,750,709.	NONE	1,750,709.	NONE
21 Payments to affiliates	700,000.	700,000.	NONE	NONE
22 Depreciation, depletion, and amortization	3,024,523.	1,322,599.	1,701,924.	NONE
23 Insurance	3,267,243.	554,642.	2,712,601.	NONE
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	24,598,634.	22,630,549.	1,968,085.	NONE
b REPAIRS & MAINTENANCE	5,903,501.	2,518,325.	3,385,176.	NONE
c DIETARY	772,896.	217,879.	555,017.	NONE
d DUES & SUBSCRIPTIONS	716,209.	176,304.	539,905.	NONE
e All other expenses	45,002.	7,655.	37,347.	
25 Total functional expenses. Add lines 1 through 24e	202,115,767.	131,353,878.	70,761,889.	NONI
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 F if				
following SOP 98-2 (ASC 958-720)				

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	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X	<u> </u>	x
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	43,902,759.	1	30,464,963
2	Savings and temporary cash investments.	NONE	2	NON
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	12,390,270.	4	14,033,313
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	NONE	5	NOI
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).	NONE	6	NO
7	Notes and loans receivable, net	NONE	7	NO
7 8	Inventories for sale or use	2,985,406.	8	2,934,672
9	Prepaid expenses and deferred charges	3,831,631.	9	4,305,163
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 184,632,430.			
b	Less: accumulated depreciation	51,986,532.	10c	52,680,855
11	Investments - publicly traded securities	43,359,783.	11	38,403,812
12	Investments - other securities. See Part IV, line 11	11,546,080.	12	8,790,04
13	Investments - program-related. See Part IV, line 11	NONE	13	NO
14	Intangible assets	NONE	14	NO
15	Other assets. See Part IV, line 11	14,993,547.	15	19,630,03
16	Total assets. Add lines 1 through 15 (must equal line 33)	184,996,008.	16	171,242,85
17	Accounts payable and accrued expenses	27,438,025.	17	63,932,75
18	Grants payable	NONE	18	NO
19	Deferred revenue	24,763,483.	19	5,627,70
20	Tax-exempt bond liabilities	51,404,224.	20	49,121,62
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NO
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NO
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NO
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NO
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	15,269,269.	25	11,719,70
26	Total liabilities. Add lines 17 through 25	118,875,001.	26	130,401,794
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	62,735,295.	27	37,254,15
28	Net assets with donor restrictions.	3,385,712.	28	3,586,90
27 28 29 30 31 32	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	66,121,007.	32	40,841,06
32				

UNION	HOSPITAL	OF	CECIL	COUNTY,	INC
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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 expenses (must equal Part VIII, column (A), line 12) 1 1 178, 046, 653. 2 202, 115, 767. 3 -24, 069, 104. 3 -24, 069, 104. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 66, 121, 007. 5 Net unrealized gains (losses) on investments 5 -11, 241, 100. 6 Donated services and use of facilities 5 -11, 241, 110. 7 Net assets or fund balances (explain on Schedule O). 5 -11, 241, 100. 6 Donated services and use of facilities 7 - 7 Total revense (must equal Part X, line 32, column (B)) 9 10, 030, 267. 8 9 10, 030, 267. 9 10, 030, 267. 9 10, 030, 267. 9 10, 030, 267. 10 10 40, 841, 060. 9 10, 030, 267. 10 40, 841, 060. Part XII Financial Statements and Reporting - - 10 40, 841, 060.	Form 9	90 (2021)				Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 178, 0465, 663. 2 Total expenses (must equal Part IX, column (A), line 25) 2 202, 115, 767. 3 -24, 069, 104. 3 -24, 069, 104. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 66, 121, 007. 5 Net unrealized gains (losses) on investments 5 -11, 241, 110. 6 0 5 -11, 241, 110. 6 0 6 12, 201, 007. 7 Net unrealized gains (losses) on investments 5 -11, 241, 110. 6 0 0 6 10, 030, 267. 7 Net assets or fund balances (explain on Schedule O), 9 10, 030, 267. 10 Net assets or fund balances (explain on Schedule O), 9 10, 030, 267. 10 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 14 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O.	Part	XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (Å), line 25 2 202, 115, 767. 3 Revenue less expenses. Subtract line 2 from line 1		Check if Schedule O contains a response or note to any line in this Part XI					
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4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 66,121,007. 5 Net unrealized gains (losses) on investments 5 -11,241,110. 6 6 7 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O). 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10,030,267. 10 40,841,060. 9 10,030,267. 10 40,841,060. 40,841,060. 20ther changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 40,841,060. 20ther changes in net assets or fund balances (explain on Schedule O). 9 10,030,267. 10 4 Accounting Method used to prepare the Form 990: Cash X Accrual Other 40,841,060. 21 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2a X 2a X 1 Yees," check a box bel	2	Total expenses (must equal Part IX, column (A), line 25)	2				
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required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b		•		3b		

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(Form	990)		

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.

OMB No. 1545-0047 Open to Public

	artment of the Treasury nal Revenue Service		Go to www.irs.go	ov/Form990 for instruct			information.	Open to Public Inspection
Name	e of the organization						Employer identifi	cation number
UNI	ION HOSPITAL	OF CECIL (COUNTY, INC.				52-0	607945
Pa	rt I Reason for	r Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	δ.
The	organization is not	a private fou	ndation because it	t is: (For lines 1 throug	gh 12, ch	neck only	one box.)	
1				tion of churches desc			70(b)(1)(A)(i).	
2				. (Attach Schedule E	-			
3		-	-	organization described				
4		-		conjunction with a hose	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_	hospital's nam							
5		-		a college or universit	ty owned	d or ope	erated by a governme	ental unit described in
~			Complete Part II.)					
6 7		-	-	rnmental unit describe		-		om the general public
'			any receives a sur (1)(A)(vi). (Compl	bstantial part of its su	ирроп по	om a go		on the general public
8				b)(1)(A)(vi). (Complete	Part II)			
9				ed in section 170(b)(1	-		Lin conjunction with a	land-grant college
Ũ				griculture (see instruct		•	•	• •
	university:		grant conege of a				hamo, ory, and orace of	
10	An organization receipts from support from	activities rela gross investm	ited to its exempt frent income and u	ore than 331/3 % of its functions, subject to c nrelated business tax	ertain ex able inco	ceptions	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
				975. See section 509				
11 12	- ·	0		usively to test for publi Isively for the benefit o	2			ry out the nurneses of
12	•	•	•	described in section 5				• • •
			-	bes the type of suppor				
а		-		I, supervised, or contr			-	-
u				regularly appoint or e	-			
		•	., .	te Part IV, Sections A				
b	·· •	•	•	ed or controlled in co		n with its	supported organization	on(s), by having
	control or m	nanagement o	of the supporting c	organization vested in	the sam	e persor	ns that control or man	age the supported
	organization	(s). You must	complete Part IV	, Sections A and C.				
С	Type III fun	ctionally integ	grated. A supporti	ing organization opera	ated in c	onnectio	n with, and functional	lly integrated with,
	its supporte	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.	
d		-		porting organization of	-			
		-		nization generally mus				d an attentiveness
-		(,	omplete Part IV, Sect		,		L Truce III
е		-		a written determinatic tionally integrated sup				і, туре ш
f		-	l organizations		porting t	Jiyanizai	.011.	
g		••	•	orted organization(s).				
	(i) Name of supported	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		our governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	instructionsy	matructionay
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							
					1		1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7 8	Amounts from line 4 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. (s	ee instructions) .				12		
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>						
Sec	tion C. Computation of Public Sup		•					
14	Public support percentage for 2021 (li		•		,		%	
15	Public support percentage from 2020						%	
16a	331/3% support test - 2021. If the org	-						
	box and stop here. The organization qu							
b	331/3% support test - 2020. If the org							
47-	this box and stop here. The organization	-		-				
17a	10%-facts-and-circumstances test - 2		-					
	10% or more, and if the organization					-	•	
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
h	10%-facts-and-circumstances test - 2							
a			0		•			
	15 is 10% or more, and if the organiz in Part VI how the organization meets					-		
	_			-	-			
18	organization. Private foundation. If the organization							
10	instructions							
		<u></u>					••••	

Schedule A (Form 990) 2021

Page 3

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	021	(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							
Ũ	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3							
<i>i</i> a	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							
С	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from							
<u> </u>	line 6.)							
	tion B. Total Support	(-) 2017	(1) 2010	(-) 2010	(4) 2020	(-) 2	0.0.4	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	J21	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,							
IVa	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							
с	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
-	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	arasa	section	501(c)(3)
	organization, check this box and stop here .	-						
Sec	tion C. Computation of Public Supp							
15	Public support percentage for 2021 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15		%
16	Public support percentage from 2020 Sche	dule A, Part III, lir	ne 15			16		%
Sec	tion D. Computation of Investment							
17	Investment income percentage for 2021 (lin	ne 10c, column (f), divided by line	13, column (f))		17		%
18	Investment income percentage from 2020 S	Schedule A, Part	III, line 17			18		%
19 a	331/3% support tests - 2021. If the or					ore than	331/3%	, and line
	17 is not more than 331/3%, check this							
b	331/3% support tests - 2020. If the orga	anization 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 331/3%, check	this box and s	t op here. The or	ganization qualifi	es as a publicly	supporte	d organi	zation 🕨 📃
20	Private foundation. If the organization of	did not check	a box on line 1	14, 19a, or 1 <mark>9</mark> b	, check this bo	x and se	e instru	ictions 🕨 🗌
JSA						5	chedule	A (Form 990) 202

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on 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.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Supporting Organizations (continued) Part IV 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c

Section B. Type I Supporting Organizations

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

Did the organization operate for the benefit of any supported organization other than the supported 2 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.

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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i>			
	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	a The organization satisfied the Activities Test. Complete line 2 below.							
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.							
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).							
		Yes	No					
2	Activities Test Answer lines 2a and 2b below.							

2	Activities Test. Answer lines za and zb below.		
а	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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	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	

Yes No

2

52-0607945

JSA 1E1230 1.000 68300G 472W

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

	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		
Se	ction 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		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
0	and 4c.				
8	Breakdown of line 7:				
 	Excess from 2017				
	Excess from 2018				
 d	Excess from 2020				
e	Excess from 2020				
e					

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

UNION HOSPITAL OF CECI	52-0607945						
Organization type (check one):	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	ion					
	501(c)(3) taxable private foundation						

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Page 2
Employer identification number

	UNION HOSPITAL OF CECIL COUNTY, IN	с.	52-0607945
Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	UNION HOSP. OF CECIL COUNTY FDN., INC. 4000 NEXUS DR. NW3-100 WILMINGTON, DE 19803	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

	(Form 990) (2021)		Page
Name of o			lentification number
Deut	UNION HOSPITAL OF CECIL COUNTY, INC.		-0607945
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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
		 \$	
		¥	<u> </u>

Schedule B (Form				Page 4
Name of organi				Employer identification number
(10 the co		, contributions to o the year from any ons completing Par e year. (Enter this in	rganizations descr one contributor. C t III, enter the total of formation once. Se	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
_ 		(e) Transf	er of gift	
-	Transferee's name, address, a		-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf	-	hip of transferor to transferee
				Schedule B (Form 990) (2021)

SCHEE	DULE D
(Form	990)

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.

20 21 **Open to Public**

Schedule D (Form 990) 2021

OMB No. 1545-0047

Department of the Treasury						Open to Public
	nal Revenue Service e of the organization	► Go to www.irs.gov/	<i>Form990</i> for instructions ar	ia the latest infor	mation. Employer identification	Inspection
-						
	ION HOSPITAL C	OF CECIL COUNTY, INC.	land Funda ar Othar Si	miler Funde e	52-0607	945
Pa		tions Maintaining Donor Advi			r Accounts.	
	Complete	e if the organization answered			(h) Euroda and	d other accounts
			(a) Donor advised	Tunds	(D) Funds and	
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor				
~	•	inization's property, subject to the	•	•		
6		on inform all grantees, donors, a				
		e purposes and not for the bene				
D		nissible private benefit?	<u> </u>	<u></u>		
		e if the organization answered	"Ves" on Form 990 Pa	rt IV/ line 7		
1		servation easements held by the				
•		n of land for public use (for example	· · ·	- · · • /	of a historically im	nortant land area
		of natural habitat			of a certified histo	-
		n of open space				
2		through 2d if the organization he	eld a qualified conservatio	on contribution i	n the form of a cor	servation
-	-	last day of the tax year.				End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
c	-	vation easements on a certified			2c	
d		rvation easements included in (c		. ,		
		isted in the National Register			2d	
3		rvation easements modified, tra			ninated by the org	anization during the
	tax year 🕨				, ,	0
4	Number of states	where property subject to conse	rvation easement is locate	d 🕨		
5	Does the organiz	ation have a written policy reg	garding the periodic mor	nitoring, inspec	tion, handling of	
	violations, and enf	orcement of the conservation ea	sements it holds?			Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violation	is, and enforcing	conservation easer	nents during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations,	, and enforcing o	conservation easen	nents during the year
	▶\$					
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the requi	irements of sec	tion 170(h)(4)(B)(i)	
)(4)(B)(ii)?				Ves No
9		ibe how the organization reports				
		d include, if applicable, the text of		nization's finan	cial statements that	describes the
		counting for conservation easeme			0: ::	
Pa		tions Maintaining Collections			er Similar Assets)
	•	e if the organization answered				
1a	If the organization	n elected, as permitted under FA treasures, or other similar asse	SB ASC 958, not to report	ort in its reven	ue statement and	balance sheet works
	service, provide in	Part XIII the text of the footnote	to its financial statements	that describes	these items.	
b		n elected, as permitted under F				
		sures, or other similar assets he		ducation, or rea	search in furtheran	ice of public service,
	•	ing amounts relating to these iter				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			►\$	۱ ۲
~		d in Form 990, Part X				
2	-	n received or held works of a			assets for financi	al gain, provide the
_		s required to be reported under F.				
a b	Assets included in	on Form 990, Part VIII, line 1			· · · · · ► ♥	
						7

JSA

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

				F CECIL							607945	
Pa	rt III Organizations Maintaini											,
3	Using the organization's acquisition collection items (check all that app		sion, and	other reco	ds, checl	k any o	of the	follow	ving that m	nake sigr	nificant us	se of its
а	Public exhibition	·y/·		d		or excha	anga	nroara	m			
b	Scholarly research			e	Other		ange	progra				
c	Preservation for future gene	rations		e								
4	Provide a description of the organ		collection	s and evol	ain how t	they fu	rthor	the or	nanization'	s evemn	t nurnose	in Part
-	XIII.	1120110113	CONSCION	s and expl		iney fui	the		ganization	s evenib	t puipose	antian
5	During the year, did the organization	on solicit	or receive	donations o	of art hist	orical tr	easu	res or	other simil	ar		
•	assets to be sold to raise funds rath									_	Yes	No
Pa	rt IV Escrow and Custodial A					<u> </u>			····			
	Complete if the organiza	•		es" on For	m 990. F	Part IV.	line	9. or r	eported a	n amour	nt on For	m
	990, Part X, line 21.				,	,	-	-, -	-			
1a	Is the organization an agent, trus	tee, cust	odian or c	other intern	nediary fo	or cont	ributio	ons or	other ass	ets not		
	included on Form 990, Part X?									[Yes	No
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tab	ole:				_		
										Amount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am	ount on l	Form 990,	Part X, line	e 21, for e	scrow	or cu	stodial	account lia	bility?	Yes	No
b	If "Yes," explain the arrangement i	n Part XI	II. Check h	nere if the e	xplanation	has be	en pr	ovided	on Part XIII			
Ра	rt V Endowment Funds.											
	Complete if the organiza											
		(a) Cu	rrent year	(b) Pric	or year	(c) Tw	o years	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		irrent year		e (line 1g,	columr	n (a)) I	held as	:			
a	Board designated or quasi-endown			_%								
b	Permanent endowment ► Term endowment ►	%										
С	The percentages on lines 2a, 2b, a	_ / •		100%								
30	Are there endowment funds not in				ation that	aro bol	d and	ladmir	nietorod for	tho		
Ja	organization by:	the poss	6331011 01 1	ne organiza	ation that	are ner	u anc	aunni	ilistered for	uie	Y	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate										3b	
4	Describe in Part XIII the intended u	0										
	rt VI Land, Buildings, and Equ Complete if the organize											
	Description of property	ation and						11a. S	See Form			
	Description of property			r other basis stment)	(b) Cost ((0	or other ba	a515		cumulated reciation	(d	I) Book valu	e
1a	Land				1,1	.34,90)5.				1,134	,905.
b	Buildings					84,01			42,557.		18,441	
С	Leasehold improvements					937,27			20,944.			,332.
d	Equipment.				104,6				02,045.		23,839	
	Other					34,78			86,029.			,759.
Tota	I. Add lines 1a through 1e. (Column	i (d) mus	t equal For	m 990, Part	X, colum	n (B), lir	ne 100	c.)	►		52,680	,855.

Schedule D (Form 990) 2021

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	5,209,826.	SEE SUPPLEMENTAL PAGE
(3) Other		
(A) MANAGED HEDGE FUNDS	3,580,216.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	8,790,042.	

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. (Column (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)OTHER ASSETS	145,344.
(2)INSURANCE CLAIMS RECOVERABLE	7,699,685.
(3)DUE FROM AFFILIATES	8,093,468.
(4)ROU LEASES	1,978,141.
(5)IN HOUSE LEASES	1,713,396.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	19,630,034.

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)CAPITAL LEASE OBLIGATIONS	351,019.
(3)EST. MEDICAL MALPRACTICE LIABI	9,590,230.
(4)ROU LEASES	1,721,760.
(5)CYBER LIABILITY	56,698.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,719,707.

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

Schedu	le D (Form 990) 2021 UNION HOSPITAL OF CECIL COUNTY, INC.	52-	0607945	Page 4
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.	۱.		
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
С	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.		
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments 2b			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 4b			
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5		
Part	XIII Supplemental Information.			

