

PUBLIC DISCLOSURE COPY

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

Form header section containing organization name (THE UNION MEMORIAL HOSPITAL), EIN (52-0591685), address (201 EAST UNIVERSITY PARKWAY, BALTIMORE, MD 21218), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and asset/liability totals.

Part II Signature Block

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

Signature block section with fields for officer signature (Joel Bryan), date (5/2/24), preparer name (Shawn Hutchinson), date (4/26/24), and firm information (KPMG LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. THE UNION MEMORIAL HOSPITAL	Taxpayer identification number (TIN) 52-0591685
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 EAST UNIVERSITY PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21218	

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

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

JOEL BRYAN

- The books are in the care of ▶ 10980 GRANTCHESTER WAY - COLUMBIA, MD 21044

Telephone No. ▶ 410-772-6721

Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until MAY 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 .

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 328,562,946. including grants of \$ 171,837.) (Revenue \$ 403,266,522.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 25,746,992. including grants of \$) (Revenue \$ 15,425,365.) MEDSTAR UNION MEMORIAL PROVIDED \$25.7M IN SUBSIDIZED (MISSION DRIVEN) HEALTH SERVICES IN FISCAL YEAR 2023. THESE CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EMERGENCY MEDICINE, OUTPATIENT SERVICES, WOMEN'S AND CHILDREN'S HEALTH, PALLIATIVE CARE AND BEHAVIORAL HEALTH.

4c (Code:) (Expenses \$ 21,279,634. including grants of \$) (Revenue \$) MEDSTAR UNION MEMORIAL PROVIDED \$21.3M IN HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2023. THIS CATEGORY INCLUDES TRAINING IN GRADUATE MEDICAL EDUCATION, EDUCATION FOR PHYSICIANS, MEDICAL STUDENTS, NURSES, AND OTHER HEALTH PROFESSIONS.

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

4e Total program service expenses 375,589,572.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 24; 1b Enter the number of voting members included on line 1a... 16; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 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...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOEL BRYAN - 410-772-6721
10980 GRANTCHESTER WAY, COLUMBIA, MD 21044

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH A. SAMET DIRECTOR	1.00 39.00	X					0.	5,361,626.	97,941.	
(2) BRADLEY CHAMBERS PRESIDENT/DIRECTOR	20.00 20.00	X		X			815,018.	815,018.	57,000.	
(3) DAVID ZACHARY MARTIN, M.D. DIRECTOR	1.00 39.00	X					0.	1,550,974.	29,932.	
(4) ZEENA DORAI, M.D. DIRECTOR	39.00 1.00	X					1,370,476.	0.	18,778.	
(5) MESFIN A. LEMMA, M.D. DIRECTOR (UNTIL 3/2023)	39.00 1.00	X					905,971.	0.	10,803.	
(6) SAMER S. NAJJAR, M.D. DIRECTOR (AS OF 3/2023)	1.00 0.00	X					694,323.	0.	29,593.	
(7) MAHSA MOHEBTASH, M.D. DIRECTOR (AS OF 4/2023)	1.00 39.00	X					0.	700,091.	10,038.	
(8) DEANA STOUT ASSISTANT TREASURER	1.00 39.00			X			0.	535,083.	51,915.	
(9) SHAMS T. QUAZI, M.D. DIRECTOR	20.00 20.00	X					267,589.	267,589.	29,627.	
(10) JUNG CHIN RESPIRATORY THERAPIST	40.00 0.00					X	474,692.	0.	43,280.	
(11) ELIAS K. SHAYA, M.D. DIRECTOR	20.00 20.00	X					232,242.	232,242.	10,735.	
(12) GEORGE HENNAWI, M.D. FORMER DIRECTOR	1.00 39.00					X	0.	384,577.	33,325.	
(13) ESKANDAR YAZAJI, M.D. FORMER DIR., AND VP, MED. AFFAIRS	20.00 20.00					X	193,945.	193,945.	29,738.	
(14) KAREN OWINGS CNO	40.00 0.00					X	366,432.	0.	36,955.	
(15) BRIAN CAWLEY SENIOR VP, OPERATIONS	39.00 1.00					X	369,601.	0.	29,845.	
(16) STUART BELL, M.D. FORMER VP, MEDICAL AFFAIRS	1.00 39.00					X	0.	345,574.	36,345.	
(17) PAUL SACK, M.D. DIRECTOR (AS OF 7/2022)	39.00 1.00	X					320,518.	0.	33,311.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALAN SHIKANI, M.D. PHYSICIAN	40.00 0.00					X		331,431.	0.	13,644.
(19) PETER KUEHL, M.D. PHYSICIAN	40.00 0.00					X		310,721.	0.	9,963.
(20) YOLANDA BROOKS ASSISTANT SECRETARY	39.00 1.00			X				82,606.	0.	8,876.
(21) MICHAEL RANDOLPH, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) DAVID NORRIS WILLIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) REBECCA E. PEARCE DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) JEFFREY R. ELKIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) DAWN M. MOTOVIDLAK VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(26) JUDITH A. FEUSTLE DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								6,735,565.	10,386,719.	621,644.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								6,735,565.	10,386,719.	621,644.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 282