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

Schedule D (Form 990) 2021 UNION HOSPITAL OF CECIL COUNTY, INC	. 52-0607945 Page 5
Part XIII Supplemental Information (continued)	
SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD	EQUITY INTERESTS
	COST
DESCRIPTION	BOOK VALUE OR FMV
CLOSELY-HELD EOUITY INTERESTS	5,209,826. COST
CLOSEDI-REDD EQUILI INIERESIS	5,209,820. COS1
TOTALS	5,209,826.
	==============

SCHEDULE H	
(Form 990)	

Department of the Treasury

Internal Revenue Service

Hospitals

OMB No. 1545-0047

Open to Public

Inspection

►	Complete if the	organization	answ	ered	"Yes"	on Form	990, Part IV,	question 2	20.

Attach to Form 990.

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

Name of the organization Employer identification number 52-0607945 UNION HOSPITAL OF CECIL COUNTY, INC Financial Assistance and Certain Other Community Benefits at Cost Part I Yes No Х **1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a 1a 1b Х **b** If "Yes," was it a written policy?..... If the organization had multiple hospital facilities, indicate which of the following best describes application of 2 the financial assistance policy to its various hospital facilities during the tax year. Applied uniformly to all hospital facilities Х Applied uniformly to most hospital facilities Generally tailored to individual hospital facilities Answer the following based on the financial assistance eligibility criteria that applied to the largest number of 3 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 Х free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: 3a X 200% 100% 150% Other Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," b indicate which of the following was the family income limit for eligibility for discounted care: 3b Х 200% 250% 300% 350% X 400% Other % 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. Did the organization's financial assistance policy that applied to the largest number of its patients during the 4 tax year provide for free or discounted care to the "medically indigent"?..... Х 4 Х 5a 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? Х 5b **b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or Х 5c discounted care to a patient who was eligible for free or discounted care? Х **6a** Did the organization prepare a community benefit report during the tax year? 6a Х 6b **b** If "Yes," did the organization make it available to the public? 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 (c) Total community benefit expense (d) Direct offsetting Financial Assistance and (a) Number of (b) Persons (e) Net community (f) Percent benefit expense activities or revenue of total Means-Tested Government programs (optional) (optional) expense Programs a Financial Assistance at cost 1,879,290. NONE 1,879,290. 0.93 (from Worksheet 1) b Medicaid (from Worksheet 3, column a) С Costs of other means-tested government programs (from Worksheet 3, column b) Total. Financial Assistance

1,879,290. 1,879,290. 0.93 Government Programs . . . Other Benefits е Community health improvement services and community benefit 861 34,982. NONE 34,982. 0.02 operations (from Worksheet 4) f Health professions education 72 223,781. NONE 223,781. 0.11 (from Worksheet 5) Subsidized health services (from q 22,349,504. 10,567,749 11,781,755 5.83 Worksheet 6) 13,668. 0.01 NONE 13,668. Research (from Worksheet 7) h Cash and in-kind contributions for community benefit (from Worksheet 8) 138,549. 0.07 16 138,549. NONE 949 22,760,484. 10,567,749 12,192,735 6.04 i Total. Other Benefits 14,072,025. 949 24,639,774. 10,567,749. 6.97

NONE

Total. Add lines 7d and 7j For Paperwork Reduction Act Notice, see the Instructions for Form 990.

1E1284 1 000

and Means-Tested

UNION HOSPITAL OF CECIL COUNTY, INC.

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.

IP resear processes advalage			(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		ercent expen						
Community support Community support Control to the organization framework of the support of the su	1	Physical improvements and housing													
Image of consents increments Image of consents methods Image of consents methods Image of consents methods Consumption methods Image of consents methods Community heath improvement activity of consents methods Image of consents methods Other Image of consents methods Other Image of consents methods Other Image of consents methods Image of consents methods Image of consents methods Image of consents Image of consents	2	Economic development			775.	NONE	775.	NON		NE					
	3	Community support			950.	NONE	950.		NC	NE					
useding for community nearting for community healt improvement advocacy Image: Community healt improvement advocacy 8 Costition building Image: Community healt improvement advocacy Image: Community healt improvement advocacy 9 Other Image: Community healt improvement advocacy Image: Community healt improvement advocacy Image: Community healt improvement advocacy 9 Other Image: Community healt improvement advocacy Image: Community healt improvement advocacy Image: Community healt improvement advocacy 9 Other Image: Community healt improvement advocacy Image: Community healt improvement advocacy Image: Community healt improvement advocacy 9 Other Image: Community healt improvement advocacy Image: Community healt improvement advocacy Image: Community healt improvement advocacy 9 Other Image: Community healt improvement advocacy Image: Community healt improvement advocacy Image: Community healt improvement advocacy 9 Community healt improvement advocacy Image: Community healt improvement advocacy Image: Community healt improvement advocacy Image: Community healt improvement advocacy 1 ary, for including this protoin of bad debt acommunity healt improvement advocacy of the page improvement on which this foothor is contained in the attached financial statements. Image: Community healt improvement advocacy of the comparization table advocacy of the companization advocacy of the comparization advoc	4	Environmental improvements													
Container hutling Community health improvement advocacy advocacy community health improvement advocacy community health improvement advocacy community health improvement advocacy advocacy community health improvement advocacy community health improvement advocacy community health improvement advocacy advoc	5	Leadership development and													
7 Community heats improvement advocatory advocatory advocatory 8 Workforce development 1,725 NONK 1,725 NONK 9 Other 1 Total 1,725 NONK 1,725 NONK 2 Total 1 Total 1,725 NONK 1,725 NONK 2 Total End Chebt Expense 1 1 X 2 Enter the 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 95,103. 4 Provide in Part VI the text of the footnote to the organization's financial statements. 3 95,103. 5 Enter the active of the goar unbert on which this footnote is contached financial statements. 3 95,103. 4 Provide in Part VI the ext of the footnote to the organization's financial statements. 5 3,156,507. 5 Enter the discare allowable costs of care relating to payments on line 5. 6 2,569,286. 9 6 Cack the box that describes the method used. Other		training for community members													
attoracy attoracy attoracy attoracy 6 Workdows development 9 Other 1,725. NONE 1,725. NONE 9 Other 1,725. NONE 1,725. NONE 1,725. NONE 2 Total Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense Yes No 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association 1 x 2 Enter the amount of the organization's bad debt expense atributable to patients eligible under the organization's bad debt expense atributable to patients eligible under the organization's financial asstance policy. Explain in Part VI the methodology used by the organization's financial asstance policy. Explain in Part VI the wets of the foorhoute to the organization's financial asstance policy. Explain in Part VI the wets of the foorhoute to the organization's financial asstance policy. Explain in Part VI the wets of the foorhoute to the organization's financial asstance policy. Explain in Part VI the wets of the foorhoute to the organization's financial asstance policy. Explain in Part VI the wets of the foorhoute to the organization's financial asstance policy. Explain in Part VI the wets of the foorhoute to the organization's financial asstance policy. Explain in Part VI the set of the foorhoute to the organization's financial asstance policy. Explain in Part VI the set of the organization's financial asstance policy. Explain in Part VI the set organization's financial asstance policy. Explain Part VI the set organization's financin's asstancy's asstance policy. Explain Part VI the set	6	Coalition building													
Image: state with the state of the	7	Community health improvement													
orbser orbser <thorbser< th=""> <thorbser< th=""> <thorbser< td="" th<=""><td></td><td>advocacy</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thorbser<></thorbser<></thorbser<>		advocacy													
10 Total 1,725. NONE 1,725. NONE Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense idiation report bad debt expense idiation report bad debt expense. Explain in Part VI the methodology used by the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	8	Workforce development													
Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 View 1 X Statement No. 157 1 X 1 X 2 Enter the amount of the organization bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 1 X 1 X 3 Enter the estimated amount of the organization's financial asstance policy. Explain in Part VI the methodology used by the organization's financial statements. Explain in Part VI the rest 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. 3 5 3,156,507. 6 2,569,286. 7 5 3,156,507. 6 2,569,286. 7 5 3,156,507. 6 2,569,286. 7 5 3,156,507. 6 2,569,286. 7 5 3,156,507. 6 7 5 3,156,507. 6 7 5 3,156,507. 6 7 5 3,156,507. 6 7 5 3,156,507. 6 7 5 3,156,507. 6 7 5 3,256,507. 6 7 5 3,156,507. <td>9</td> <td>Other</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	9	Other													
Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense Yes No 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Yes No 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization's financial assistance policy. Explain in Part VI the methodology used by the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale. 3 95,103. 4 Provide in Part VI the text of the footnote to the organization's financial statements. 3 95,103. 5 Enter the adjustion of bad debt as community benefit	10	Total			1,725.	NONE	1,725.		NC	NE					
Section A. Bad Debt Expense Yes No 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association 1 X 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization's bad debt expense attributable to patients eligible under the organization to estimate this amount															
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? I 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. I X 3 Enter the estimated amount of 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. I X 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) I X Section B. Medicare 6 Explain 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 existing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: I I Y Cost accounting system Cost to charge ratio X Other Y Y 9a If "%s." did the organization have a written debt collection policy during the tax year contain provisions on the collection practices to be tollowed for patients who are knownonto quality for financial as															
a Enter the estimated amount of the organization's bad debt expense attributable to the organization's financial assistance policy. Explain in Part VI the the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	1	Did the organization rep Statement No. 15?	oort bad del				ment Association								
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. 3 95,103. 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. 3 95,103. 5 Enter Medicare 5 3,156,507. 6 2,259,286. 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 587,221. 7 8 Describe in Part VI the extent to which any shortfall reported on line 7 587,221. 7 587,221. 9 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 0 ther 9 Di the organization have a written debt collection policy during the tax year? 9b X 9 Di the organization solection policy that applied to the larget number of its patients during the tax, super 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 9 Di the visit di the organization's collection policy that applied to the larget number of its patients during the tax, super contain provisions on the collection practices to be followed for patients who are known to qualify for financial asasistance? Describe in Part VI <td< td=""><td>2</td><td></td><td>•</td><td></td><td></td><td>1 1</td><td>6,480,714.</td><td></td><td></td><td></td></td<>	2		•			1 1	6,480,714.								
if any, for including this portion of bad debt as community benefit	3	patients eligible under th	he organiza	ation's finan	cial assistance policy. Exp	lain in Part VI									
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 3,156,507. 6 2,569,286. 7 7 Subtract line 6 from line 5. This is the surplus (or shortfall)							95,103.								
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)	4				-										
Section B. Medicare 5 Enter total revenue received from Medicare (including DSH and IME) 5 3,156,507. 6 Enter Medicare allowable costs of care relating to payments on line 5 6 2,569,286. 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 5 7 2,7569,286. 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describes the method used: 5 5 0 Cost accounting system Cost to charge ratio X Other 9a X 9a Did the organization have a written debt collection policy during the tax year? 9a X 9b X Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians' or stock ownership % (e) Organizations (e) Physicans' (f) officers, directors, trustees, key employees, profit %, or stock ownership % (f) officers, directors, trustees, key employees; profit %, or stock ownership % (f) or stock ownership	7				-										
5 Enter total revenue received from Medicare (including DSH and IME) 5 3,156,507. 6 Enter Medicare allowable costs of care relating to payments on line 5 6 2,559,286. 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 587,221. 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describes the method used:	Sec														
6 Enter Medicare allowable costs of care relating to payments on line 5			ived from N	<i>l</i> edicare (ir	cluding DSH and IME)	5	3.156.507.								
7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 587,221. 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: 9 9 Cost accounting system Cost to charge ratio X 9b tr "Yes," did the organization have a written debt collection policy during the tax year? 9a X 9b X Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, ownership % (d) Officers, directors, ownership % (d) Officers, directors, ownership % 1 1 1 1 1 1 1 12 1 1 1 1 1 1															
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on line 6. Check the box that describes the method used:	0														
Cost accounting system Cost to charge ratio X Other Section C. Collection Practices 9a X 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 9a X 9b X Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions) (e) Physicians' profit % or stock ownership % (f) Officers, directors, trustees, or key employees profit % or stock ownership % (f) Physicians' profit % or stock ownership % (f) Physicians' profit % or stock ownership % 1 1 1 1 1 1 1 1 3 1 1 1 1 1 1 1 1 3 1				-											
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Part V Facility Information										
Section A. Hospital Facilities	Ե	Ge	ç	Te	<u>S</u>	Re	멳	멳		
(list in order of size, from largest to smallest - see instructions)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
How many hospital facilities did the organization operate during	ed h	alm	e'ne	ing I	ac	гсh	hou	er 🛛		
the tax year?1	dsor	ledio	hos	lsou	Cess	facil	2			
Name, address, primary website address, and state license	ital	al 8	pita	oital	hog	ΪŢ				
number (and if a group return, the name and EIN of the		su	-		spita					Facility
subordinate hospital organization that operates the hospital		rgica			=					reporting
facility)		<u> </u>							Other (describe)	group
1 UNION HOSPITAL OF CECIL COUNTY, INC.	LI	CEI	NSE	#	07-	00	5			
106 BOW STREET										
ELKTON MD 21921										
WWW.UHCC.COM	1									
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Schedule H (F	Form 990) 2021	UNION	HOSPITAL	OF	CECIL	<u>COUNTY</u> ,	INC
Dort V	Equility Inf	formation	(continued)				

Part	V Facility Information (continued)			
Sectio	on B. Facility Policies and Practices			
	ete 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 UNION HOSPITAL OF CECIL COUNTY	, I	NC.	
Line n	number of hospital facility, or line numbers of hospital			
facilities in a facility reporting group (from Part V, Section A): 1				Na
Comm	nunity Health Needs Assessment		Yes	No
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		х
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		х
3				
•	community health needs assessment (CHNA)? If "No," skip to line 12	3	х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а				
b	X Demographics of the community			
c	X 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	\underline{X} The process for identifying and prioritizing community health needs and services to meet the			
9	community health needs			
h	\overline{X} The process for consulting with persons representing the community's interests			
i	\underline{X} The impact of any actions taken to address the significant health needs identified in the hospital			
•	facility's prior CHNA(s)			
i	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2021			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent			
5	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	Х	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
va	hospital facilities in Section C	6a	Х	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	- vu		
b	list the other organizations in Section C	6b	Х	
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):	-	21	
а	X Hospital facility's website (list url): SEE PART V, SECTION C			
b	X Other website (list url): SEE PART V, SECTION C			
c	X Made a paper copy available for public inspection without charge at the hospital facility			
d	Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
Ũ	identified through its most recently conducted CHNA? If "No," skip to line 11	8	Х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20_22_	-		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		Х
a	If "Yes," (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		Х
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.			
12 2	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
. - 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			
-				

JSA 1E1287 1.000 6830QG 472W

4720 for all of its hospital facilities? \$

Schedule H (Form 990) 2021

Schedule H (Form 990) 2021	UNION	HOSPITAL	OF	CECIL	COUNTY,	INC
Part V Facility Information		(continued)				

Financ	cial Ass	istance Policy (FAP)			
Namo	of hos	pital facility or letter of facility reporting group UNION HOSPITAL OF CECIL COUNTY	·т	NC.	
Name	01 1103		, _	Yes	No
	Did th	e hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explai	ned eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes	s," indicate the eligibility criteria explained in the FAP:			
а	Х	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 %			
		and FPG family income limit for eligibility for discounted care of %			
b	X	Income level other than FPG (describe in Section C)			
С	X	Asset level			
d	X	Medical indigency			
е	X	Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14		ned the basis for calculating amounts charged to patients?	14	X	
15		ned the method for applying for financial assistance?	15	X	
		s," indicate how the hospital facility's FAP or FAP application form (including accompanying			
		ctions) explained the method for applying for financial assistance (check all that apply):			
а	Χ	Described the information the hospital facility may require an individual to provide as part of his or her			
		application			
b	Х	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of his or her application			
С	Х	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	Χ	Provided the contact information of nonprofit organizations or government agencies that may be			
		sources of assistance with FAP applications			
е		Other (describe in Section C)			
16		videly publicized within the community served by the hospital facility?	16	X	
		s," indicate how the hospital facility publicized the policy (check all that apply):			
a	X	The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>			
b	X	The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		0	
C	X	A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PA	GE	8	
d	Χ	The FAP was available upon request and without charge (in public locations in the hospital facility and			
-	77	by mail) The FAD explication form was evolved and without shares (in public locations in the			
е	X	The FAP application form was available upon request and without charge (in public locations in the			
4	X	hospital facility and by mail)			
f		A plain language summary of the FAP was available upon request and without charge (in public			
~	X	locations in the hospital facility and by mail) Individuals were notified about the FAP by being offered a paper copy of the plain language summary of			
g		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			
-	37				
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the			
i		primary language(s) spoken by Limited English Proficiency (LEP) populations			
i	X	Other (describe in Section C)			

Schedule H (Form 990) 2021

Part	V Facility Information (continued)			
Billing	and Collections			
Name	of hospital facility or letter of facility reporting group <u>UNION HOSPITAL OF CECIL COUNTY</u>	Y, IN	IC.	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written		Yes	No
	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:			
а	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
С	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			
е	Other similar actions (describe in Section C)			
f	X 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:			
а	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
С	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			
е	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 I	isted (w	heth	er or
	not checked) in line 19 (check all that apply):			
а	X 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	X Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, des	cribe in §	Sectio	on C)
C	X Processed incomplete and complete FAP applications (if not, describe in Section C)			,
d	X Made presumptive eligibility determinations (if not, describe in Section C)			
е	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:			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
С	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			

d Other (describe in Section C)

Schedule H (Form 990) 2021

Part	V Facility Information (continued)					
Charg	es to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)					
Name of hospital facility or letter of facility reporting group UNION HOSPITAL OF CECIL COUNTY, INC.						
			Yes	No		
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.					
a	during a prior 12-month period					
b	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					
С	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	X The hospital facility used a prospective Medicare or Medicaid method					
23	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?					
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?	24		x		

Schedule H (Form 990) 2021

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.