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMN HEALTHCARE INC, 2735 COLLECTION CENTER DR, CHICAGO, IL 60693	STAFFING SERVICES	19,386,992.
AYA HEALTHCARE INC, PO BOX 123519 DEPT 3519, DALLAS, TX 75312-3519	STAFFING SERVICES	5,720,553.
DVA RENAL HEALTHCARE INC PO BOX 781607, PHILADELPHIA, PA 19178-1607	MEDICAL SERVICES	1,451,837.
STANDARD PARKING CORP, 1790 PAYSHERE CIRCLE, CHICAGO, IL 60674-1790	PARKING SERVICES	1,260,994.
MEDICAL SOLUTIONS LLC PO BOX 850737, MINNEAPOLIS, MN 55485-0737	STAFFING SERVICES	1,158,992.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 36

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	50,000.				
	e Government grants (contributions)	1e	11,260,573.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,820,933.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 155,899.				
	h Total. Add lines 1a-1f		14,131,506.				
	Program Service Revenue	2 a NET PATIENT SERVICE RE	Business Code				
		621400	410,353,493.	410,353,493.			
b PHARMACY		900099	8,338,394.	8,338,394.			
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			418,691,887.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,087,920.			1,087,920.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	578,736.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	578,736.				
	d Net rental income or (loss)		578,736.			578,736.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	949,327.	1,692.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.	0.			
	c Gain or (loss)	7c	949,327.	1,692.			
	d Net gain or (loss)		951,019.			951,019.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a REBATE INCOME	Business Code					
		900099	781,524.			781,524.	
	b PARKING LOT REVENUE	900099	593,575.		67,645.	525,930.	
	c EXPENSE RECOVERY	900099	233,348.			233,348.	
	d All other revenue		2,312,799.			2,312,799.	
	e Total. Add lines 11a-11d		3,921,246.				
12 Total revenue. See instructions		439,362,314.	418,691,887.	67,645.	6,471,276.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	132,837.	132,837.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	39,000.	39,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,858,964.	4,463,447.	395,517.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	223,682.	205,593.	18,089.	
7 Other salaries and wages	156,042,570.	143,311,272.	12,731,298.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,129,701.	1,955,917.	173,784.	
9 Other employee benefits	19,094,474.	17,639,689.	1,454,785.	
10 Payroll taxes	9,522,209.	8,641,891.	880,318.	
11 Fees for services (nonemployees):				
a Management	43,440,704.	911,503.	42,529,201.	
b Legal	1,184.		1,184.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	70,507,705.	66,086,872.	4,420,833.	
12 Advertising and promotion	431,062.	4,827.	426,235.	
13 Office expenses	1,630,489.	1,742,495.	-112,006.	
14 Information technology				
15 Royalties				
16 Occupancy	440,723.	501,450.	-60,727.	
17 Travel	413,428.	345,762.	67,666.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	86,464.	76,520.	9,944.	
20 Interest	2,405,070.	2,405,070.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,785,221.	14,785,221.		
23 Insurance	4,489,848.	3,830,664.	659,184.	
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 MED/SURG SUPPLIES	52,817,875.	52,915,356.	-97,481.	
b IMPLANTS/PROSTHESES	35,479,661.	35,479,661.		
c MAINTENANCE	9,567,287.	9,222,425.	344,862.	
d UTILITIES	4,775,959.	4,195,238.	580,721.	
e All other expenses	11,427,590.	6,696,862.	4,730,728.	
25 Total functional expenses. Add lines 1 through 24e	444,743,707.	375,589,572.	69,154,135.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,903.	1	6,043.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,716,847.	3	2,529,037.
	4 Accounts receivable, net	60,975,284.	4	51,509,363.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,557,647.	8	7,432,898.
	9 Prepaid expenses and deferred charges	820,333.	9	754,800.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 435,833,224.		
	b Less: accumulated depreciation	10b 349,161,855.	87,793,938.	10c 86,671,369.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	76,191,553.	12	82,703,792.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,026,489.	15	13,800,468.
16 Total assets. Add lines 1 through 15 (must equal line 33)	246,090,994.	16	245,407,770.	
Liabilities	17 Accounts payable and accrued expenses	29,981,510.	17	28,296,241.
	18 Grants payable		18	
	19 Deferred revenue	2,746,732.	19	1,788,123.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	44,977,661.	25	29,476,026.
	26 Total liabilities. Add lines 17 through 25	77,705,903.	26	59,560,390.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	128,747,746.	27	143,200,679.
	28 Net assets with donor restrictions	39,637,345.	28	42,646,701.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	168,385,091.	32	185,847,380.
33 Total liabilities and net assets/fund balances	246,090,994.	33	245,407,770.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	439,362,314.
2	Total expenses (must equal Part IX, column (A), line 25)	2	444,743,707.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,381,393.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	168,385,091.
5	Net unrealized gains (losses) on investments	5	5,721,050.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	17,122,632.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	185,847,380.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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 "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

THE UNION MEMORIAL HOSPITAL

Employer identification number

52-0591685

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 478,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 300,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 128,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 110,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 77,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 48,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 37,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 35,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 31,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 17,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 14,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 12,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 10,247.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 6,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 5,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 5,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 5,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 5,267.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SECURITIES _____ _____ _____	\$ 148,176.	06/30/23
49	SECURITIES _____ _____ _____	\$ 5,267.	06/30/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **THE UNION MEMORIAL HOSPITAL** Employer identification number **52-0591685**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,925,817.		1,925,817.
b Buildings		164,535,620.	126,613,361.	37,922,259.
c Leasehold improvements		1,899,735.	1,712,917.	186,818.
d Equipment		258,328,944.	218,993,516.	39,335,428.
e Other		9,143,108.	1,842,061.	7,301,047.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				86,671,369.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BOARD DESIGNATED	42,434,683.	END-OF-YEAR MARKET VALUE
(B) RESTRICTED INVESTMENT FUNDS	40,269,109.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	82,703,792.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OPERATING LEASE ROU ASSET	11,926,117.
(2) L/T DEPOSITS	70,322.
(3) CASH SURRENDER-INSUR L/T	22,171.
(4) INTERCOMPANY RECEIVABLES	1,781,858.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	13,800,468.

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) OPERATING LEASE LIABILITY	12,352,278.
(3) ADVANCE FROM THIRD PARTIES	10,308,057.
(4) CREDIT BALANCE PATIENT A/R	2,685,855.
(5) WORKERS COMPENSATION	2,679,423.
(6) PENDING PFS REFUNDS	128,983.
(7) OTHER LIABILITIES	1,321,430.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	29,476,026.

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 ...

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.

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

FIN 48 FOOTNOTE

INCOME TAXES ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD.

DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX

CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT

CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE

TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX

ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO

APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES

ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS

AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN THE PERIOD THAT

INCLUDES THE ENACTMENT DATE. ANY CHANGES TO THE VALUATION ALLOWANCE ON THE

Part XIII Supplemental Information *(continued)*

DEFERRED TAX ASSET ARE REFLECTED IN THE YEAR OF CHANGE. THE CORPORATION

ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE FASB

ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES. THERE WAS

NO LIABILITY RECORDED FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2023.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			9,440,316.		9,440,316.	2.12%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			9,440,316.		9,440,316.	2.12%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,977,631.		1,977,631.	.44%
f Health professions education (from Worksheet 5)			21,279,634.		21,279,634.	4.78%
g Subsidized health services (from Worksheet 6)			25,746,992.	15,425,365.	10,321,627.	2.32%
h Research (from Worksheet 7)			2,623,760.		2,623,760.	.59%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			206,595.		206,595.	.05%
j Total. Other Benefits			51,834,612.	15,425,365.	36,409,247.	8.18%
k Total. Add lines 7d and 7j			61,274,928.	15,425,365.	45,849,563.	10.30%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			42,837.		42,837.	.01%
2 Economic development						
3 Community support			12,935.		12,935.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			33,172.		33,172.	.01%
8 Workforce development			26,387.		26,387.	.01%
9 Other						
10 Total			115,331.		115,331.	.03%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	8,307,542.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit			
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	
6 Enter Medicare allowable costs of care relating to payments on line 5	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	X	
9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 UNION MEMORIAL HOSPITAL

201 EAST UNIVERSITY PARKWAY

BALTIMORE, MD 21218

Table with 9 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'x' marks in the first four columns and 'x' in the ER-24 hours column.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: UNION MEMORIAL HOSPITAL

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: UNION MEMORIAL HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.MEDSTARUNIONMEMORIAL.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.MEDSTARUNIONMEMORIAL.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: UNION MEMORIAL HOSPITAL

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input type="checkbox"/> 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)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: UNION MEMORIAL HOSPITAL

		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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2022

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.

UNION MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: CHNA INPUT

HOSPITAL LEAD

ROLE DESCRIPTION

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) HOSPITAL LEAD SERVES AS THE COORDINATOR OF ALL ASPECTS OF THE COMMUNITY HEALTH ASSESSMENT PROCESS.

HE/SHE HELPS ESTABLISH AND COORDINATE THE ACTIVITIES OF THE ADVISORY TASK FORCE. THE LEAD ALSO HELPS PRODUCE THE HOSPITAL'S COMMUNITY HEALTH NEEDS

ASSESSMENT AND IMPLEMENTATION STRATEGY. HE/SHE WORKS COLLABORATIVELY WITH REPRESENTATIVES FROM THE CORPORATE COMMUNITY HEALTH DEPARTMENT AND

GEORGETOWN UNIVERSITY. THE LEAD ALSO WORKS CLOSELY WITH THE WRITER. HE/SHE REVIEWS ALL NARRATIVES PRIOR TO PUBLICATION.