PART V, SECTION B, LINES 5, 6A & 6B (INPUT FROM COMMUNITY; JOINT CHNA)

AT CHRISTIANACARE, WE ARE GUIDED BY THE CHRISTIANACARE WAY:

WE SERVE OUR NEIGHBORS AS RESPECTFUL, EXPERT, CARING PARTNERS IN THEIR HEALTH. WE DO THIS BY CREATING INNOVATIVE, EFFECTIVE, AFFORDABLE AND EQUITABLE SYSTEMS OF CARE THAT OUR NEIGHBORS VALUE.

TO MEET OUR MISSION, WE MUST PARTNER WITH OUR COMMUNITIES TO MEET THEIR NEEDS EFFECTIVELY. BECAUSE THE CHNA PRESENTS AN OPPORTUNITY TO LEARN DIRECTLY FROM OUR COMMUNITY, IT IS AN ASSESSMENT WE ARE EAGER TO UNDERTAKE TO ENSURE OUR UNDERSTANDING OF OUR COMMUNITY'S CHALLENGES IS ACCURATE. EVERY CHNA UNION HAS COMPLETED HAS BEEN DONE IN PARTNERSHIP WITH THE CECIL COUNTY HEALTH DEPARTMENT. WE ARE GRATEFUL FOR THAT CONTINUED PARTNERSHIP TO COMPLETE THE 2022 CHNA ESPECIALLY AS THIS WAS THE FIRST CHNA UNION HAS COMPLETED AS PART OF CHRISTIANACARE.

AS WE WERE PLANNING THE PRIMARY DATA COLLECTION FOR THE 2022 CHNA, HIGH COMMUNITY TRANSMISSION OF COVID-19 REQUIRED US TO HOST VIRTUAL COMMUNITY MEETINGS TO RECEIVE COMMUNITY INPUT. OUR PREFERRED FORMAT WOULD HAVE BEEN IN-PERSON MEETINGS AT ACCESSIBLE COMMUNITY LOCATIONS, BUT COMMUNITY SAFETY BECAME THE MOST IMPORTANT CONSIDERATION.

WE HELD FOUR VIRTUAL MEETINGS WITH THE PARTICIPATION OF 43 COMMUNITY STAKEHOLDERS WHO REPRESENTED THE CECIL COUNTY HEALTH DEPARTMENT AND OTHER GOVERNMENT AGENCIES, NON-PROFIT ORGANIZATIONS, LOCAL BUSINESSES, HEALTH CARE PROVIDERS, AND THE SCHOOL SYSTEM. WE WERE ALSO ABLE TO MEET WITH FOUR TEENAGERS PARTICIPATING IN THE CECIL COUNTY PUBLIC LIBRARY'S YOUTH ADVISORY COUNCIL. IT WAS IMPORTANT TO US TO INCLUDE THE VOICES OF YOUTH AS THEY TOO ARE A PART OF THE COMMUNITY WE SERVE AND MAY HAVE DIFFERENT PERSPECTIVES THAN THOSE OF THE ADULTS. FINALLY, WE ALSO HELD A VIRTUAL MEETING WITH THE PARTICIPATION OF 16 UNION CAREGIVERS REPRESENTING ADMINISTRATION, NURSING, CASE MANAGEMENT, SOCIAL SERVICES, AND PROJECT MANAGEMENT. THIS MEETING WAS HELD TO GAIN THEIR PERSPECTIVE ON THE COMMUNITY'S MOST SIGNIFICANT CHALLENGES AS WELL AS PROVIDE THEM WITH INSIGHT INTO THE COMMUNITY.

EACH MEETING FOLLOWED THE SAME FORMAT. THE CHNA PROCESS AND THE PURPOSE OF THE MEETING WAS EXPLAINED. SECONDARY DATA WERE THEN PRESENTED INCLUDING A SUMMARY OF UNFAVORABLE COMMUNITY HEALTH INDICATORS. MEETING PARTICIPANTS WERE ASKED FOR FEEDBACK ON THE SECONDARY DATA ANALYSIS AND TO IDENTIFY COMMUNITY HEALTH ISSUES THAT MAY NOT HAVE BEEN FOUND BASED ON THE DATA. TO CONCLUDE, PARTICIPANTS WERE ASKED TO COMPLETE AN ONLINE SURVEY AND TO IDENTIFY THREE TO FIVE COMMUNITY HEALTH ISSUES THEY CONSIDER TO BE MOST SIGNIFICANT.

AN ONLINE COMMUNITY HEALTH SURVEY WAS ALSO CONDUCTED DURING FEBRUARY AND

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.

MARCH OF 2022. THE SURVEY WAS COMPRISED OF TWENTY QUESTIONS ON THE FOLLOWING TOPICS: DEMOGRAPHICS, COMMUNITY HEALTH, QUALITY OF LIFE, AND ACCESS TO HEALTH CARE SERVICES. 544 PARTICIPANTS COMPLETED THE SURVEY. 64% OF THE SURVEY RESPONDENTS WERE FROM NORTH EAST AND ELKTON AND NEARLY 87% OF THE RESPONDENTS WERE FEMALE.

FINALLY, SEVEN KEY STAKEHOLDERS WERE INTERVIEWED TO LEARN ABOUT COMMUNITY HEALTH ISSUES. THE PARTICIPANTS WERE HEALTH OFFICERS FROM THE CECIL COUNTY HEALTH DEPARTMENT AND ADMINISTRATIVE AND CLINICAL STAFF FROM WEST CECIL HEALTH CENTER, A LOCAL FEDERALLY QUALIFIED HEALTH CENTER. THE PARTICIPANTS WERE ASKED TO FIRST IDENTIFY AND DISCUSS COMMUNITY HEALTH ISSUES PRIOR TO THE COVID-19 PANDEMIC, AND THEN DESCRIBE THE PANDEMIC'S IMPACTS ON THE COMMUNITY AND WHAT HAS BEEN LEARNED ABOUT THE COMMUNITY'S HEALTH GIVEN THOSE IMPACTS. STAKEHOLDERS ALSO WERE ASKED TO DESCRIBE THE TYPES OF INITIATIVES, PROGRAMS, AND INVESTMENTS THAT SHOULD BE IMPLEMENTED TO ADDRESS THE COMMUNITY'S HEALTH ISSUES AND TO BE BETTER PREPARED FOR FUTURE RISKS.

CHRISTIANACARE CONTRACTED WITH VERITÉ HEALTHCARE CONSULTING, LLC (VERITE) TO COMPLETE ITS 2022 CHNA. IN COOPERATION WITH CHRISTIANACARE'S OFFICE OF HEALTH EQUITY AND THE CECIL COUNTY HEALTH DEPARTMENT, VERITÉ CONDUCTED THE RESEARCH, PRIMARY AND SECONDARY DATA COLLECTION, REVIEW, AND ANALYSIS, TO DEVELOP THE CHNA.

SCHEDULE H, PART V, SECTION B, LINE 7A & B (CHNA AVAILABILITY)

UNION HOSPITAL OF CECIL COUNTY, INC.'S CHNA IS AVAILABLE ON ITS WEBSITE AT: HTTPS://WWW.UHCC.COM/ABOUT-US/COMMUNITY-BENEFIT/REPORTS/

UNION HOSPITAL OF CECIL COUNTY, INC.'S CHNA IS ALSO AVAILABLE AT: HTTPS://CECILCOUNTYHEALTH.ORG/RESOURCES/HEALTH-ADVISORY-COMMITTEE/

SCHEDULE H, PART V, SECTION B, LINE 10 (IMP. STRATEGY PUBLIC AVAILABILITY)

UNION HOSPITAL OF CECIL COUNTY, INC.'S CHIP IS AVAILABLE ON ITS WEBSITE AT: HTTP://WWW.UHCC.COM/ABOUT-US/COMMUNITY-BENEFIT/REPORTS/

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.

SCHEDULE H, PART V, SECTION B, LINE 11 (ADDRESSING NEEDS FROM THE CHNA)

UNION'S 2022 CHNA IDENTIFIED THE FOLLOWING AS SIGNIFICANT AREAS OF NEED IN CECIL COUNTY:

- ACCESS TO HEALTH SERVICES
- CANCER
- CHILDHOOD TRAUMA/ADVERSE CHILDHOOD EXPERIENCES (ACE)
- LGBTQIA+ HEALTH DISPARITIES
- MENTAL HEALTH
- NUTRITION, OBESITY, AND PHYSICAL INACTIVITY
- SMOKING, TOBACCO, AND VAPE PRODUCT USE
- SUBSTANCE USE DISORDERS

OF THESE SIGNIFICANT NEEDS, UNION PRIORITIZED:

- ACCESS TO HEALTH SERVICES
- CANCER
- LGBTQIA+ HEALTH DISPARITIES
- SUBSTANCE USE DISORDERS

SELECTION FOR PRIORITIZATION WAS BASED ON RESOURCE AVAILABILITY AND PROGRAMMING UNDERWAY OR PLANNED. UNION DOES ADDRESS ALL THE SIGNIFICANT AREAS OF NEED, BUT DID NOT PRIORITIZE THE FOLLOWING AREAS OF NEED:

- CHILDHOOD TRAUMA/ADVERSE CHILDHOOD EXPERIENCES (ACE)
- MENTAL HEALTH
- NUTRITION, OBESITY, AND PHYSICAL INACTIVITY
- SMOKING, TOBACCO, AND VAPE PRODUCT USE

THESE WERE NOT PRIORITIZED BECAUSE WE WERE UNABLE TO CREATE NEW OR EXPANDED COMMUNITY BENEFIT PROGRAMMING IN THOSE AREAS. IF OPPORTUNITIES TO ADDRESS THESE AREAS OF NEED ARISE, PARTICULARLY THROUGH COMMUNITY PARTNERSHIPS, THEIR IDENTIFICATION AS SIGNIFICANT AREAS OF NEED WILL BE CONSIDERED.

ACCESS TO HEALTH SERVICES

CECIL COUNTY HAS A LOW PER-CAPITA SUPPLY OF PRIMARY CARE, DENTAL HEALTH, AND MENTAL HEALTH PROFESSIONALS COMPARED TO NATIONAL AVERAGES, WHICH CREATES SIGNIFICANT BARRIERS TO CARE. LIKE HOSPITALS ACROSS THE COUNTRY, PARTICULARLY RURAL ONES, UNION HAS EXPERIENCED CHALLENGES RECRUITING AND RETAINING PROVIDERS. CHRISTIANACARE IS RESPONDING WITH A DIVERSITY OF RECRUITMENT EFFORTS THAT INCLUDE DEDICATED RECRUITERS, PARTICIPATION IN CAREER EVENTS AND ADVERTISING, AND THE UTILIZATION OF CONTINGENCY AND RETAINED SEARCH FIRMS WHEN NECESSARY. THESE EFFORTS WILL BE ONGOING AS WE SEEK TO RECRUIT PROVIDERS.

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.

HAVING MORE PROVIDERS TO MEET THE COMMUNITY NEED WILL NOT OVERCOME ALL BARRIERS TO CARE. LACK OF TRANSPORTATION PRESENTS AN ISSUE FOR MANY OF OUR CECIL COUNTY NEIGHBORS. WE ARE ADDRESSING THIS ISSUE ON A SMALL SCALE THROUGH UNION'S CARE TRANSFORMATION INITIATIVE (CTI) WHICH LAUNCHED ON JULY 1, 2021. UNION'S CTI, TRANSITIONS OF CARE, CHRONIC DISEASE NAVIGATION PROGRAM SERVES ADULT MEDICARE FFS BENEFICIARIES WITH A PRIMARY OR SECONDARY DIAGNOSIS OF HEART FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), DIABETES, AND RESPIRATORY FAILURE WHO WERE ADMITTED TO UNION AS AN INPATIENT OR FOR OBSERVATION. FOR 180 DAYS POST DISCHARGE, THESE PATIENTS RECEIVE A CARE TEAM APPROACH AND INTERACTIVE PATIENT TOOLS TO PREVENT READMISSION. WE EXPECT THIS INITIATIVE TO PROVIDE COST SAVINGS AND IMPROVE THE HEALTH OF THE PATIENTS. AFTER LAUNCH, WE RECOGNIZED THAT AN IMPEDIMENT TO PATIENT PARTICIPATION FOR SOME WAS LACK OF TRANSPORTATION. THESE PATIENTS DID NOT HAVE RELIABLE TRANSPORTATION TO GET TO APPOINTMENTS, AND THEY ALSO DID NOT HAVE THE RESOURCES TO PARTICIPATE IN VIRTUAL VISITS THAT WOULD HAVE RESOLVED THE TRANSPORTATION BARRIER.

TO ADDRESS THIS BARRIER, THE CARE TEAM BEGAN USING ROUNDTRIP FOR THIS PATIENT POPULATION. ROUNDTRIP IS A COMPANY THAT PROVIDES A DIGITAL TRANSPORTATION MARKETPLACE TO CONNECT PATIENTS FACING TRANSPORTATION BARRIERS WITH NON-EMERGENCY MEDICAL TRANSPORTATION. CHRISTIANACARE HAS BEEN PARTNERED WITH ROUNDTRIP SINCE 2019 TO PROVIDE FREE TRANSPORTATION TO ELIGIBLE PATIENTS IN DELAWARE WITH TRANSPORTATION BARRIERS TO RECEIVE MEDICAL SERVICES. THE CTI IS THE FIRST UNION PROGRAM TO UTILIZE ROUNDTRIP. IN FY2022, 19 RIDES THROUGH ROUNDTRIP WERE PROVIDED TO HELP CTI PATIENT PARTICIPANTS RECEIVE MEDICAL SERVICES. WE ARE EXPLORING THE FEASIBILITY OF IMPLEMENTING ROUNDTRIP IN OTHER AREAS OF THE HOSPITAL. FOR YEARS, UNION HAS ALSO PROVIDED TRANSPORTATION TO INPATIENTS AT DISCHARGE WHO HAD NO TRANSPORTATION HOME. IN FY2022, UNION PAID \$11,244 TO TRANSPORT PATIENTS HOME IN TAXIS.

THE CECIL COUNTY HEALTH DEPARTMENT (CCHD) HAS ALSO PRIORITIZED ACCESS TO HEALTH SERVICES IN THEIR IMPLEMENTATION PLAN WHICH WILL PROVIDE THE OPPORTUNITY TO COLLABORATE IN THIS AREA. IN JANUARY 2023, UNION CAREGIVERS, PARTICIPATED IN THE CCHD'S ACCESS TO HEALTH SERVICES WORKING GROUP TO IDENTIFY GOALS, OBJECTIVES, AND STRATEGIES TO ADDRESS ACCESS ISSUES WITHIN CECIL COUNTY. THE GROUP AGREED ON THE GOALS OF INCREASING ACCESS TO BEHAVIORAL HEALTH SERVICES, DIABETES PREVENTION AND MANAGEMENT SERVICES, AND CANCER SCREENING SERVICES ALONG WITH INCREASING ACCESS TO TRANSPORTATION SERVICES FOR MEDICAL SERVICES. OUR PARTICIPATION IN THIS COLLABORATIVE EFFORT WILL BE ONGOING.

UNION'S CHILDBIRTH AND EARLY EDUCATION TEAM AND PEDIATRIC NURSES HAVE LONG BEEN RESPONSIVE TO OUR COMMUNITY'S NEED FOR CHILDBIRTH AND INFANT CARE EDUCATION. SIGNIFICANTLY, THIS EDUCATION IS PROVIDED IN RESPONSE TO REQUESTS FROM THE COMMUNITY AND IN PARTNERSHIP WITH OTHER COMMUNITY

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.

ORGANIZATIONS. EDUCATION IS PRIMARILY PROVIDED IN THE COMMUNITY WHERE IT IS REQUESTED. FY2022 WAS A BUSY YEAR FOR THESE TEAMS. AS WILL BE DESCRIBED IN MORE DETAIL IN THE SECTION THAT DESCRIBES OUR EFFORTS ADDRESSING SUBSTANCE USE DISORDER, UNION CAREGIVERS PROVIDE MONTHLY EDUCATION TO PREGNANT WOMEN RECEIVING SUBSTANCE USE DISORDER TREATMENT AT A TREATMENT FACILITY IN ELKTON. BEGINNING IN JUNE 2022, A UNION LACTATION CONSULTANT PROVIDED BI-WEEKLY BREASTFEEDING EDUCATION SESSIONS AT THE HERITAGE PREGNANCY CENTER IN RISING SUN. IN ANOTHER EXAMPLE OF COMMUNITY PARTNERSHIP, THE CCHD ALSO REQUESTED OUR LACTATION CONSULTANT PROVIDE BREASTFEEDING EDUCATION TO A MOM-TO-BE GROUP ALSO HELD AT THE HERITAGE PREGNANCY CENTER IN RISING SUN.

IN THE FALL OF 2022, A NEW OPPORTUNITY AROSE TO SERVE WOMEN WHOSE CHILDREN ARE ATTENDING A HEAD START PROGRAM AT HOLLINGSWORTH MANOR IN ELKTON. OUR CHILDBIRTH AND EARLY EDUCATION TEAM RECEIVED A REQUEST TO PROVIDE A WEEKLY GROUP THAT WOULD BE FOCUSED NOT JUST ON CARING FOR YOUNG CHILDREN, BUT ON WOMEN'S OVERALL HEALTH. A UNION CAREGIVER SPENT TIME WITH THE STAFF OF THE HEAD START PROGRAM TO THINK OF ENGAGEMENT STRATEGIES TO PROMOTE THE IDEA THAT A PARENT'S GOOD HEALTH WOULD NOT ONLY BE GOOD FOR THEM, BUT ALSO HAVE A POSITIVE IMPACT ON THEIR CHILDREN. WE EXPECT TO KEEP WORKING WITH THIS GROUP TO FIGURE OUT WAYS TO ENGAGE THESE MOTHERS. HEAD START PROGRAMS SERVE FAMILIES WHOSE INCOMES ARE AT OR BELOW THE FEDERAL POVERTY GUIDELINES OR WHO PARTICIPATE IN TEMPORARY ASSISTANCE FOR NEEDY FAMILIES. PROVIDING CONVENIENT ACCESS TO EDUCATION THAT WOULD BE HELPFUL TO THE HEALTH AND WELLNESS OF THESE FAMILIES IS WHAT WE HOPE TO ACCOMPLISH.