NAME OF HOSPITAL LEAD: TRICIA ISENNOCK, RN

EXECUTIVE SPONSOR

ROLE DESCRIPTION

THE EXECUTIVE SPONSOR SERVES AS THE CONDUIT BETWEEN THE ADVISORY TASK FORCE AND THE SENIOR MANAGEMENT TEAM. THE SPONSOR IS AN ACTIVE PARTICIPANT OF THE ADVISORY TASK FORCE AND HE/SHE COMMUNICATES THE HOSPITAL'S CLINICAL STRENGTHS AND PROGRAM PRIORITIES TO DIVERSE AUDIENCES.

NAME OF EXECUTIVE SPONSOR: BRAD CHAMBERS

ADVISORY TASK FORCE

ROLE DESCRIPTION

THE ADVISORY TASK FORCE (ATF) REVIEWS PRIMARY/SECONDARY DATA AND

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.

LOCAL/STATE/FEDERAL COMMUNITY HEALTH GOALS. BASED ON FINDINGS, THE ATF

PROVIDES INPUT INTO THE HOSPITAL'S THREE-YEAR IMPLEMENTATION STRATEGY.

AS AMBASSADORS FOR THE CHNA PROCESS, THE ATF MEMBERS SUPPORT EFFORTS TO

OPTIMIZE COMMUNITY PARTICIPATION.

NOTE: THE ATF SHOULD BE A COMBINATION OF COMMUNITY REPRESENTATIVES AND

STAFF. COMMUNITY REPRESENTATIVES SHOULD MAKEUP AT LEAST 50% OF TOTAL

PARTICIPANTS.

NAME : BRAD CHAMBERS

TITLE/AFFILIATION WITH HOSPITAL : PRESIDENT, MGSH AND MUMH

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : DAWN MOTOVIDLAK

TITLE/AFFILIATION WITH HOSPITAL : PRESIDENT, CEO (MGSH AND MUMH BOARD

MEMBER, VICE CHAIR)

NAME OF ORGANIZATION : BHS

NAME : DAN CAHILL

TITLE/AFFILIATION WITH HOSPITAL : SENIOR VP SALES (MGSH AND MUMH BOARD

MEMBER, CHAIR)

NAME OF ORGANIZATION : WEBB MASON

NAME : VERONICA COOL

TITLE/AFFILIATION WITH HOSPITAL : MANAGING DIRECTOR (MGSH AND MUMH BOARD

MEMBER)

NAME OF ORGANIZATION : COOL ASSOCIATES, LLC

NAME : KIM SYDNOR, PHD

TITLE/AFFILIATION WITH HOSPITAL : DEAN (MGSH AND MUMH BOARD MEMBER)

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.

NAME OF ORGANIZATION : MORGAN STATE UNIVERSITY

NAME : TRICIA ISENNOCK

TITLE/AFFILIATION WITH HOSPITAL : RN REGIONAL DIRECTOR POPULATION AND

COMMUNITY HEALTH

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : RITU PRASAD, M.D.

TITLE/AFFILIATION WITH HOSPITAL : PHYSICIAN ADVISOR, MUMH

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : DANA FRANK, M.D.

TITLE/AFFILIATION WITH HOSPITAL : CHAIRMAN, MEDICINE, MGSB/MUMH

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : KEN WALSCH

TITLE/AFFILIATION WITH HOSPITAL : ASSISTANT VICE PRESIDENT, QUALITY,

SAFETY, RISK MANAGEMENT

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : JOAN CARLSON

TITLE/AFFILIATION WITH HOSPITAL : AVP, MISSION INTEGRATION

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : DEBORAH BANGLEDORF

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR, MARKETING AND COMMUNICATIONS

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : APRIL BESSLING

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR, CASE MANAGEMENT

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : PAUL PASS

TITLE/AFFILIATION WITH HOSPITAL : LEAD - COMMUNITY HEALTH ADVOCATE

NAME OF ORGANIZATION : MEDSTAR HEALTH

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.

NAME : ELISE BOWMAN

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR, ACCOUNTABLE HEALTH COMMUNITIES

NAME OF ORGANIZATION : BALTIMORE CITY HEALTH DEPARTMENT

NAME : KIMBERLY FLOYD

TITLE/AFFILIATION WITH HOSPITAL : PROGRAM MANAGER, COMMUNITY HEALTH

EDUCATION AND DIRECTOR

NAME OF ORGANIZATION : MEDSTAR HEALTH AND JOY WELLNESS CENTER

NAME : PEGGY THOMAS

TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY RESIDENT

NAME OF ORGANIZATION : COMMUNITY RESIDENT

NAME : SHEILA WILLIAMS

TITLE/AFFILIATION WITH HOSPITAL : PARISHIONER, HUBER MEMORIAL CHURCH

NAME OF ORGANIZATION : COMMUNITY RESIDENT

NAME : EVANGELINE WAIHENYA

TITLE/AFFILIATION WITH HOSPITAL : PARISHIONER, ST. MATTHEW'S CHURCH

NAME OF ORGANIZATION : COMMUNITY RESIDENT

NAME : ASHLEY WILKES

TITLE/AFFILIATION WITH HOSPITAL : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : HAMPDEN FAMILY CENTER

NAME : SUSAN BENDER

TITLE/AFFILIATION WITH HOSPITAL : COO

NAME OF ORGANIZATION : KESWICK - MARYLAND

NAME : NICHOLE BATTLE

TITLE/AFFILIATION WITH HOSPITAL : CEO

NAME OF ORGANIZATION : GEDCO

NAME : RANDOLPH ROWEL

TITLE/AFFILIATION WITH HOSPITAL : ASSOCIATE PROFESSOR, CHAIR OF DEPARTMENT

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 BEHAVIORAL HEALTH SCIENCES

NAME OF ORGANIZATION : MORGAN STATE UNIVERSITY

NAME : SONIA FIERRO-LUPERINI

TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY RESIDENT

NAME OF ORGANIZATION : SPANISH SPEAKING HEALTH LEADERS OF MARYLAND

NAME : ISHAAN PATHAK

TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY PROGRAM MANAGER

NAME OF ORGANIZATION : CENTRAL BALTIMORE PARTNERSHIP

NAME : MARK FLETCHER

TITLE/AFFILIATION WITH HOSPITAL : BALTIMORE CITY EMS

NAME OF ORGANIZATION : BALTIMORE CITY

NAME : MELVIN WILSON

TITLE/AFFILIATION WITH HOSPITAL : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : TURNAROUND TUESDAY

NAME : ELLEN RAPPAPORT

TITLE/AFFILIATION WITH HOSPITAL : POPULATION HEALTH DIRECTOR

NAME OF ORGANIZATION : HCAM

NAME : ADONGO MATTHEWS

TITLE/AFFILIATION WITH HOSPITAL : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : SHEPHERD'S CLINIC

NAME : MATT SMITH

TITLE/AFFILIATION WITH HOSPITAL : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : WAVERLY MAIN STREET

NAME : LISA JONES

TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY MEDIATION - DIRECTOR

NAME OF ORGANIZATION : WOODBOURNE MCCABE SAFE STREETS

NAME : PAT JONES

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.

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR, IMMIGRATION OUTREACH SERVICE

CENTER

NAME OF ORGANIZATION : ST. MATTHEW'S CHURCH

NAME : HEATHER WILSON

TITLE/AFFILIATION WITH HOSPITAL : VICE PRESIDENT, OPERATIONS

NAME OF ORGANIZATION : Y OF CENTRAL MD

NAME : JENNIFER SIEGEL

TITLE/AFFILIATION WITH HOSPITAL : HOSPITAL COUNSEL

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : LUCAS CARLSON, M.D.

TITLE/AFFILIATION WITH HOSPITAL : MEDICAL DIRECTOR, COMMUNITY AND

POPULATION HEALTH

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : ASHLEY FUNK

TITLE/AFFILIATION WITH HOSPITAL : SR. EXEC. DIRECTOR

NAME OF ORGANIZATION : THE Y IN CENTRAL MD

NAME : MILLER J ROBERTS

TITLE/AFFILIATION WITH HOSPITAL : REVITALIZATION DIRECTOR

NAME OF ORGANIZATION : GREENMOUNT CORRIDOR

NAME : JEFFREY GRIFFIN

TITLE/AFFILIATION WITH HOSPITAL : EXEC. DIRECTOR

NAME OF ORGANIZATION : FRANCISCAN CENTER

NAME : RAQUEL LAMPTEY

TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY HEALTH SYSTEM MGR.

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : DIANA QUINN

TITLE/AFFILIATION WITH HOSPITAL : SR. DIRECTOR, COMMUNITY HEALTH

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.

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : ELIZABETH SEBASTIAO

TITLE/AFFILIATION WITH HOSPITAL : REGIONAL DIR COMMUNITY HEALTH

NAME OF ORGANIZATION : MEDSTAR HEALTH - BALTIMORE

NAME : KRIS COWPERTHWAITTE

TITLE/AFFILIATION WITH HOSPITAL : PHYSICIAN ADVISOR

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : STUART BELL, M.D.

TITLE/AFFILIATION WITH HOSPITAL : FORMER VP MEDICAL AFFAIRS

NAME OF ORGANIZATION : MEDSTAR GOOD SAMARITAN/UNION MEMORIAL HOSPITALS

NAME : PHYLLIS GRAY

TITLE/AFFILIATION WITH HOSPITAL : AVP CARE TRANSFORMATION

NAME OF ORGANIZATION : MEDSTAR HEALTH - BALTIMORE

UNION MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: IMPLEMENTATION STRATEGIES

THE IMPLEMENTATION STRATEGIES SERVE AS A ROADMAP FOR HOW COMMUNITY BENEFIT

RESOURCES WILL BE ALLOCATED AND DEPLOYED. MEDSTAR'S HOSPITAL WILL BE ABLE

TO MEASURE OUR CONTRIBUTION TO IMPROVING THE HEALTH OF UNDERSERVED AND

VULNERABLE POPULATIONS IN THE REGIONS WE SERVE. THREE-YEAR IMPLEMENTATION

STRATEGIES WITH MEASURABLE OBJECTIVES WERE DEVELOPED FOR EACH HOSPITAL'S

COMMUNITY BENEFIT SERVICE AREA - A SPECIFIC COMMUNITY OR TARGET POPULATION

OF FOCUS. PRIORITIES WERE BASED ON COMMUNITY NEED AS DETERMINED BY

QUANTITATIVE DATA AND COMMUNITY INPUT, AS WELL AS ON HOSPITAL EXPERTISE,

RESOURCES, STRENGTHS OF EXISTING PROGRAMMING AND PARTNERSHIPS, AND

ALIGNMENT WITH NATIONAL, STATE, AND LOCAL HEALTH GOALS. THE MEDSTAR HEALTH

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.