LAST YEAR, A HIGH SCHOOL IN CECIL COUNTY HAD A NOTABLE NUMBER OF PREGNANT STUDENTS DURING THE SCHOOL YEAR. STAFF AT THE HIGH SCHOOL REQUESTED THAT UNION PROVIDE THESE STUDENTS WITH CHILDBIRTH AND INFANT CARE EDUCATION. TO DO THIS, OUR TEAM HAD TO RECEIVE APPROVAL FROM THE SCHOOL BOARD TO PROVIDE THIS EDUCATION, AND ONCE APPROVED, THE EDUCATION SESSIONS HAD TO BE DESIGNED TO MEET THE NEEDS OF TEENAGE MOTHERS. ONCE THE APPROVAL PROCESS WAS COMPLETE, UNION CAREGIVERS WERE ABLE TO PROVIDE FOUR EDUCATION SESSIONS AT THE SCHOOL BEFORE THE SUMMER BREAK. THE YOUNG MOTHERS, MANY OF WHOM WENT ON TO DELIVER AT UNION, SHARED THAT WHAT THEY LEARNED PREPARED THEM AND HELPED DECREASE THEIR FEAR.

FINALLY, UNION HAS HELD A FREE SPORTS PHYSICAL EVENT FOR CECIL COUNTY STUDENTS FOR OVER 15 YEARS. EACH YEAR THESE PHYSICALS ARE REQUESTED BY CECIL COUNTY PUBLIC SCHOOL ATHLETIC ADMINISTRATION. GIVEN THE PROVIDER SHORTAGE IN CECIL COUNTY, THIS YEAR'S EVENT WAS SIGNIFICANT IN ENSURING STUDENTS WERE PROVIDED WITH THE PHYSICALS THAT WERE REQUIRED TO PARTICIPATE IN SCHOOL SPORTS AND ALSO PROVIDED RELIEF TO MEDICAL PRACTICES IN CECIL COUNTY. ON JUNE 8, 2022, IN PARTNERSHIP WITH ATI PHYSICAL THERAPY AND THE CECIL COUNTY PUBLIC SCHOOLS, 530 STUDENTS WERE ABLE TO COMPLETE THEIR PHYSICALS. Schedule H (Form 990) 2021

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.

CANCER

WHILE SOME IMPROVEMENTS HAVE BEEN MADE, CANCER RATES IN CECIL COUNTY REMAIN ABOVE THE MARYLAND AND UNITED STATES AVERAGES. THE MORTALITY RATE FOR LUNG AND BRONCHUS CANCER IN CECIL COUNTY HAS BEEN CONSIDERABLY ABOVE THE UNITED STATES AVERAGE AT 87.1 PER 100,000 IN COMPARISON TO 57.3 PER 100,000. TO ADDRESS THIS HIGH MORTALITY RATE, UNION CAREGIVERS HAVE BEEN WORKING TO PROMOTE ANNUAL LOW DOSE COMPUTED TOMOGRAPHY (LDCT) SCREENING TO ADULTS AGED 50 TO 80 YEARS OLD, WHO HAVE A 20 PACK A YEAR SMOKING HISTORY AND CURRENTLY SMOKE OR HAVE QUIT WITHIN THE PAST YEAR. PROMOTING THE LDCT SCREENING WAS ALSO AN OBJECTIVE OF UNION'S 2019 CHIP. A NEW ASPECT TO THIS PROMOTION IS TO CONSIDER THE PROVIDER, AS WELL AS PATIENT, PERSPECTIVE ON SCREENING BARRIERS.

AFTER NOTICING MORE PATIENTS PRESENT TO UNION'S CANCER PROGRAM FOR THE FIRST TIME WITH LATE-STAGE LUNG CANCER, UNION CAREGIVERS, LED BY NURSE MANAGER SHEELAGH STEWART, WHO ALSO SERVES AS THE CHAIR OF THE CECIL COUNTY CANCER TASK FORCE, UNDERTOOK A RESEARCH INITIATIVE TO ATTEMPT TO GAIN AN UNDERSTANDING OF THE BARRIERS TO SCREENING. IN JULY AND AUGUST OF 2022, CAREGIVERS REVIEWED PATIENT RECORDS OF THOSE WHO WERE DIAGNOSED WITH LUNG CANCER TO SEE THE STAGE OF LUNG CANCER PRESENT AT DIAGNOSIS AND IF THE PATIENT HAD HAD AN LDCT SCREENING OR HAD RECEIVED A REFERRAL FOR AN LDCT SCREENING. THIS REVIEW OF 55 LUNG CANCER PATIENTS DIAGNOSED IN 2020 AND 2021 AT UNION REVEALED THAT ONLY 1 OF THOSE PATIENTS WAS REFERRED TO LDCT SERVICES BEFORE DIAGNOSIS.

SPURRED BY THAT STATISTIC, THE TEAM SELECTED A 19-QUESTION VALIDATED SURVEY TO SEND OUT TO PROVIDERS IN CECIL COUNTY TO GAUGE THEIR UNDERSTANDING OF THE LDCT SCREEN AND BARRIERS TO SUCCESSFUL REFERRALS FOR LDCT SCREENING. AFTER GATHERING THE EMAIL ADDRESSES FOR FAMILY MEDICINE AND INTERNAL MEDICINE PROVIDERS IN CECIL COUNTY, THE SURVEY WAS EMAILED, IN PARTNERSHIP WITH THE CECIL COUNTY CANCER TASKFORCE, TO 38 PROVIDERS IN CECIL COUNTY IN OCTOBER 2022. THE SURVEY RESPONSE RATE WAS 26.32% WITH 10 PROVIDERS COMPLETING THE SURVEY.

OVERALL, THE SURVEY DEMONSTRATED PROVIDER FAMILIARITY WITH THE LDCT SCREEN, BUT REVEALED SOME OPPORTUNITIES FOR MORE EDUCATION. FOR EXAMPLE, NEARLY HALF OF THE PROVIDERS WERE NOT SURE WHICH PATIENTS QUALIFY FOR THE SCREENING. THE SURVEY ALSO DEMONSTRATED MORE PATIENT EDUCATION IS NEEDED. SEVEN OUT OF THE 10 PROVIDERS SURVEYED SAID THEY WERE NEVER ASKED ABOUT THE LCDT SCREENING BY PATIENTS AND 6 OUT OF THE 10 PROVIDERS SURVEYED SAID PATIENTS REFUSED THE LCDT SCREENING EVEN AFTER IT WAS OFFERED TO THEM. THE RESULTS OF THE SURVEY WERE SHARED WITH THE CECIL COUNTY TASK FORCE TO MAKE A COLLECTIVE DETERMINATION ON NEXT STEPS FOR COMMUNITY AND PROVIDER EDUCATION. Schedule H (Form 990) 2021

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.

SCHEDULE H, PART V, SECTION B, LINE 11 (ADDRESSING NEEDS FROM THE CHNA)

(CONT.)

JUST AS UNION AND THE CECIL COUNTY HEALTH DEPARTMENT BOTH IDENTIFIED ACCESS TO CARE AS A PRIORITIZED NEED, CANCER IS ANOTHER AREA OF NEED THAT WAS ALSO PRIORITIZED BY BOTH. WE WILL CONTINUE TO WORK TOGETHER TO PROMOTE LDCT SCREENS THROUGH THE CANCER TASK FORCE. IN 2022, UNION PERFORMED 340 LDCT SCREENS AT ITS THREE IMAGING LOCATIONS. THIS IS A SIGNIFICANT INCREASE FROM THE NUMBER OF LDCT SCREENED PROVIDED IN PRIOR YEARS:

- 2019: 306 INDIVIDUALS SCREENED
- 2020: 256 INDIVIDUALS SCREENED
- 2021: 287 INDIVIDUALS SCREENED
- 2022: 340 INDIVIDUALS SCREENED

IN FY2022, THE CORONAVIRUS PANDEMIC CONTINUED TO DISRUPT OUR USUAL PARTICIPATION IN HEALTH FAIRS AND OTHER COMMUNITY EVENTS AS WELL AS OUR CANCER SUPPORT GROUP. IN FY2022, OUR CAREGIVERS PROVIDED EDUCATION AT 3 COMMUNITY EVENTS. WE EXPECT MORE COMMUNITY EVENT PARTICIPATION THIS YEAR. CAREGIVERS HAVE ALREADY PROVIDED BREAST CANCER SCREENING EDUCATION AT PLEASANT VIEW BAPTIST CHURCH IN PORT DEPOSIT IN AUGUST, AND GENERAL CANCER PREVENTION INFORMATION AT THE ELKTON SENIOR CENTER IN NOVEMBER. THE COPING WITH CANCER SUPPORT GROUP RESUMED WEEKLY MEETINGS IN JULY 2022. UNION PARTNERED WITH CECIL COUNTY PUBLIC SCHOOLS FOR THE SECOND YEAR TO PROMOTE EDUCATOR MAMMOGRAMS. EMPLOYEES OF THE PUBLIC SCHOOL SYSTEM WERE ENCOURAGED TO SCHEDULE A MAMMOGRAM ON CERTAIN DAYS AT UNION. THIS PROMOTION WAS HELD ON AUGUST 31, 2021 AND DUE TO INCREASED RESPONSE WAS AGAIN HELD ON JULY 13, 2022 AND AUGUST 23RD AND 31ST, 2022.

LGBTQIA+ HEALTH DISPARITIES

IN THE 2022 CHNA, WE LEARNED THAT LESBIAN, GAY, TRANSGENDER, QUEER/QUESTIONING, INTERSEX AND ASEXUAL, ETC. (LGBTQIA+) YOUTH ARE MORE THAN TWICE AS LIKELY TO BE BULLIED AND THREATENED WITH A WEAPON ON SCHOOL PROPERTY COMPARED TO YOUTH WHO IDENTIFY AS STRAIGHT. THESE YOUTH ARE ALSO MORE LIKELY TO ENGAGE IN HIGH-RISK BEHAVIORS SUCH AS TOBACCO, ALCOHOL, AND OTHER DRUG USE AND TO REPORT SIGNIFICANTLY LOWER RATES OF PHYSICAL ACTIVITY. IN THE 2022 CHNA, THE STAKEHOLDERS INTERVIEWED ALSO IDENTIFIED AS SIGNIFICANT THE DISCRIMINATION IN HEALTHCARE FACED BY THE LGBTQIA+ COMMUNITY, WHICH LEADS TO AVOIDING HEALTH CARE SERVICES.

GIVEN THE LIKELIHOOD OF POOR HEALTH OUTCOMES FOR THIS POPULATION AND OUR COMMITMENT TO PROVIDING A WELCOMING AND INCLUSIVE ENVIRONMENT IN ALL OUR CHRISTIANACARE LOCATIONS, WE MADE THE DECISION TO PRIORITIZE THIS AREA OF NEED. THROUGHOUT THE YEAR, A SMALL GROUP OF UNION CAREGIVERS HAVE BEEN

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PROMOTING GENDER INCLUSIVENESS TO OTHER CAREGIVERS, PATIENTS, AND VISITORS BY PROVIDING EDUCATION THROUGH ACTIVITIES LIKE PASSING OUT PRONOUN PINS IN THE HOSPITAL LOBBY AND INPATIENT FLOORS. IN A SMALL COMMUNITY, UNION'S ACTIONS TO RAISE AWARENESS AND UNDERSTANDING CAN HAVE A SIGNIFICANT IMPACT AS WE STRIVE TO BETTER SERVE EVERYONE IN OUR COMMUNITY.

CHRISTIANACARE'S OFFICE OF HEALTH EQUITY CREATED A PRIDE AMBASSADORS PROGRAM WHICH OFFERS SIX HOURS OF INSTRUCTION INCLUDING EXPLORATION OF LGBTQIA+ HEALTH TOPICS AS THEY RELATE TO CREATING MORE EQUITABLE HEALTHCARE FOR OUR LGBTQIA+ PATIENTS AND FAMILIES. AFTER A SESSION LAST JULY,

THE FIRST COHORT OF UNION CAREGIVERS BECAME PRIDE AMBASSADORS. THESE CAREGIVERS WILL BE ABLE TO USE THAT KNOWLEDGE TO BETTER SERVE THEIR PATIENTS AND ACT AS AMBASSADORS FOR THEIR COLLEAGUES BY SHARING WHAT THEY LEARNED. WE ARE CURRENTLY IN THE PROCESS OF PROMOTING AND SCHEDULING THE NEXT PRIDE AMBASSADORS SESSION FOR UNION CAREGIVERS. WE ARE GOING TO OPEN IT UP TO OTHER CECIL COUNTY PROVIDERS AS WELL TO ENSURE THESE PROVIDERS ALSO HAVE ACCESS TO THE KNOWLEDGE AND TOOLS TO BEST SERVE THE LGBTQIA+ POPULATION OF CECIL COUNTY.

SUBSTANCE USE DISORDERS

SUBSTANCE USE DISORDER HAS BEEN AN INTRACTABLE ISSUE IN CECIL COUNTY AND UNION IS WORKING TO ADDRESS IT WITH COMMUNITY PARTNERS. UNION HAS PARTNERED WITH CECIL COUNTY HEALTH DEPARTMENT'S ALCOHOL & DRUG RECOVERY CENTER TO HAVE A DESIGNATED PEER RECOVERY SPECIALIST AVAILABLE FOR REFERRALS ON BEHALF OF UNION PATIENTS. CAREGIVERS WILL CONTACT THE PEER RECOVERY SPECIALIST ON BEHALF OF THE PATIENT IF THEY EXPRESS AN INTEREST IN SPEAKING WITH THEM OR AN INTEREST IN TREATMENT. IF AVAILABLE, THE PEER RECOVERY SPECIALIST CAN COME TO THE HOSPITAL TO MEET WITH THE PATIENT OR FOLLOW UP WITH THEM IN THE COMMUNITY WITH THE BASIC DEMOGRAPHIC AND CONTACT INFORMATION PROVIDED BY THE CAREGIVER. WHEN A PATIENT EXPRESSES AN INTEREST IN RECOVERY OUTSIDE OF REGULAR BUSINESS HOURS, THE CAREGIVER WILL ENCOURAGE THEM TO CALL CATCH (CECIL ADDICTION TREATMENT COORDINATION HOTLINE) WHICH IS AVAILABLE 24 HOURS-A-DAY, 7 DAYS-A-WEEK. IN FY2022, 184 REFERRALS WERE MADE TO THE PEER RECOVERY SPECIALIST.

FOR SEVERAL YEARS, UNION CAREGIVERS HAVE PROVIDED CHILDBIRTH AND INFANT EDUCATION TO PREGNANT WOMEN RECEIVING SUBSTANCE USE DISORDER TREATMENT AT SERENITY HEALTH ELKTON. A REGISTERED NURSE GOES TO SERENITY HEALTH TO PROVIDE MONTHLY EDUCATIONAL SESSIONS ON TOPICS SUCH AS BREASTFEEDING, NEONATAL ABSTINENCE SYNDROME (NAS), AND SAFE SLEEP, AMONG OTHERS. UNION SOCIAL WORKERS ALSO ATTEND SOME OF THE SESSIONS WITH THE REGISTERED NURSES TO PROVIDE INFORMATION ON TOPICS LIKE CHILD PROTECTIVE SERVICES AND ANSWER QUESTIONS ON ACCESSING SOCIAL SERVICES. IN FY2022, TEN EDUCATION SESSIONS WERE HELD AT SERENITY HEALTH ELKTON WITH 2 TO 5 PREGNANT PARTICIPANTS IN EACH COURSE. THE REGISTERED NURSES SPENT 19.5

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HOURS PROVIDING THESE SESSIONS AND TWO SOCIAL WORKERS SPENT 6 HOURS WITH THE PARTICIPANTS. IT IS IMPORTANT TO PROVIDE THESE MOTHERS WITH THE EDUCATION TO EMPOWER THEM TO TAKE THE BEST CARE OF THEIR BABY. HAVING A SUBSTANCE USE DISORDER WHILE PREGNANT CAN BE ISOLATING BECAUSE OF THE SHAME THE EXPECTANT MOTHER MAY FEEL. CAREGIVERS WORK TO MAKE SURE THESE EXPECTANT MOTHERS KNOW THAT THEY CAN TAKE GOOD CARE OF THEIR CHILDREN JUST LIKE ANY OTHER MOTHER.

IN SEPTEMBER 2022, UNION PARTNERED WITH THE CECIL COUNTY HEALTH DEPARTMENT TO PARTICIPATE IN THE OVERDOSE RESPONSE PROGRAM TO BEGIN DISTRIBUTING NALOXONE IN THE EMERGENCY DEPARTMENT. THE NALOXONE KITS ARE PROVIDED BY THE CECIL COUNTY HEALTH DEPARTMENT AND ALONG WITH THE MEDICATION, HAVE RESOURCE INFORMATION TO ENSURE THE INDIVIDUAL KNOWS HOW TO ACCESS THE HELP AVAILABLE TO SUPPORT THEIR RECOVERY. THE NURSE MANAGERS DISTRIBUTING THE NALOXONE KITS ALSO TRAIN THE INDIVIDUALS RECEIVING THE KIT ON ITS USE. THESE KITS ARE PROVIDED TO PATIENTS, THEIR FAMILY AND FRIENDS, AND ANY INDIVIDUAL WHO MAY HAVE CAUSE TO USE NALOXONE.