CORPORATE COMMUNITY HEALTH DEPARTMENT WILL PROVIDE SYSTEM-WIDE

COORDINATION AND OVERSIGHT OF COMMUNITY BENEFIT PROGRAMMING.

HOSPITAL ADVISORY TASK FORCES CONVENE AT LEAST ANNUALLY TO MONITOR

PROGRESS OF STRATEGY EXECUTION AND TO PROVIDE ONGOING RECOMMENDATIONS

RELATED TO OUTCOMES ACHIEVEMENT, PROGRAM DEVELOPMENT, PARTNERSHIP

APPROACHES, AND OVERALL IMPLEMENTATION IMPROVEMENT.

FOR SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA THAT THE HOSPITAL HAS NOT

PRIORITIZED AS FOCUS AREAS THROUGH ITS IMPLEMENTATION STRATEGY, THESE

NEEDS WILL BE ADDRESSED BY COLLABORATING WITH OTHER LEADING ORGANIZATIONS,

AND BY TAKING A SUPPORTER ROLE ON IDENTIFIED NEEDS THAT ARE BEYOND THE

SCOPE OF THE HOSPITAL'S STRENGTHS.

UNION MEMORIAL HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MEDSTARUNIONMEMORIAL.ORG

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, 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.

CHARITY CARE AT COST

PART I, LINE 7A

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

UNREIMBURSED MEDICAID

PART I, LINE 7B

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

Part VI Supplemental Information (Continuation)

RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

BAD DEBT

PART III, LINES 2 & 4

MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT EXPENSE IN ACCORDANCE WITH ASU 2011-07, WHICH REQUIRES CERTAIN HEALTHCARE ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). HOWEVER, MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A DETERMINATION AS TO WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN DETERMINING REVENUE RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN DEVELOPED BASED ON HISTORICAL COLLECTION RESULTS AND WHICH ARE ADJUSTED PERIODICALLY BASED ON ACTUAL COLLECTIONS EXPERIENCE, ARE USED TO ESTIMATE UNCOLLECTIBLE AMOUNTS ACROSS ALL PAYORS INCLUDING SELF PAY. BAD DEBT DETERMINATIONS ARE MADE ONLY AFTER SUFFICIENT EVIDENCE IS OBTAINED TO SUPPORT THAT AN AMOUNT IS NOT COLLECTIBLE.

Part VI Supplemental Information (Continuation)

MEDICARE

PART III, LINE 8

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

PART III, LINE 9B

IF IT IS DETERMINED THAT A PATIENT MAY POTENTIALLY QUALIFY FOR A
 CHARITABLE/FINANCIAL PROGRAM, A HOLD IS PLACED ON THE ACCOUNT TO
 PREVENT IT FROM BEING REPORTED AS BAD DEBT UNTIL PROGRAM APPROVALS HAVE
 BEEN OBTAINED. IF IT IS APPROVED, THE ACCOUNT IS DOCUMENTED AND THE
 NECESSARY ADJUSTMENTS ARE MADE TO CLOSE THE ACCOUNT.

NEEDS ASSESSMENT

PART VI, LINE 2

IN FY21, MEDSTAR UNION MEMORIAL HOSPITAL (MUMH) CONDUCTED A COMMUNITY
 HEALTH NEEDS ASSESSMENT (CHNA) IN ACCORDANCE WITH THE GUIDELINES
 ESTABLISHED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THE
 INTERNAL REVENUE SERVICE. THE HOSPITAL'S CHNA AND THREE-YEAR
 IMPLEMENTATION STRATEGIES WERE ENDORSED BY MUMH'S BOARD OF DIRECTORS

Part VI Supplemental Information (Continuation)

AND APPROVED BY THE MEDSTAR HEALTH BOARD OF DIRECTORS. THE DOCUMENT

BECAME AVAILABLE ON THE HOSPITAL'S WEBSITE ON JUNE 30, 2021 AND WILL

GUIDE PROGRAMMING PRIORITIES IN FISCAL YEARS 2022-2024.

THE CATEGORIES HEALTH AND WELLNESS, ACCESS TO CARE AND SOCIAL

DETERMINANTS OF HEALTH WERE USED TO DETERMINE WHAT PROGRAMMING TO

PRIORITIZE FOR THE CHNA. TWO TO THREE STRATEGIES IN EACH CATEGORY WERE

SELECTED AS PRIORITIES DUE TO THE SIZE AND SCALE OF IMPACT AND

MEASURABLE OUTCOMES. ALL OTHER PROGRAMMING WAS INTEGRATED AS PART OF

THE HOSPITAL'S OVERALL COMMUNITY HEALTH PORTFOLIO. THESE ADDITIONAL

PROGRAMS WERE CAPTURED IN THE INVENTORY FOR THE WHOLE PICTURE OF

CONTRIBUTING TO THE HEALTH OF THE COMMUNITIES SERVED AS WELL AS SORTED

FOR WHAT COUNTS AS COMMUNITY BENEFIT FOR REGULATORY REPORTING.

THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA) IS BASED ON THE

ADVISORY TASK FORCE (ATF) RECOMMENDATION. THE HOSPITAL IDENTIFIED NORTH

CENTRAL BALTIMORE CITY AS ITS CBSA, WHICH INCLUDES ALL RESIDENTS LIVING

IN ZIP CODES 21213 AND 21218. THE HOSPITAL SELECTED THIS GEOGRAPHIC

AREA BASED ON HOSPITAL UTILIZATION DATA AND SECONDARY PUBLIC HEALTH

DATA AS WELL AS ITS PROXIMITY TO THE HOSPITAL. THE ATF INCLUDED A

DIVERSE GROUP OF INDIVIDUALS, INCLUDING HOSPITAL LEADERS, GRASSROOTS

ACTIVISTS, COMMUNITY RESIDENTS, FAITH-BASED LEADERS, HOSPITAL

REPRESENTATIVES, PUBLIC HEALTH LEADERS AND OTHER STAKEHOLDER

ORGANIZATIONS, SUCH AS REPRESENTATIVES FROM LOCAL HEALTH DEPARTMENTS.

MEDSTAR UNION MEMORIAL HOSPITAL'S HEALTH PRIORITIES FOR THE CBSA

INCLUDE HEALTH AND WELLNESS (CHRONIC DISEASE PREVENTION AND MANAGEMENT,

BEHAVIORAL HEALTH AND AGING AND OLDER ADULT HEALTH), ACCESS TO HEALTH

Part VI Supplemental Information (Continuation)

CARE AND SERVICES (TRANSPORTATION AND ACCESS TO AFFORDABLE HEALTH CARE AND INSURANCE) AND SOCIAL DETERMINANTS OF HEALTH (NEIGHBORHOOD SAFETY AND COMMUNITY VIOLENCE, EMPLOYMENT AND FOOD INSECURITY).

HEALTH PRIORITIES FOR THE CBSA INCLUDE HEALTH AND WELLNESS (CHRONIC DISEASE PREVENTION AND MANAGEMENT, BEHAVIORAL HEALTH, MATERNAL AND CHILD HEALTH), ACCESS TO HEALTH CARE SERVICES (TRANSPORTATION AND ACCESS TO AFFORDABLE HEALTH CARE AND INSURANCE) AND SOCIAL DETERMINANTS OF HEALTH (HOUSING, EMPLOYMENT AND RACIAL DISCRIMINATION).

AS A PROUD MEMBER OF MEDSTAR HEALTH, REPRESENTATIVES FROM THE HOSPITAL ROUTINELY PARTICIPATE IN THE MEDSTAR HEALTH COMMUNITY HEALTH WORKGROUP. THE WORKGROUP IS COMPRISED OF COMMUNITY HEALTH PROFESSIONALS WHO REPRESENT ALL TEN MEDSTAR HOSPITALS. THE TEAM ANALYZES LOCAL AND REGIONAL COMMUNITY HEALTH DATA, ESTABLISHES SYSTEM-WIDE COMMUNITY HEALTH PROGRAMMING PERFORMANCE AND EVALUATION MEASURES AND SHARES BEST PRACTICES.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3

AS ONE OF THE REGION'S LEADING NOT-FOR-PROFIT HEALTHCARE SYSTEMS, MEDSTAR HEALTH IS COMMITTED TO ENSURING THAT UNINSURED AND UNDERINSURED PATIENTS MEETING ELIGIBILITY CRITERIA, AND PATIENTS DETERMINED ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY WITHIN THE COMMUNITIES WE SERVE WHO LACK FINANCIAL RESOURCES HAVE ACCESS TO MEDICALLY NECESSARY HOSPITAL SERVICES. MEDSTAR HEALTH HOSPITALS AND HOSPITAL BASED-PHYSICIAN PRACTICES WILL:

- TREAT ALL PATIENTS EQUITABLY, WITH DIGNITY, RESPECT, AND COMPASSION.

Part VI Supplemental Information (Continuation)

- SERVE THE EMERGENCY HEALTH CARE NEEDS OF EVERYONE WHO PRESENTS TO OUR

MEDSTAR HEALTH HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES

REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR CARE.

- ASSIST THOSE PATIENTS WHO ARE ADMITTED THROUGH OUR ADMISSION PROCESS

FOR NON-URGENT, MEDICALLY NECESSARY CARE WHO CANNOT PAY FOR THE CARE

THEY RECEIVE.