IN AUGUST 2022, UNION ALSO BEGAN PROVIDING MEDICATION ASSISTED TREATMENT (MAT) INDUCTIONS WITHIN THE EMERGENCY DEPARTMENT. MAT IS THE USE OF MEDICATIONS ALONG WITH COUNSELING AND BEHAVIORAL HEALTH THERAPIES TO TREAT SUBSTANCE USE DISORDER. MAT INDUCTION IS A MEDICAL INTERVENTION THAT CAN BEGIN IN THE HOSPITAL AND BE SUSTAINED BY OUTPATIENT PROVIDERS IN THE COMMUNITY. WHILE MAT INDUCTIONS ARE NOT YET ROUTINELY OFFERED IN EMERGENCY DEPARTMENTS, UNION MADE THE DECISION TO PROVIDE THIS SERVICE BECAUSE OF THE COMMUNITY NEED AND OUR STRONG COMMUNITY PARTNERSHIPS THAT PROVIDE US WITH THE ASSURANCE THAT THE PATIENTS' MAT WILL CONTINUE. WE ARE PARTNERING CLOSELY WITH CECIL COUNTY HEALTH DEPARTMENT'S ALCOHOL & DRUG RECOVERY CENTER TO ENSURE THE PATIENT HAS A PLAN FOR CONTINUED MAT IN THE COMMUNITY. THOSE WHO WANT TO BE INDUCTED AT THE HOSPITAL CAN WORK WITH THE UNION ASSIGNED PEER RECOVERY SPECIALIST DURING BUSINESS HOURS OR CALL THE 24/7 CATCH HOTLINE IN THE EVENINGS AND WEEKENDS TO RECEIVE SUPPORT IN CONTINUING THEIR TREATMENT.

ON BEHALF OF UNION, A REGISTERED NURSE ALSO ATTENDS MONTHLY LOCAL OVERDOSE FATALITY REVIEW TEAMS (LORFT) MEETINGS TO DISCUSS AND CONDUCT A CASE REVIEW OF ALL UNINTENTIONAL OVERDOSE DEATHS RELATED TO STREET DRUGS AND ALCOHOL IN CECIL COUNTY. MEMBERS ARE STAKEHOLDERS FROM LAW ENFORCEMENT, THE COMMUNITY, GOVERNMENT AGENCIES, AND PROVIDERS.

WHILE NOT IDENTIFIED AS A SIGNIFICANT AREA OF NEED, EACH AREA OF NEED IS EXACERBATED, IF NOT CAUSED BY, SOCIAL DETERMINANTS OF HEALTH (SDOH). CHRISTIANACARE HAS UNDERTAKEN SEVERAL INITIATIVES TO ADDRESS SDOH THAT ARE BEING IMPLEMENTED AT UNION. CHRISTIANACARE DESIGNED AND IMPLEMENTED AN SDOH SCREENING INSTRUMENT TO BE ADMINISTERED TO PATIENTS. TO IMPROVE THE FACILITATION OF THE SDOH SCREENING INSTRUMENT, PATIENT SELF-ADMINISTRATION OF THE SDOH SCREENING INSTRUMENT WAS RECENTLY

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INTRODUCED AT OUR DELAWARE LOCATIONS. ALLOWING PATIENTS TO COMPLETE THE SCREENING ON THEIR OWN WILL INCREASE THE NUMBER OF SDOH SCREENS COMPLETED, IMPROVE EFFICIENCY, AND PROVIDE A BETTER PATIENT EXPERIENCE, AS PATIENTS MAY FEEL MORE COMFORTABLE ENTERING ANSWERS TO QUESTIONS THAT CAN FEEL INVASIVE.

UNION IS NEAR THE END OF THE PROCESS OF INTEGRATING WITH CHRISTIANACARE'S ELECTRONIC HEALTH RECORD. THIS WAS COMPLETED IN MARCH 2023, AND UNION CAREGIVERS NOW HAVE ACCESS TO THE SDOH SCREENING INSTRUMENT. WITH THIS TOOL, A BETTER UNDERSTANDING OF THE CHALLENGES FACED BY UNION PATIENTS AND THE COMMUNITY WILL BE GAINED. IMPORTANTLY, WE WOULD NOT WANT TO ASK THESE QUESTIONS IF THERE WAS NO ABILITY TO ADDRESS THE ISSUES THE PATIENTS REVEAL. OUR UNION CAREGIVERS ARE ALREADY REFERRING PATIENTS TO COMMUNITY RESOURCES WHEN THEY SHARE THEIR NEEDS AND CHRISTIANACARE HAS ALSO PARTNERED WITH UNITE US TO LAUNCH ELECTRONIC CARE COORDINATION NETWORKS, UNITE DELAWARE IN 2019 AND UNITE MARYLAND IN CECIL COUNTY IN DECEMBER 2021. THE UNITE US NETWORKS CONNECT SOCIAL SERVICES AND CLINICAL CARE PROVIDERS. WITH THESE NETWORKS, ANY HEALTHCARE PROVIDER OR SOCIAL SERVICE AGENCY CAN HELP AN INDIVIDUAL ADDRESS THE DIVERSE ARRAY OF NEEDS THEY MAY HAVE BY SENDING AN ELECTRONIC REFERRAL ON BEHALF OF THE PATIENT TO THE APPROPRIATE ORGANIZATION. THE SENDER OF THAT REFERRAL WILL BE ABLE TO TRACK WHETHER THAT NEED WAS MET OR NOT AND TAKE ADDITIONAL ACTION IF NEEDED TO HELP THE PATIENT MEET THEIR NEED. CHRISTIANACARE SUPPORTS UNITE MARYLAND BECAUSE WE BELIEVE IT CAN HELP INDIVIDUALS THROUGHOUT THE COUNTY AND STATE ADDRESS THEIR NEEDS, AND IT ALSO PROVIDES BENEFITS TO THE COMMUNITY-BASED ORGANIZATIONS THAT PARTICIPATE IN THE NETWORK FOR FREE.

CHRISTIANACARE ALSO ADDRESSES SDOH IN OUR COMMUNITY THROUGH OUR COMMUNITY INVESTMENT FUND ESTABLISHED IN DECEMBER 2019. THAT YEAR, CHRISTIANACARE AWARDED NEARLY \$2 MILLION IN FUNDING TO 32 COMMUNITY-BASED ORGANIZATIONS IN DELAWARE TO ADDRESS THE AREAS OF NEED PRIORITIZED IN THE 2019 CHNA. WE WERE UNABLE TO PROVIDE THIS FUNDING IN FY2021 DUE TO THE FINANCIAL UNCERTAINLY CAUSED BY THE PANDEMIC, BUT IN FY2022, WE PROVIDED 13 ORGANIZATIONS WITH OVER \$1 MILLION IN FUNDING TO ADDRESS FOOD INSECURITY AND HOUSING. FY2022 WAS THE FIRST YEAR OF FUNDING IN WHICH UNION WAS A PART OF CHRISTIANACARE, AND TWO CECIL COUNTY ORGANIZATIONS WERE INCLUDED. BAYSIDE COMMUNITY NETWORK, INC. RECEIVED \$96,187 TO MAKE REPAIRS TO 9 OF ITS GROUP HOMES THAT SUPPORT PERSONS WITH DISABILITIES. ON OUR OWN OF CECIL COUNTY, A MENTAL HEALTH AND WELLNESS RECOVERY CENTER, RECEIVED \$76,840 TO SUPPORT ITS SHELTERED EMERGENCY TRANSITIONS PROGRAM WHICH PROVIDES INDIVIDUALS IN CRISIS SITUATIONS WITH NECESSITIES LIKE FOOD AND TOILETRIES AS WELL AS HOTEL VOUCHERS AS STAFF WORKS WITH THE INDIVIDUAL TO FIND MORE PERMANENT HOUSING. WE ARE IN THE PROCESS OF DESIGNING THE FY2023 COMMUNITY INVESTMENT FUND AWARD AND EXPECT TO AWARD THIS FUNDING IN THE EARLY SUMMER. THE AWARD WILL AGAIN BE OPEN TO CECIL COUNTY COMMUNITY ORGANIZATIONS.

FINALLY, WE ARE PLEASED TO SHARE THAT A NEW CAREGIVER POSITION, MANAGER

Schedule H (Form 990) 2021

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.

OF COMMUNITY ENGAGEMENT, WAS CREATED AND BEGAN WORK IN JANUARY 2023. THIS POSITION WILL FOCUS ON FINDING OPPORTUNITIES TO PARTNER WITH CLINICAL SITES TO SUPPORT PATIENT SOCIAL NEEDS, DEVELOPING PROGRAMMING TO ADDRESS THE SOCIAL FACTORS IMPACTING HEALTH; AND DEVELOPING NEW AND NURTURING EXISTING COMMUNITY PARTNERSHIPS. THE UNDERPINNING OF ALL THIS WORK WILL BE ADDRESSING THE AREAS OF NEED PRIORITIZED BY UNION IN OUR MOST RECENT CHIP.

SCHEDULE H, PART V, SECTION B, LINE 13B (DETAIL OF INCOME LEVEL)

PATIENTS WITH A HOUSEHOLD INCOME UP TO 500% OF FPL AND WITH A FINANCIAL HARDSHIP (MEDICAL DEBT, INCURRED BY A FAMILY OVER A 12-MONTH PERIOD THAT EXCEEDS 25 PERCENT OF THE FAMILY INCOME) WILL RECEIVE A 25% ADJUSTMENT.

SCHEDULE H, PART V, SECTION B, LINE 16A (FAP AVAILABILITY)

FAP WEBSITE: HTTPS://WWW.UHCC.COM/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE/

SCHEDULE H, PART V, SECTION B, LINE 16B (FAP APPLICATION AVAILABILITY)

FAP APPLICATION WEBSITE: HTTPS://WWW.UHCC.COM/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE/

SCHEDULE H, PART V, SECTION B, LINE 16C (FAP PLS AVAILABILITY)

FAP PLAIN LANGUAGE SUMMARY WEBSITE: HTTPS://WWW.UHCC.COM/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE/

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.

SCHEDULE H, PART V, SECTION B, LINE 16J (FAP OTHER AVAILABILITY)

UNION HOSPITAL PLACES AN ADVERTISEMENT ONCE A YEAR IN THE LOCAL NEWSPAPERS OUTLINING THE FAP AND HOW TO APPLY. FAP IS PUBLICIZED ON ALL BILLING STATEMENTS, INVOICES, AND FINANCIAL CONSENT FORMS. FAP IS COMMUNICATED TO PATIENTS UPON DISCHARGE FROM INPATIENT, OBSERVATION, AND SURGICAL SERVICES.

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

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

Schedule H (Form 990) 2021

Provide the following information.

Supplemental 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 7 (BAD DEBT EXPENSE, COSTING METHODOLOGY USED)

IMPLICIT PRICE CONCESSIONS ARE TREATED AS A CONTRA-REVENUE ITEM ON THE STATEMENT OF REVENUE. AS A RESULT, THERE ARE NO BAD DEBT EXPENSES INCLUDED ON FORM 990, PART IX THAT NEED TO BE SUBTRACTED FOR PURPOSES OF

CALCULATING THE PERCENTAGES LISTED.

THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE LINE 7 TABLE ARE BASED ON ACTUAL COST PLUS OVERHEAD. OVERHEAD IS A HOSPITAL AVERAGE PERCENTAGE OF OVERHEAD TO DIRECT COSTS. DIRECT COSTS EXCLUDE BAD DEBT EXPENSE.

Provide the following information.

Supplemental Information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- **3** Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART II (DETAIL OF COMMUNITY BUILDING ACTIVITIES)

IN FY2022, UNION HOSPITAL REPORTED EXPENDITURES IN THE COMMUNITY BUILDING CATEGORIES OF ECONOMIC DEVELOPMENT AND COMMUNITY SUPPORT. THIS EXPENDITURE REPRESENTS TIME SPENT BY THE UNION HOSPITAL PRESIDENT PARTICIPATING ON TWO COMMUNITY BOARDS: THE BOARD OF THE ECONOMIC DEVELOPMENT COMMISSION FOR CECIL COUNTY AND THE LOCAL MANAGEMENT BOARD OF CECIL COUNTY.

THE ECONOMIC DEVELOPMENT COMMISSION FOCUSES ON BUSINESS AND INDUSTRY DEVELOPMENT BY BUILDING RELATIONSHIPS WITH LOCAL PARTNERS IN CECIL COUNTY. THE CORE FUNCTION OF LOCAL MANAGEMENT BOARDS (LMBS) IS TO IDENTIFY COMMUNITY DRIVEN PRIORITIES AND TARGET RESOURCES FOR THEIR COMMUNITIES, AS WELL AS SERVE AS THE COORDINATOR OF COLLABORATION FOR CHILD AND FAMILY SERVICES. THERE IS A LOCAL MANAGEMENT BOARD IN EACH COUNTY IN MARYLAND, INCLUDING BALTIMORE CITY.

Provide the following information.

Supplemental Information

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

PART III, SECTION A, LINE 2 (IMPLICIT PRICE CONCESSIONS/BAD DEBT EXPENSE)

THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES

2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED

TO BE UNCOLLECTIBLE AND RECORDED AS IMPLICIT PRICE CONCESSIONS UNDER

ACCOUNTING PRONOUNCEMENT ASC 606) TIMES THE COST TO CHARGE RATIO.

PART III, SECTION A, LINE 3 (IMPLICIT PRICE CONCESSION METHODOLOGY)

THE IMPLICIT PRICE CONCESSION METHODOLOGY ASSUMES THAT THE PERCENTAGE OF CHARITY CARE TO TOTAL REVENUE CAN BE APPLIED TO THE AMOUNT OF IMPLICIT PRICE CONCESSIONS FOR THE YEAR. OTHER IMPLICIT PRICE CONCESSION AMOUNTS ARE NOT INCLUDED IN COMMUNITY BENEFITS.

Provide the following information.

Supplemental Information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- **3** Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, SECTION A, LINE 4 (IMPLICIT PRICE CONCESSION FOOTNOTE)

THE TEXT OF THE IMPLICIT PRICE CONCESSION (BAD DEBT EXPENSE) FOOTNOTE CAN

BE FOUND STARTING ON PAGE 13 OF THE ELECTRONICALLY ATTACHED AUDITED

FINANCIAL STATEMENTS.

PART III, SECTION B, LINE 8 (COSTING METHODOLOGY, MEDICARE SHORTFALL)

COSTING METHODOLOGY USED TO DETERMINE AMOUNT OF MEDICARE ALLOWABLE COSTS: MEDICARE ALLOWABLE COSTS EQUAL MEDICARE REVENUE ADJUSTED FOR THE HOSPITAL TOTAL RATIO OF PATIENT CARE COSTS TO CHARGES DUE TO THE FACT THAT MEDICARE PAYS FULL CHARGES IN MARYLAND.

EXTENT TO WHICH MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT: IN THE STATE OF MARYLAND, MEDICARE PAYS FULL CHARGES. THERE IS NO SHORTFALL THAT SHOULD BE TREATED AS A COMMUNITY BENEFIT.

Provide the following information.

Supplemental Information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, SECTION B, LINE 9B (COLLECTION PRACTICES)

UNION HOSPITAL'S F-416 CREDIT AND COLLECTION POLICY AND PROCEDURE HAS A SECTION CALLED, "INTERNAL COLLECTION EFFORTS" WHICH STATES: "UPON DISCHARGE, PATIENTS RECEIVE AN ITEMIZED BILL FOR INPATIENT ADMISSIONS IN ACCORDANCE WITH THE MARYLAND HOSPITAL COST REVIEW COMMISSION REQUIREMENTS. WHEN INSURANCE PAYMENTS ARE RECEIVED LEAVING A SELF-PAY BALANCE, OR THE ACCOUNT IS STRICTLY SELF-PAY, IT IS OUTSOURCED FOR FOLLOW-UP BUT REMAINS ON THE HOSPITAL'S ACTIVE ACCOUNTS RECEIVABLE. AGENTS WORK THE ACCOUNTS IN THE HOSPITAL'S NAME AND REPRESENTATIVES ARE DIRECTED TO ACCEPT MONTHLY PAYMENTS UNTIL THE ACCOUNT IS PAID IN FULL. COLLECTION EFFORTS CONSIST OF PHONE CALLS AND MONTHLY STATEMENTS. THE PATIENT MAY ALSO APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THIS PROCESS (SEE POLICY F-415, FINANCIAL ASSISTANCE)." IN THE F-415 FINANCIAL ASSISTANCE POLICY AND PROCEDURE, UNDER SECTION, "ACTION IN THE EVENT OF NON-PAYMENT," IT IS EXPLAINED THAT: "A. UNION HOSPITAL MAY CONTRACT WITH OUTSIDE COLLECTION SERVICES TO PURSUE COLLECTION OF DELINQUENT ACCOUNTS. ALL UNPAID ACCOUNTS WITHOUT EXCEPTION OR PAYMENT ARRANGEMENTS ARE PLACED

Provide the following information.

Supplemental Information

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

IN OUTSIDE COLLECTION AFTER A MINIMUM OF 90 DAYS FROM THE INITIAL BILLING

STATEMENT AND DELIVERY OF ALL SCHEDULED PATIENT ACCOUNT STATEMENTS TO THE

PATIENT/GUARANTOR. B. UNION HOSPITAL DOES NOT CONDUCT, OR PERMIT

COLLECTION AGENCIES TO CONDUCT ON THEIR BEHALF, EXTRAORDINARY COLLECTIONS

EFFORTS AGAINST INDIVIDUALS."

IN ADDITION, IN THE F-416 POLICY, UNDER THE SECTION, "EXTERNAL COLLECTION (BAD DEBT WRITE-OFF)," IT EXPLAINS THAT PATIENTS WITH BALANCES BEING COLLECTED BY AN ASSIGNED COLLECTION AGENCY WILL HAVE THEIR BALANCES WRITTEN OFF IF THEY ARE DETERMINED TO BE INDIGENT.

Provide the following information.

Supplemental Information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 2 (NEEDS ASSESSMENT)

UNION ABIDES BY THE CHRISTIANACARE WAY:

WE SERVE OUR NEIGHBORS AS EXPERT, CARING PARTNERS IN THEIR HEALTH. WE DO

THIS BY CREATING INNOVATIVE, EFFECTIVE, AFFORDABLE, AND EQUITABLE SYSTEMS

OF CARE THAT OUR NEIGHBORS VALUE.

TO MEET THIS MISSION, WE MUST PARTNER WITH OUR NEIGHBORS TO BETTER UNDERSTAND THEIR NEEDS AND GOALS FOR HEALTH. THIS REQUIRES ROUTINE COMMUNICATION WITH COMMUNITY PARTNERS AND OUR PATIENTS. AS MENTIONED IN THE PRIOR SECTION, CAREGIVERS AT UNION WILL SOON BE ABLE TO UTILIZE THE SDOH SCREENING INSTRUMENT TO LEARN ABOUT AND ADDRESS OUR PATIENTS' NEEDS. TO EFFECTIVELY SERVE OUR COMMUNITY, WE HAVE ALSO DEVELOPED A STRONG RELATIONSHIP WITH THE CECIL COUNTY HEALTH DEPARTMENT (CCHD) TO AMPLIFY SERVICES AND BETTER UNDERSTAND OUR COMMUNITY. SINCE 2013, WE HAVE COMPLETED OUR CHNAS IN PARTNERSHIP WITH THE CCHD. EVEN THOUGH WE DID NOT PRODUCE A JOINT CHIP, WE ARE WORKING COLLABORATIVELY ON OUR SHARED PRIORITIES, INCLUDING ACCESS TO CARE, AS DESCRIBED IN A PRIOR SECTION.

Provide the following information.

Supplemental Information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- **3** Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- **7** State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UNION CAREGIVERS ALSO PARTICIPATE IN CECIL COUNTY'S COMMUNITY HEALTH ADVISORY COMMITTEE (CHAC) AND ITS TASK FORCES. A UNION CAREGIVER CHAIRS THE CANCER TASK FORCE AND UNION CAREGIVERS PARTICIPATE IN THE HEALTHY LIFESTYLES AND TOBACCO TASK FORCES OF THE CHAC AS WELL. THIS PARTICIPATION PROVIDES INSIGHT INTO THE COMMUNITY'S STRENGTHS AND CHALLENGES IN THESE AREAS AND AN OPPORTUNITY TO WORK TOGETHER TO IMPROVE THE COMMUNITY'S HEALTH.

UNION CAREGIVERS ALSO PARTICIPATE IN DIFFERENT COMMUNITY BOARDS AND COMMITTEES THAT FOCUS ON DIFFERENT AREAS OF COMMUNITY NEED. ALONG WITH THE CHAC TASK FORCES. UNION CAREGIVERS ALSO PARTICIPATED IN THESE ADDITIONAL COMMUNITY GROUPS FOR A TOTAL OF 87.5 HOURS IN FY2022:

- CECIL COUNTY BEHAVIORAL HEALTH PROVIDERS

- CECIL COUNTY RESOURCE NETWORK

- CECIL COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

- CECIL COUNTY CHILD ADVOCACY CENTER

Provide the following information.

Supplemental Information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- CECIL COUNTY ECONOMIC DEVELOPMENT COMMISSION
- ADULT DISABILITY RESOURCE COMMITTEE
- LOCAL MANAGEMENT BOARD
- LOCAL OVERDOSE FATALITY REVIEW TEAM
- CECIL COUNTY PREVENTION OVERDOSE RESPONSE TEAM

THE NEW MANAGER OF COMMUNITY ENGAGEMENT WILL ALSO BE A CONSTANT PRESENCE

IN THE COMMUNITY.

PART VI, LINE 3 (PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE)

UNION PROVIDES EMERGENCY AND MEDICALLY NECESSARY SERVICES TO PATIENTS WITHOUT DISCRIMINATION, REGARDLESS OF THE PATIENT'S FINANCIAL ASSISTANCE ELIGIBILITY. UNION'S FINANCIAL ASSISTANCE POLICY (FAP) ENSURES A CONSISTENT AND EQUITABLE PROCESS IN GRANTING FINANCIAL ASSISTANCE TO APPROPRIATE PATIENTS WHILE RESPECTING THE INDIVIDUAL'S DIGNITY. THE FAP ALIGNS WITH FEDERAL AND STATE REGULATIONS.

Provide the following information.

Supplemental Information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UNION'S FAP, A PLAIN LANGUAGE SUMMARY OF THE FAP, THE FINANCIAL

ASSISTANCE APPLICATION IN ENGLISH AND SPANISH, AND THE FINANCIAL

ASSISTANCE SCALE ARE ALL AVAILABLE ON UNION'S WEBSITE AT:

HTTPS://WWW.UHCC.COM/ABOUT-US/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTA

NCE/.

UNION'S WEBSITE ALSO PROVIDES INFORMATION ABOUT HOW PATIENTS CAN OBTAIN THE FAP AND APPLICATION. UNION FINANCIAL COUNSELORS ARE AVAILABLE MONDAY THROUGH FRIDAY, FROM 8 A.M. TO 4:30 P.M. TO DISCUSS THE APPLICATION PROCESS BY PHONE OR AT THE HOSPITAL. THE WEBSITE ALSO PROVIDES A MAILING ADDRESS, TELEPHONE NUMBER, EMAIL ADDRESS, AND IN-PERSON LOCATIONS WHERE INDIVIDUALS CAN RECEIVE OR REQUEST THE FAP AND APPLICATION. INFORMATION ABOUT THE FAP IS INCLUDED ON THE FINANCIAL CONSENT FORM, ON BILLING STATEMENTS/INVOICES, UPON DISCHARGE FROM INPATIENT, OBSERVATION, OR SURGICAL SERVICES, AND ON ELECTRONIC AND PAPER SIGNS AT REGISTRATION LOCATIONS IN THE HOSPITAL.

Provide the following information.

Supplemental Information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- **3** Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PATIENTS RECEIVE FINANCIAL COUNSELING, REFERRALS, AND ASSISTANCE TO

IDENTIFY PUBLIC OR PRIVATE HEALTHCARE PROGRAMS TO ASSIST WITH LONG TERM

NEEDS. IF THE PATIENT IS UNINSURED, THEY WILL BE PROVIDED ASSISTANCE TO

DETERMINE MARYLAND MEDICAID OR QUALIFIED HEALTH PLAN ELIGIBILITY THROUGH

THE APPROPRIATE MARYLAND HEALTH CONNECTION CONNECTOR ENTITY OR OTHER

QUALIFIED HEALTH INSURANCE MARKETPLACE.

PART VI, LINE 4 (COMMUNITY INFORMATION)

UNION PRIMARILY SERVES CECIL COUNTY, MARYLAND. IN FY2022, CECIL COUNTY RESIDENTS ACCOUNTED FOR APPROXIMATELY 85% OF THE HOSPITAL'S TOTAL INPATIENT VOLUMES AND 84% OF TOTAL EMERGENCY DEPARTMENT VISITS. UNION HOSPITAL IS THE ONLY HOSPITAL IN THE COUNTY AND IS LOCATED IN ELKTON, THE COUNTY SEAT. THERE ARE EIGHT TOWNS AND SEVEN UNINCORPORATED COMMUNITIES IN THE COUNTY. CECIL COUNTY IS RURAL, AND IT BORDERS DELAWARE AND PENNSYLVANIA. ELKTON IS THE MOST POPULOUS TOWN IN CECIL COUNTY WITH 45,225 RESIDENTS AND THE SMALLEST TOWN IN CECIL COUNTY, PERRY POINT, HAS

Provide the following information.

Supplemental Information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

262 RESIDENTS.

THE TOTAL POPULATION OF CECIL COUNTY IN 2021 WAS APPROXIMATELY 102,722 PERSONS. BETWEEN 2020 AND 2030, THE CECIL COUNTY POPULATION IS EXPECTED TO GROW BY 8.5% WITH THE POPULATION OF THOSE 65 YEARS AND OLDER PROJECTED TO GROW AT A MORE RAPID RATE OF 43.1%.

FROM 2016 TO 2020, THE POVERTY RATE IN CECIL COUNTY (9.5%) WAS SLIGHTLY ABOVE THE MARYLAND POVERTY RATE (9%), BUT BELOW THE UNITED STATES AVERAGE (12.8%). CECIL COUNTY POVERTY RATES FOR BLACK (15.8%) AND HISPANIC (18.1%) PEOPLE WERE SIGNIFICANTLY HIGHER THAN THOSE FOR WHITE (8.5%) RESIDENTS DEMONSTRATING SIGNIFICANT RACIAL DISPARITIES.

LOW-INCOME CENSUS TRACTS ARE MOST PREVALENT IN ELKTON, NORTH EAST, AND PORT DEPOSIT. MOST OF THESE CENSUS TRACTS ARE WHERE MORE THAN ONE-HALF OF HOUSEHOLDS ARE "RENT BURDENED," ARE CATEGORIZED AS "HIGH NEED" BY THE DIGNITY HEALTH COMMUNITY NEED INDEXT (CNI) AND ARE IN THE TOP QUARTILE NATIONALLY FOR "SOCIAL VULNERABILITY" ACCORDING TO THE CENTERS FOR

Provide the following information.

Supplemental Information

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

DISEASE CONTROL SOCIAL VULNERABILITY INDEX.

THERE ARE CONSIDERABLE SUBSTANCE USE DISORDER ISSUES IN CECIL COUNTY. ADULT SMOKING RATES ARE HIGHER IN CECIL COUNTY THAN IN MARYLAND AND THE UNITED STATES. YOUTH TOBACCO AND NICOTINE USE ALSO COMPARES UNFAVORABLY IN COMPARISON TO NATIONAL AVERAGES. THE PERCENT OF CECIL COUNTY YOUTH THAT CURRENTLY USE SMOKELESS TOBACCO IS MORE THAN 50% ABOVE THE UNITED STATES AVERAGE. THE DRUG OVERDOSE DEATH RATE IS ALSO CONSIDERABLY HIGHER IN CECIL COUNTY THAN THE RATE IN MARYLAND AND THE UNITED STATES. BETWEEN 2016 AND 2020, THE DRUG OVERDOSE DEATH RATE MORE THAN DOUBLED.

CECIL COUNTY'S PERCENTAGE OF THE POPULATION WITHOUT HEALTH INSURANCE IS 4.2% WHICH IS LOWER THAN THE PERCENTAGE OF THE POPULATION WITHOUT HEALTH INSURANCE IN MARYLAND, 5.9%.

Provide the following information.

Supplemental Information

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PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)

CHRISTIANACARE IS CENTERED ON IMPROVING HEALTH OUTCOMES, MAKING

HIGH-QUALITY CARE MORE ACCESSIBLE, AND LOWERING HEALTH CARE COSTS. GUIDED

BY OUR VALUES, LOVE AND EXCELLENCE, UNION CONTINUES TO SERVE OUR CECIL

COUNTY NEIGHBORS AS THEIR COMMUNITY HOSPITAL.

EACH FISCAL YEAR, UNION SERVES CECIL COUNTY BY PROVIDING ACTIVITIES, PROGRAMS, AND INITIATIVES THAT SEEK TO IMPROVE COMMUNITY HEALTH. THE FOLLOWING IS A SUMMARY OF THE COMMUNITY BENEFIT ACTIVITIES, PROGRAMS, AND INITIATIVES THAT UNION HOSPITAL PROVIDED IN CECIL COUNTY DURING FY2022:

A1: COMMUNITY HEALTH EDUCATION

- UNION HOSPITAL PROVIDED: HEALTH EDUCATION PRESENTATIONS IN THE COMMUNITY ON TOPICS SUCH AS DIABETES AND NUTRITION, CANCER PREVENTION AND SCREENING, CHILDBIRTH AND INFANT EDUCATION INCLUDING NEONATAL ABSTINENCE SYNDROME AND LACTATION SUPPORT

Provide the following information.

Supplemental Information

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A2: COMMUNITY-BASED CLINICAL SERVICES

- TWO FREE EYE SCREENINGS FOR DIABETICS
- A FREE SPORTS PHYSICALS CLINIC FOR COUNTY PUBLIC AND PRIVATE MIDDLE

SCHOOL AND HIGH SCHOOL STUDENTS

A3: HEALTH CARE SUPPORT SERVICES

- PARTICIPATION ON CHILD ADVOCACY CENTER INVESTIGATIONS/MEETINGS
- PARTNERSHIP WITH CCHD TO SUPPORT THE PEER RECOVERY ADVOCATES

PROGRAM

A4: SOCIAL AND ENVIRONMENTAL IMPROVEMENTS

- TRANSPORTATION DONATIONS FOR ELIGIBLE (NEEDS-BASED) PATIENTS

B1-B3: HEALTH PROFESSIONS EDUCATION

- UNION CAREGIVERS OFFERED TRADITIONAL CLINICAL ROTATIONS TO 72

UNDERGRADUATE NURSING STUDENTS.

C: MISSION DRIVEN HEALTH SERVICES

Provide the following information.

Supplemental Information

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- UNION PROVIDED SUBSIDIZED OUTPATIENT SERVICES TO MEET IDENTIFIED

NEEDS IN THE COMMUNITY, EVEN THOUGH THEY OPERATE AT A LOSS. THESE INCLUDE

SERVICES LIKE PRIMARY CARE AND RHEUMATOLOGY.

E3: IN-KIND CONTRIBUTIONS

- PROVIDED FREE AMBULANCE TRANSPORTS AND FREE SUPPLIES FOR AMBULANCE

STOCK-UPS

- PROVIDED FREE NOTARY SERVICES TO PATIENTS
- PARTICIPATION IN COMMUNITY BOARDS/COMMITTEES/TASK FORCES AND OTHER

GROUPS

Provide the following information.

Supplemental Information

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PART VI, LINE 6 (AFFILIATED HEALTHCARE SYSTEM INFORMATION)

UNION HOSPITAL OF CECIL COUNTY, INC. IS PART OF AN AFFILIATED HEALTH CARE

SYSTEM IN WHICH AFFINITY HEALTH ALLIANCE, INC. (AHA) IS THE PARENT

ENTITY.

AHA'S PURPOSE IS TO SUPPORT THE UNION HOSPITAL OF CECIL COUNTY IN PROVIDING HEALTH CARE AND HEALTH CARE RELATED SERVICES THROUGH THE EFFECTIVE MANAGEMENT OF ALL AFFILIATED CORPORATIONS. SPECIFICALLY, THIS INVOLVES COORDINATING SYSTEM WIDE POLICIES, FUNDRAISING AND STRATEGIC PLANNING PROGRAMS TO PROVIDE HEALTH CARE SERVICES IN RESPONSE TO THE MEDICAL, HUMAN AND RELATED SERVICE NEEDS OF THE COMMUNITY.

OTHER TAX-EXEMPT ORGANIZATIONS IN THE GROUP INCLUDE THE UNION HOSPITAL OF CECIL COUNTY FOUNDATION, INC., UNION HOSPITAL OF CECIL COUNTY HEALTH SERVICES, INC., AND UNION HOSPITAL OF CECIL COUNTY ONCOLOGY, INC.

THE FOUNDATION CONDUCTS AND SUPERVISES FUNDRAISING ACTIVITIES ON BEHALF

Provide the following information.

Supplemental Information

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OF ITS TAX-EXEMPT AFFILIATES. THE FOUNDATION ENGAGES IN CORPORATE

FUNDRAISING, CAPITAL CAMPAIGNS, SPECIAL EVENTS, ACTIVITIES, AND A

MULTI-FACETED COMMUNICATION PROGRAM THAT APPEALS TO PRIVATE AND CORPORATE

CONTRIBUTORS.

UNION HOSPITAL OF CECIL COUNTY HEALTH SERVICES, INC.'S MISSION IS TO OWN,

MANAGE AND MAINTAIN PROPERTIES FOR HEALTH RELATED VENTURES TO SERVICE

CECIL COUNTY AND THE SURROUNDING AREAS. THE ACTIVITIES OF THIS

CORPORATION COMPLEMENT AND AUGMENT THE HEALTH CARE ACTIVITIES OF THE

HOSPITAL.

UNION HOSPITAL OF CECIL COUNTY ONCOLOGY, INC'S ("UNION ONCOLOGY") DUTY AND MISSION IS TO PROVIDE HIGH QUALITY, ADVANCED RADIATION ONCOLOGY SERVICES TO THE CECIL COUNTY AREA IN ORDER TO FOSTER THE BEST CANCER TREATMENT PROCESS CLOSE TO HOME. CANCER-RELATED DEATHS ARE AMONG THE HIGHEST CAUSES OF MORTALITY IN CECIL COUNTY, SO IT IS UNION ONCOLOGY'S MISSION TO BRING SOME OF THE MOST ADVANCED RADIATION THERAPIES TO CECIL COUNTY TO PROVIDE THE MOST COMPREHENSIVE CANCER CARE POSSIBLE TO THE

Provide the following information.

Supplemental Information

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PEOPLE LIVING WITH CANCER HERE AND IN NEIGHBORING COMMUNITIES. BY

OFFERING THESE ADVANCED CANCER TREATMENT OPTIONS, UNION ONCOLOGY FURTHERS

ITS CHARITABLE PURPOSE OF PROVIDING MEDICAL SERVICES TO PROMOTE THE

HEALTH AND WELFARE OF THE RESIDENTS OF CECIL COUNTY AND NEIGHBORING

COMMUNITIES.

UNION HOSPITAL OF CECIL COUNTY VENTURES, INC. IS A FOR-PROFIT STOCK CORPORATION. ITS PURPOSE IS TO ENGAGE IN ANY BUSINESS OR TRANSACTION WHICH WILL BENEFIT THE ACTIVITIES AND GOALS OF ITS AFFILIATES. OPERATIONS CONSIST PRIMARILY OF PROVIDING MANAGEMENT SUPPORT SERVICES FOR PHYSICIAN

PRACTICES AND PROVIDING IMAGING SERVICES TO PHYSICIANS AND HEALTH CENTERS THROUGH ITS WHOLLY OWNED SUBSIDIARIES, TRIANGLE ALLIANCE LLC AND OPEN MRI AND IMAGING CENTER OF ELKTON LLC.

ON JANUARY 1, 2020, AHA BECAME A MEMBER OF CHRISTIANA CARE HEALTH SYSTEM. CHRISTIANA CARE IS A MAJOR TEACHING HEALTH SYSTEM WITH MORE THAN 1,600 MEDICAL-STAFF MEMBERS AND 265 MEDICAL-DENTAL RESIDENTS AND FELLOWS AND INCLUDES A NUMBER OF ENTITIES INCLUDING CHRISTIANA CARE HEALTH SERVICES,

Provide the following information.

Supplemental Information

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INC.

PART VI, LINE 7 (STATES FILING OF COMMUNITY BENEFIT REPORT)

LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT: MD

SCHEDULE J		Compen	sation Information	0	MB No. 1	545-0	047
(Form 990)		For certain Officers, Direc	ctors, Trustees, Key Employees, and Highest		എത	01	
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
	ent of the Treasury	▶/	Attach to Form 990.		open to		
	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information.	Employer identificatio			n
	Ū.	OF CECIL COUNTY, INC.		52-060794			
Part		s Regarding Compensation		52-000794	5		
i ait	Quotien					Yes	No
1a	Check the app	propriate box(es) if the organization prov	vided any of the following to or for a pers	on listed on Form			
			provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of person	nal residence			
	Tax inde	mnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	or reimburse	ment or provision of all of the exp	e organization follow a written policy re penses described above? If "No," com	plete Part III to			
	explain				1b		
2	-		to reimbursing or allowing expenses				
		tees, and officers, including the CEO.	/Executive Director, regarding the items	checked on line	2		
					2		
3			on used to establish the compensation of t at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in Pa				
		sation committee	Written employment contract				
		dent compensation consultant	Compensation survey or study				
		0 of other organizations	Approval by the board or compensa	tion committee			
4	During the year	ar, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to				
-		or a related organization:			4-	37	
			ayment?		4a 4b	X X	
			al nonqualified retirement plan?		40 4c		x
С			ovide the applicable amounts for each it		46		
	ii ies to an			em mir art m.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations must complete lines 5-9.				
5			on A, line 1a, did the organization pa	v or accrue anv			
		contingent on the revenues of:	, , , , , , , , , , , , , , , , , , , ,	, ,			
а	The organizat	on?			5a		х
					5b		Х
	If "Yes" on lin	e 5a or 5b, describe in Part III.					
6	-		on A, line 1a, did the organization pa	y or accrue any			
	compensation	contingent on the net earnings of:					
					6a		X
b	-	-			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov		_		
~			escribe in Part III		7	X	
8			paid or accrued pursuant to a contract the				
			Regulations section 53.4958-4(a)(3)? If				37
0			ow the rebuttable presumption proced		8		X
9			ow the reputtable presumption proced		9		
For Pa		tion Act Notice, see the Instructions for Fo			ule J (Fo	rm 990) 2021

Schedule J (Form 990) 2021

52-0607945

Page 2

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
JENNIFER L. SCHWARTZ,	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
1 SECRETARY (EX-OFFICIO)	(ii)	504,545.	216,026.	NONE	16,843.	23,010.	760,424.	NONE	
JOSE MA, MD	(i)	236,711.	68,950.	NONE	20,300.	8,918.	334,879.	NONE	
2 DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
JUSTIN SAUSVILLE, MD	(i)	748,469.	22,500.	NONE	20,300.	13,221.	804,490.	NONE	
3 DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
ROBERT ASANTE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
4 DIRECTOR (AS OF 1/2022)	(ii)	159,203.	34,721.	NONE	24,050.	10,881.	228,855.	NONE	
SHARON T. KURFUERST	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
5 PRES & DIRECTOR (AS OF 1/1/22)	(ii)	654,345.	255,517.	NONE	20,300.	16,478.	946,640.	NONE	
ROBERT MCMURRAY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
6 TREASURER (EX-OFFICIO)	(ii)	600,633.	248,589.	NONE	20,300.	23,010.	892,532.	NONE	
RYAN GERACIMOS, MD	(i)	421,800.	118,268.	NONE	18,850.	12,989.	571,907.	NONE	
7 CHIEF MEDICAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
JOAN PIRRUNG, MSN, APR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
8 VP PAT. CARE SERVIVES-NURSING	(ii)	175,138.	36,287.	NONE	23,010.	39,092.	273,527.	NONE	
AMY MARSTON	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
9 CAMPUS OPERATIONS OFFICER	(ii)	188,481.	35,808.	NONE	22,152.	6,819.	253,260.	NONE	
MICHELLE TWUM-DANSO	(i)	191,262.	30,722.	NONE	17,036.	NONE	239,020.	NONE	
10 DIRECTOR OF HR - CECIL CAMPUS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
DERON G. BROWN	(i)	164,705.	25,590.	NONE	12,359.	NONE	202,654.	NONE	
11 FORMER FINANCE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
RICHARD C. SZUMEL	(i)	720,937.	NONE	NONE	1,307.	NONE	722,244.	NONE	
12 FORMER OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
ROGER D. WU, MD	(i)	584,886.	79,467.	NONE	18,850.	12,181.	695,384.	NONE	
13 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
FAHD RAHMAN, MD	(i)	594,491.	NONE	NONE	18,850.	13,221.	626,562.	NONE	
14 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
NAVEED HASAN, MD	(i)	529,433.	34,000.	NONE	NONE	13,871.	577,304.	NONE	
15 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
THEODORA FYNN	(i)	432,422.	29,400.	NONE	19,241.	8,697.	489,760.	NONE	
16 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	

Schedule J (Form 990) 2021

52-0607945

Page 2

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
VINAY K. SHARMA	(i)	430,632.	24,500.	NONE	19,121.	4,095.	478,348.	NONE
1 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,227,165.	316,765.	NONE	18,850.	23,010.	1,585,790.	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) 							
	(i)							
	(ii) 							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(ii) (i)							
	(i) (ii)							
	(i) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part ||| 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.

FORM 990, SCHEDULE J, PART I, LINE 3

TOP MANAGEMENT COMPENSATION

AS PROVIDED IN THE FORM 990, SCHEDULE J INSTRUCTIONS, SINCE THE

ORGANIZATION RELIES ON A RELATED ORGANIZATION WHICH USES ONE OR MORE OF

THE METHOD DESCRIBED IN LINE 3 TO ESTABLISH THE TOP MANAGEMENT OFFICIALS'

COMPENSATION, THIS QUESTION HAS BEEN LEFT UNANSWERED. REFER TO SCHEDULE

O FOR A DESCRIPTION OF THE COMPENSATION REVIEW AND APPROVAL PROCESS.

FORM 990, SCHEDULE J, PART I, LINE 4A

DETAIL OF SEVERANCE PAYMENTS

RICHARD C. SZUMEL, MD (FORMER PRESIDENT & CEO) RECEIVED A SEVERANCE PAYMENT OF \$456,980 DURING THE YEAR.

Page 3

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.

FORM 990, SCHEDULE J, PART I, LINE 4B

SUPP. NONQUALIFIED PLAN PARTICIPATION

THIS ORGANIZATION IS AN AFFILIATE OF CHRISTIANA CARE HEALTH SERVICES,

INC. ("CCHS"). CCHS MAINTAINS AN IRC SECTION 457(F) DEFERRED COMPENSATION

PLAN. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A,

LINE 1A PARTICIPATED AND/OR RECEIVED DISTRIBUTIONS FROM THE 457(F) PLAN

DURING THE YEAR:

RYAN GERACIMOS, MD- \$11,448

SHARON T. KURFUERST- \$23,571

ROBERT MCMURRAY- NO DISTRIBUTION

JENNIFER L. SCHWARTZ, ESQ.- NO DISTRIBUTION

KENNETH SILVERSTEIN, MD- NO DISTRIBUTION

Page 3

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.

FORM 990, SCHEDULE J, PART I, LINE 7

NONFIXED PAYMENTS

THIS ORGANIZATION IS AN AFFILIATE OF CHRISTIANA CARE HEALTH SYSTEM, INC. ("SYSTEM") AND CHRISTIANA CARE HEALTH SERVICES, INC. ("CCHS"). ALL OFFICER/TRUSTEE COMPENSATION ARRANGEMENTS, INCLUDING THE PAYMENT OF DISCRETIONARY BONUS AND/OR INCENTIVE COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES, ARE DETERMINED BY THE SYSTEM BOARD AND PAID EITHER THROUGH CCHS OR THIS ORGANIZATION. PAYMENTS MADE TO ANY DISQUALIFIED PERSON ARE APPROVED BY THE COMPENSATION COMMITTEE OF SYSTEM THROUGH THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15.

Page 3

SCHEDULE K (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

UNION HOSPITAL OF CECIL COUNTY, INC.

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose		(g) Def	ased	(h) beha issu	alf of	(i) Poo financ	
							Yes	No	Yes	No	Yes	No
A TOWN OF ELKTON - SERIES 2012A	52-6000790		05/18/2012	10,000,000.	REFUND PORTION OF SERIES 200	09 BOND		х		х		х
B TOWN OF ELKTON - SERIES 2012B1/B2	52-6000790		05/18/2012	8,662,336.	REFUND SERIES 2009 & 2000 BO	ONDS		x		x		x
C TOWN OF ELKTON - SERIES 2012C	52-6000790		05/18/2012	9,000,000.	REFUND ESCROW TO REPAY 2002	BOND		x		x		x
\boldsymbol{D} MD health & higher education facilities authority	52-0936091		07/18/2012	9,924,000.	REFUND PORTION OF SERIES 200	02 BOND		x		х		x
Part II Proceeds												
				Α	B	С		\perp		D		
1 Amount of bonds retired				3,417,204	4,816,306.		NC	NE),92	4,00	0.
2 Amount of bonds legally defeased	<u></u>			NO	NE NONE		NC	NE			NC	ONE
3 Total proceeds of issue				10,000,000	0. 8,662,336.	9,00	0,00	0.	<u></u>	€,92	4,00	0.
4 Gross proceeds in reserve funds				NO	NE NONE		NC	NE			NC	ONE
5 Capitalized interest from proceeds											376	ONE
				NO	NE NONE		NC	NE				JINE
				NO: NO:			-	NE NE				
6 Proceeds in refunding escrows.					NE NONE		NC				NC	ONE
6 Proceeds in refunding escrows7 Issuance costs from proceeds	<u></u>		 	NO	NE NONE		NC NC	NE			NC NC	ONE ONE
 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·	NO: NO:	NE NONE NE NONE NE NONE		NC NC NC	NE NE			NC NC NC	ONE ONE ONE
 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	NO NO NO	NE NONE NE NONE NE NONE NE NONE		NC NC NC NC	DNE DNE DNE			NC NC NC	ONE ONE ONE ONE
 6 Proceeds in refunding escrows. 7 Issuance costs from proceeds. 8 Credit enhancement from proceeds. 9 Working capital expenditures from proceeds. 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	NO NO NO NO	NE NONE NE NONE NE NONE NE NONE NE NONE	9,00	NC NC NC NC	ONE ONE ONE ONE ONE),92	NC NC NC	ONE ONE ONE ONE ONE

No

Х

2012

Yes

Х

Х

Х

2012

No

Х

Yes

Х

Х

Х

Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,

if issued prior to 2018, a current refunding issue)?

Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?

Has the final allocation of proceeds been made?

Does the organization maintain adequate books and records to support the

No

Х

2012

Yes

Х

Х

Х

No

Х

2012

Yes

Х

Х

Х

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

52-0607945

JSA 1E1295 1.000

13

14

15

16

17

Par	t III Private Business Use TAX	K-EXEMP	T BONDS								
			A		В			С		D	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No		Yes	No	Y	es N	No
	which owned property financed by tax-exempt bonds?		Х		X			X		X	<u> </u>
2	Are there any lease arrangements that may result in private business use of										
	bond-financed property?		Х		X			X		X	<u> </u>
3a	Are there any management or service contracts that may result in private										
	business use of bond-financed property?	Х		X			Х		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?	Х		X			Х		X		
С	Are there any research agreements that may result in private business use of										
	bond-financed property?		Х		X			X		X	ś
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?										
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		NONE	6	NONE	%		NONE	%	NON	JE 9
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		NONE	6	NONE	%		NONE	%	NON	1E ,
6	Total of lines 4 and 5		NONE	6	NONE	%		NONE	%	NON	1E č
7	Does the bond issue meet the private security or payment test?		X		X			Х		X	2
8a	Has there been a sale or disposition of any of the bond-financed property to a										
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		x		X			X		X	2
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or										
	disposed of		NONE 9	6	NONE	%		NONE	%	NON	1E 6
с	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?	Х		x			Х		x		
Par	t IV Arbitrage										
			Α		В			С		D	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No		Yes	No	Y	es N	No
	Penalty in Lieu of Arbitrage Rebate?		Х		X			Х		X	2
2	If "No" to line 1, did the following apply?										
	Rebate not due yet?		X		Х			Х		X	5
	Exception to rebate?	Х		X			Х		X		
	No rebate due?		x		X			X		X	5
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1		1			1			
	performed										

Arbitrage (continued) TXX-EXEMPT B C D 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? X<	Schedule K (Form 990) 2021								Page 3
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? Yes No Yes <	Part IV Arbitrage (continued) TAX	X-EXEMP	T BONDS						
hedge with respect to the bond issue? X			Α		В	(C		D
b Name of provider	4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
c Term of hedge Image: Construction of the co	hedge with respect to the bond issue?		Х		Х		Х		X
d Was the hedge superintegrated? Image: superintegrated?	b Name of provider								
d Was the hedge superintegrated? Image: superintegrated?	c Term of hedge								
e Was the hedge terminated? Image: Second									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? X									
b Name of provider Image: Section 148? Image: Section 148?<			X		Х		Х		Х
c Term of GIC Image: Constraint of the Circuit of									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Image: constraint of the GIC satisfi									
6 Were any gross proceeds invested beyond an available temporary period? X	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
7 Has the organization established written procedures to monitor the requirements of section 148? X			Х		Х		х		Х
requirements of section 148? X X X X X X X Part V Procedures To Undertake Corrective Action A B C D 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? No Yes									
Part V Procedures To Undertake Corrective Action A B C D 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?	5	х		x		x		x	
A B C D 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? Yes No Yes Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
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 x x x			A		В	(C		D
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?XXXX	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
voluntary closing agreement program if self-remediation isn't available under applicable regulations?XXXX									
applicable regulations?									
		x		x		x		x	
			hs on Sche		ee instruct				

SCHEDULE K (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

UNION HOSPITAL OF CECIL COUNTY, INC.

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	feased	(h) beha iss	alf of	(i) Poo financ	oled bing
						Yes	No	Yes	No	Yes	No
A MD HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	52-0936091		07/18/2012	4,007,000.	FINANCE ACQUISITION OF EQUIPMENT		х		Х		х
											l
${\boldsymbol{B}}$ MD health & higher education facilities authority	52-0936091		12/01/2014	30,778,000.	REFINANCE THE 2005 BOND	х			X		х
											l
<u>C</u>											<u> </u>
											l
D											i

			Α		В	()	C	,
1	Amount of bonds retired	4,	007,000.		900,000.				
2	Amount of bonds legally defeased		NONE		NONE				
3	Total proceeds of issue	4,	007,000.	30,5	778,000.				
4	Gross proceeds in reserve funds		NONE		NONE				
5	Capitalized interest from proceeds		NONE		NONE				
6	Proceeds in refunding escrows		NONE		NONE				
7	Issuance costs from proceeds		NONE		NONE				
8	Credit enhancement from proceeds		NONE		NONE				
9	Working capital expenditures from proceeds		NONE		NONE				
10	Capital expenditures from proceeds		NONE		NONE				
11	Other spent proceeds	4,	007,000.	30,5	778,000.				
12	Other unspent proceeds		NONE		NONE				
13	Year of substantial completion		2012		2014				
		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)?	Х		Х					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		х		X				
16	Has the final allocation of proceeds been made?	Х		Х					
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х		Х					

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

Schedule K (Form 990) 2021



Employer identification number

52-0607945

OMB No. 1545-0047

Part III Private Business Use TA	X-EXEMP	PT BONDS	2					
		Α		В		С		D
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No X	Yes	No X	Yes	No	Yes	No
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? 	Λ	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?								
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 ►		NONE %	,	NONE	%	%		9
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		NONE %	,	NONE	%	%		9
6 Total of lines 4 and 5		NONE %	b	NONE	%	%		9
7 Does the bond issue meet the private security or payment test?		Х		Х				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental 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		NONE %	,	NONE 9	%	%		0
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								1
		Α		В		С		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No X	Yes	No X	Yes	No	Yes	No
2 If "No" to line 1, did the following apply?			1					1
a Rebate not due yet?		X		X				
b Exception to rebate?	Х		x					1
c No rebate due?	22	X		X				+
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								1
		V						1
3 Is the bond issue a variable rate issue?		Х		X		-	chedule K (F	

Schedule K (Form 990) 2021								Page 3
Part IV Arbitrage (continued)	AX-EXEMP	T BONDS	2					
		Α		В		С		D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		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)?		Х		Х				
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		х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	x		x					
Part V Procedures To Undertake Corrective Action								
		Α		В		С		D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
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 questio	ns on Sche		ee instruc	tions.			
	•							

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

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.



FORM 990, PART VI, SECTION A, LINES 6 & 7A,7B

GOVERNING BODY AND MANAGEMENT

CHRISTIANA CARE HEALTH SERVICES, INC. ("CCHS") IS THE SOLE MEMBER OF AFFINITY HEALTH ALLIANCE, INC. ("AHA"), THE SOLE MEMBER OF THE UNION HOSPITAL OF CECIL COUNTY, INC. ("UHCC"). CCHS AND AHA ARE BOTH TAX-EXEMPT ORGANIZATIONS. THE BOARD OF DIRECTORS OF CCHS ELECTS THE DIRECTORS OF UHCC AT ITS ANNUAL MEETING. THE ANNUAL OPERATING BUDGET OF UHCC IS APPROVED BY THE UHCC BOARD, THE FINANCE COMMITTEE OF THE CCHS BOARD, THE CCHS BOARD, THE FINANCE COMMITTEE OF THE BOARD OF CHRISTIANA CARE HEALTH SYSTEM, INC. ("SYSTEM"), THE SOLE MEMBER OF CCHS, AND THE SYSTEM BOARD.

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

FORM 990 REVIEW PROCESS

INFORMATION RELATED TO THE UHCC FORM 990 IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW. THE FINAL 2021 FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2022 WAS REVIEWED AND APPROVED BY VARIOUS SENIOR MANAGEMENT OFFICIALS. THE ORGANIZATION'S GOVERNING BOARD WAS ALSO PROVIDED ACCESS TO THE APPROVED 2021 FORM 990 VIA ITS BOARD OF DIRECTORS PORTAL.

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

CONFLICT OF INTEREST POLICY

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



Department of the Treasury Internal Revenue Service

UNION HOSPITAL OF CECIL COUNTY, INC.

Employer identification number

OUR CONFLICT OF INTEREST ("COI") POLICY IS LOCATED IN THE CAREGIVER RESOURCE CENTER ON THE EMPLOYEE PORTAL. THERE IS AN ANNUAL MANDATORY EDUCATION FOR REQUIRED INDIVIDUALS, WHICH INCLUDES AN ELECTRONIC SIGN OFF ACKNOWLEDGING COMPLETION OF THE EDUCATION, REPORTING OF A REAL OR PERCEIVED CONFLICT OR THAT NO CONFLICTS OF INTEREST EXIST. THE HR/EMPLOYEE RELATIONS TEAM FOLLOWS UP WITH ANYONE WHO HAS A CONFLICT OR PERCEIVED CONFLICT OR DOES NOT COMPLETE THE EDUCATION IN ORDER TO RESOLVE. THE EMPLOYEE HANDBOOK SETS EXPECTATIONS FOR EMPLOYEE CONFLICTS OF INTEREST AND EXPECTATIONS. SEVERAL REPORTING MECHANISMS ALSO EXIST FOR EMPLOYEES TO REPORT CONCERNS. THE BOARD OF DIRECTORS HAS THEIR OWN COI POLICY. COI IS A STANDING AGENDA ITEM ON EACH BOARD OR BOARD COMMITTEE MEETING. BOARD MEMBERS EXPECTATIONS FOR COI ARE CLEARLY COMMUNICATED.

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION REVIEW AND APPROVAL PROCESS

THE BOARD OF DIRECTORS OF CHRISTIANA CARE HEALTH SYSTEM, INC. ("SYSTEM"), THE SOLE MEMBER OF CHRISTIANA CARE HEALTH SERVICES, INC. ("CCHS"), THE SOLE MEMBER OF AFFINITY HEALTH ALLIANCE, INC. ("AHA"), THE SOLE MEMBER OF UNION HOSPITAL OF CECIL COUNTY, INC. ("UHCC") ESTABLISHES UHCC'S COMPETITIVE TOTAL COMPENSATION POLICY AND PRACTICE. THE EXECUTIVE COMPENSATION COMMITTEE ("ECC") OF THE SYSTEM BOARD ENGAGES AN INDEPENDENT THIRD PARTY ANNUALLY WHO ASSESSES DATA FROM SEVERAL MAJOR SURVEYS TO ENSURE TOTAL REMUNERATION IS MARKET COMPETITIVE AND QUALIFIES FOR THE

Department of the Treasury

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.



Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990.	Inspection
Name of the organization		Employer identi	fication number
UNION HOSPITAL OF	CECIL COUNTY, INC.	52-060	7945

"REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE INTERMEDIATE

SANCTIONS RULE, SECTION 4958 OF THE INTERNAL REVENUE CODE. AFTER

DELIBERATION, THE ECC DOCUMENTS THEIR DECISIONS IN MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNANCE, MANAGEMENT & DISCLOSURE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

DETAIL OF OTHER CHANGES IN NET ASSETS

TRANSFER TO AFFILIATES\$ 10,382,025CHANGE IN NET ASSETS - FDN(374,915)OTHER CHANGES23,157

TOTAL

\$ 10,030,267

FORM 990, SCHEDULE C

DETAIL OF LOBBYING ACTIVITIES

UHCC IS A MEMBER OF THE MARYLAND HOSPITAL ASSOCIATION ("MHA"). A PORTION OF THE MEMBERSHIP DUES PAID BY UHCC MAY BE USED BY MHA FOR LOBBYING PURPOSES.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

UNION HOSPITAL OF CECIL COUNTY, INC.

52-0607945

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer identification number	
UNION HOSPITAL OF CECIL COUNTY, INC.	52-0607945	

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

UNION HOSPITAL OF CECIL COUNTY'S MISSION IS TO PROVIDE QUALITY HEALTH CARE SERVICES TO THE RESIDENTS OF CECIL COUNTY, MARYLAND AND NEIGHBORING COMMUNITIES. SERVICES ARE PROVIDED WITH MODERN TECHNOLOGY AND COMPASSIONATE CARE FROM HEALTH CARE PROFESSIONALS. SERVICES ARE PROVIDED REGARDLESS OF RACE, GENDER, ETHNICITY, AGE, DISABILITY, RELIGION, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS VITALLY IMPORTANT TO THE OPERATION, STABILITY, AND VIABILITY OF UNION HOSPITAL OF CECIL COUNTY, IT IS RECOGNIZED THAT NOT ALL MEMBERS OF THE COMMUNITY ARE IN THE FINANCIAL POSITION TO PURCHASE HEALTH CARE SERVICES. FOR ELIGIBLE INDIVIDUALS, UNION HOSPITAL OF CECIL COUNTY OFFERS FREE AND/OR SUBSIDIZED CARE, AS WELL AS ACCESS TO COMMUNITY FINANCIAL ASSISTANCE. DURING THE YEAR, UNION HOSPITAL OF CECIL COUNTY PROVIDED \$7,087,606 IN UNCOMPENSATED CARE (CHARITY CARE). IN ADDITION, COMMUNITY BENEFIT ACTIVITIES ARE PROVIDED TO SERVE VULNERABLE POPULATIONS (I.E. MEDICALLY UNDERSERVED, WORKING POOR, HOMELESS). ACTIVITIES ARE CREATED BASED ON COMMUNITY NEED AND ARE PROVIDED IN AN EFFORT TO IMPROVE THE HEALTH OF THE COMMUNITY. COMMUNITY BENEFITS INCLUDE: A) COMMUNITY SUPPORT GROUPS FOR CANCER, DIABETES, STROKE, ALZHEIMER'S, AND BREASTFEEDING; B) HEALTH EDUCATION FOR DIABETES AND NUTRITION, CANCER PREVENTION, STROKE RISK, AND HOW TO CARE FOR SUBSTANCE-EFFECTED NEWBORNS; C) FREE SCREENINGS IN THE COMMUNITY FOR PROSTATE CANCER, HEAD AND NECK CANCER, SKIN CANCER, AND DIABETES (EYES AND FEET); D) PROVIDING MEETING FACILITIES FOR LOCAL NONPROFITS AND AGENCIES E) ENHANCING FOOD SECURITY WITH MEALS ON WHEELS AND FOOD DONATIONS TO HOMELESS SERVING PROVIDERS IN THE COMMUNITY; F) HOSPITAL STAFF PARTICIPATION ON COMMUNITY BOARDS AND COALITIONS, LIKE THE DENTAL HEALTH ADVISORY BOARD, UNITED WAY, VOICES OF HOPE, CECIL COUNTY DRUG-FREE COMMUNITIES COALITION, CORE SERVICE AGENCY MENTAL HEALTH ADVISORY BOARD, DEPARTMENT OF SOCIAL SERVICES BOARD, AND CECIL COUNTY COMMUNITY HEALTH ADVISORY COALITION. UNION HOSPITAL OF CECIL COUNTY SERVICED 4,506 DISCHARGES, PROVIDING 20,868 PATIENT DAYS TO INPATIENTS IN FISCAL YEAR 2021 OF WHICH: 1) PATIENTS COVERED UNDER THE MEDICARE PROGRAM WERE 2,028 DISCHARGES AND 10,451 PATIENT DAYS; 2) PATIENTS COVERED UNDER THE MEDICAID PROGRAM WERE 112 DISCHARGES AND 527 PATIENT DAYS; 3) PATIENTS COVERED UNDER THE MEDICAID HMO PROGRAM WERE 1,456 DISCHARGES AND 5,054 PATIENT DAYS; 4) PATIENTS COVERED UNDER THE MEDICARE HMO PROGRAM WERE 209 DISCHARGES AND 1,219 PATIENT DAYS.

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer ide	ntification number
UNION HOSPITAL OF CECIL COUNTY, INC	. 52-060	7945
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHE	ST PAID IND. CONTRACTORS	
======================================	DESCRIPTION OF SERVICES	COMPENSATION
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GENERAL HEALTHCARE RESOURCES, LLC		
2250 HICKORY RD, STE 240		
PLYMOUTH MEETING, PA 19460	PROF. STAFFING SRVCS	10,178,911.
UNION RADIOLOGISTS, LLC		
106 BOW ST, RADIOLOGY OFFICE		2 000 001
ELKTON, MD 21921	RADIOLOGY SERVICES	3,290,021.
S&P CONSULTANTS, INC.		
15 BRAINTREE HILL OFFICE PARK, STE 102		
BRAINTREE, MD 02184	CONSULTING SERVICES	1,799,673.
HOSPITAL RESCUE SERVICES, LLC		
5234 HARVEY LANE		
ELLICOTT CITY, MD 21043	HEALTHCARE SERVICES	1,310,760.
XANDER HEALTHCARE SERVICES LLC 8670 SPUR LN		
EASTON, MD 21601	HEALTHCARE SERVICES	1,101,650.
ERDION, MD 21001	HEALINGARE DERVICED	1,101,050.

Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization			Employer identification	n number
UNION HOSPITAL OF CECI	LL COUNTY, INC.		52-0607945	
FORM 990, PART IX - OTHER FE	ES			
	==			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACTED SERVICES	12,408.		12,408.	 NONE
PHYSICIAN SERVICES	11,759,573.	11,706,536.	53,037.	NONE
PURCHASED SERVICES & FEES	20,096,065.	11,934,841.	8,161,224.	NONE
AGENCY EMPLOYEES	197,038.	134,007.	63,031.	NONE
TRANSCRIPTION SERVICES	214,884.	25,158.	189,726.	NONE
CLEANING SERVICES	49,140.	49,140.		NONE
BILLING & COLLECTIONS SER	290,818.	2,523,022.	-2,232,204.	NONE
ADMINISTRATIVE SERVICES	1,395.		1,395.	NONE
TOTALS				
	32,621,321.	26,372,704.	6,248,617.	NONE
	==============			

Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization		Employ	er identification number	
UNION HOSPITAL OF CECIL COUNTY,	INC.	52-	0607945	
FORM 990, PART X - INVESTMENTS - PUBLICLY				
	BEGINNING	ENDING	COST	
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR F'MV	
INVESTMENTS	43,359,783.	38,403,812.	FMV	
TOTAL C				
TOTALS -	43,359,783.	38,403,812.		

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SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

UNION HOSPITAL OF CECIL COUNTY, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	3) 512(b)(13) rolled ity?
SEE SUPPLEMENTAL PAGE						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

52-0607945

UNION HOSPITAL OF CECIL COUNTY, INC.

52-0607945

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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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
				,			Yes	No		Yes	No	
(1) CHRISTIANACARE GOHEALTH URGENT												
5555 GLENRIDGE CONNECTOR	URGENT CARE SRVCS	DE	CCH SERVICES								х	
(2) CHRISTIANACARE VALUE HEALTH JV												
11221 ROE AVE LEAWOOD KS 66211	AMBULATORY SRVCS	DE	CCH SERVICES								х	
(3) CLINERGY, LLC 85-2698063												
4755 OGLETOWN STANTON RD	GROUP PURCHASING	DE	CCH SERVICES								х	
(4) LEEWARD HEALTH, LLC												
4000 NEXUS DR. STE C3-300	MED ADV RISK	DE	CCH SYSTEM								х	
(5)												
(6)												
(7)												
	1											

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)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	controlled entity?
						Yes No
(1)						
SEE SUPPLEMENTAL PAGE						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

UNION HOSPITAL OF CECIL COUNTY, INC. 52-0607945

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C)LEGAL (D) DIRECT DOMICILE CONTROLLING	(E) ENTITY G TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I) SEC 512(B)(13) OWNERSHIP YES NO
UNION HOSPITAL OF CECIL COUNTY VENTURES 52-1793691 4000 NEXUS DR. NW3-100 WILMINGTON, DE 19803	MEDICAL SERVICES	S MD AFFINITY	C CORP			Х
THE DE CTR FOR MAT FETAL MED OF CC, INC. 20-5891272 4000 NEXUS DR. NW3-100 WILMINGTON, DE 19803	HEALTHCARE	DE CCH SERVICES	C CORP			х
CHRISTIANA CARE HEALTH PLANS 51-0352728 4000 NEXUS DR. STE NW3-100 WILMINGTON, DE 19803	INSURANCE	DE CCH SYSTEM	C CORP			х
CHRISTIANA CARE DEFERRED COMP PLAN 81-6359549 4755 OGLETOWN STANTON RD NEWARK, DE 19718	DEF COMP PLAN	DE CCH SERVICES	TRUST			x
CHRISTIANA CARE EXEC DEFERRED COMP PLAN 35-7048822 4755 OGLETOWN STANTON RD NEWARK, DE 19718	DEF COMP PLAN	DE CCH SERVICES	TRUST			х
CARE ASSOCIATES DEFERRED COMP PLAN 35-7048714 4755 OGLETOWN STANTON RD NEWARK, DE 19718	DEF COMP PLAN	DE CCH SERVICES	TRUST			Х
CHRISTIANA CARE INSURANCE CO, LTD 98-1489490 P.O. BOX 1159, 878 W. BAY RD GRAND CAYMAN, CJ KY1-1102		CJ CCH SERVICES	C CORP			х
CHRISTIANA CARE STRATEGIC INVESTMENTS 85-3348300 4000 NEXUS DR. STE NW3-100 WILMINGTON, DE 19803	STRATEGY	DE CCH SYSTEM	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.

Not	e: 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?			
а	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
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
	5 <i>,</i>			
f	Dividends from related organization(s)	1f		x
q		1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s).	1i		x
i	Lease of facilities, equipment, or other assets to related organization(s).	1j	х	
J				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	х	
Ĩ	Performance of services or membership or fundraising solicitations for related organization(s)	11		x
		1m		X
	Performance of services or membership or fundraising solicitations by related organization(s).	1n	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	10		
0	Sharing of paid employees with related organization(s)	10	^	
		1	v	
р	Reimbursement paid to related organization(s) for expenses.	1p		<u> </u>
q	Reimbursement paid by related organization(s) for expenses	1q	X	<u> </u>
	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s).	1s		L
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 three		s.	
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d)	ərminir	na
		unt inv		.9
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
JSA	Schedule R (Form	990)	2021

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)	from tax under	organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1	(j) General o managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(,	Yes	No	
	_												
	-												
	_												
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	_												
	_												
			(state or foreign country)	(state or foreign country) income (related, excluded from tax under sections 512 - 514)	(state or foreign country) income (related, sections 512 - 514) organiz yes	(state or foreign country) income (fellated, unrelated, excluded from tax under sections 512 - 514) sections yes	(state or foreign country) inrelated, excluding solutions 512-514) Solution solutions 512-514) total income solutions 512-514)	(state or foreign country) income (related, excluded from tax under sections 512 - 514) Section (state or foreign completed, excluded from tax under sections 512 - 514) Under No end-dryger assets	Income Income <td>$\begin{array}{ c c c c c c c c c c c c c c c c c c c$</td> <td>(state of foreign county) (income (related, uncome (related,</td> <td>income (related, county) income (related</td> <td>(state or foreign country) (state or foreign country) (state or foreign reading and all country) (total income reading and all country</td>	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	(state of foreign county) (income (related, uncome (related,	income (related, county) income (related	(state or foreign country) (state or foreign country) (state or foreign reading and all country) (total income reading and all country

Schedule R (Form 990) 2021

52-0607945

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Part VII Supplemental Information

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) Li	GAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
UNION HOSPITAL OF CECIL COU	NTY FDN, INC. 52-1794552					
4000 NEXUS DR. NW3-100	WILMINGTON, DE 19803					
	FUNDRAISING	MD	501(C)(3)	7	AFFINITY	Х
UNION HOSPITAL OF CECIL COU	NTY HLTH SVCS 52-1794553					
4000 NEXUS DR. NW3-100	WILMINGTON, DE 19803					
	PROPERTY MGMT	MD	501(C)(3)	10	AFFINITY	Х
AFFINITY HEALTH ALLIANCE, I	NC. 52-1794697					
4000 NEXUS DR. NW3-100	WILMINGTON, DE 19803					
	MANAGEMENT	MD	501(C)(3)	12B,II	CCH SERVICES	Х
UNION HOSPITAL OF CECIL COU	NTY ONCOLOGY 81-2662359					
4000 NEXUS DR. NW3-100	WILMINGTON, DE 19803					
	HEALTHCARE	MD	501(C)(3)	3	AFFINITY	Х
CHRISTIANA CARE HEALTH SYST	EM, INC. 52-1479538					
4000 NEXUS DR. NW3-100	WILMINGTON, DE 19803					
	FUNDRAISING	DE	501(C)(3)	7	N/A	Х
CHRISTIANA CARE HLTH INITIA	TIVES, INC. 51-0295186					
4000 NEXUS DR. NW3-100	WILMINGTON, DE 19803					
	OUTPATIENT SV	DE	501(C)(3)	10	CCH SYSTEM	Х
CHRISTIANA CARE HOME HEALTH	& COM SRVCS 51-0064334					
4000 NEXUS DR. NW3-100	WILMINGTON, DE 19803					
	HOME HLTHCARE	DE	501(C)(3)	7	CCH SYSTEM	Х
CHRISTIANA CARE HEALTH SERV	ICES, INC. 51-0103684					
4000 NEXUS DR. NW3-100	WILMINGTON, DE 19803					
	HOSPITAL	DE	501(C)(3)	3	CCH SYSTEM	Х
CHRISTIANA CARE WEST GROVE,	INC. 51-0275944					
4000 NEXUS DR. NW3-100	WILMINGTON, DE 19803					
	HEALTHCARE	PA	501(C)(3)	12C,III-FI	CCH SERVICES	Х