- BALANCE NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER

FISCAL RESPONSIBILITIES IN ORDER TO KEEP ITS HOSPITALS' DOORS OPEN FOR

ALL WHO MAY NEED CARE IN THE COMMUNITY.

IN MEETING ITS COMMITMENTS, MEDSTAR HEALTH HOSPITALS AND HOSPITAL-BASED

PHYSICIAN PRACTICES WILL WORK WITH THEIR PATIENTS SEEKING EMERGENCY AND

MEDICALLY NECESSARY CARE TO GAIN AN UNDERSTANDING OF EACH PATIENT'S

FINANCIAL RESOURCES. BASED ON THIS INFORMATION, MEDSTAR HEALTH

HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL MAKE ELIGIBILITY

DETERMINATIONS FOR FINANCIAL ASSISTANCE FOR PATIENTS WHO RESIDE WITHIN

THE COMMUNITIES THAT WE SERVE. IN DETERMINING ELIGIBILITY FOR FINANCIAL

ASSISTANCE, MEDSTAR HEALTH HOSPITALS AND HOSPITAL-BASED PHYSICIAN

PRACTICES WILL:

- DETERMINE WHETHER THE PATIENT HAS HEALTH INSURANCE.

- DETERMINE WHETHER THE PATIENT IS PRESUMPTIVELY ELIGIBLE FOR FREE OR

REDUCED-COST CARE.

- DETERMINE WHETHER UNINSURED PATIENTS ARE ELIGIBLE FOR PUBLIC OR

PRIVATE HEALTH INSURANCE.

- TO THE EXTENT POSSIBLE, OFFER ASSISTANCE TO UNINSURED PATIENTS IF THE

PATIENT CHOOSES TO APPLY FOR PUBLIC OR PRIVATE HEALTH INSURANCE.

- TO THE EXTENT PRACTICABLE, DETERMINE WHETHER THE PATIENT IS ELIGIBLE

Part VI Supplemental Information (Continuation)

FOR OTHER PUBLIC PROGRAMS THAT MAY ASSIST WITH HEALTH CARE COSTS.

- USE INFORMATION IN THE POSSESSION OF THE HOSPITAL, IF AVAILABLE, TO

DETERMINE WHETHER THE PATIENT IS QUALIFIED FOR FREE OR REDUCED-COST

CARE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

MEDSTAR HEALTH WILL WIDELY PUBLICIZE THE MEDSTAR FINANCIAL ASSISTANCE

POLICY BY:

- PROVIDING ACCESS TO THE MEDSTAR FINANCIAL ASSISTANCE POLICY,

FINANCIAL ASSISTANCE APPLICATIONS, AND MEDSTAR PATIENT INFORMATION

SHEET ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS.

- PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY,

MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT

INFORMATION SHEET TO PATIENTS UPON REQUEST.

- PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY,

MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT

INFORMATION SHEET TO PATIENTS UPON REQUEST BY MAIL AND WITHOUT CHARGE.

- PROVIDING NOTIFICATION AND INFORMATION ABOUT THE MEDSTAR FINANCIAL

ASSISTANCE POLICY BY:

. OFFERING COPIES AS PART OF ALL REGISTRATION OR DISCHARGES

PROCESSES, AND ANSWERING QUESTIONS ON HOW TO APPLY FOR ASSISTANCE.

. PROVIDING WRITTEN NOTICES ON BILLING STATEMENTS.

. DISPLAYING MEDSTAR FINANCIAL ASSISTANCE POLICY INFORMATION AT ALL

HOSPITAL REGISTRATION POINTS, INCLUDING THE BUSINESS OFFICE, INFORMING

PATIENTS OF THEIR RIGHTS TO APPLY FOR FINANCIAL ASSISTANCE AND WHO TO

CONTACT AT THE HOSPITAL FOR ADDITIONAL INFORMATION.

. TRANSLATING THE MEDSTAR FINANCIAL ASSISTANCE POLICY, MEDSTAR

UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND THE MEDSTAR PATIENT

Part VI Supplemental Information (Continuation)

INFORMATION SHEET INTO PRIMARY LANGUAGES THAT CONSTITUTE THE LESSER OF
1000 INDIVIDUALS OR 5% OF THE OVERALL POPULATION WITHIN THE CITY OR
COUNTY IN WHICH THE HOSPITAL IS LOCATED AS MEASURED BY THE MOST RECENT
CENSUS.

- MEDSTAR HEALTH WILL PROVIDE PUBLIC NOTICES YEARLY IN LOCAL NEWSPAPERS
SERVING ALL HOSPITAL TARGET POPULATIONS.

THE MEDSTAR HEALTH PATIENT INFORMATION SHEET SHALL BE PROVIDED TO THE
PATIENT, THE PATIENT'S FAMILY, OR THE PATIENT'S AUTHORIZED
REPRESENTATIVE:

- BEFORE DISCHARGE;
- WITH THE HOSPITAL BILL;
- ON REQUEST; AND
- IN EACH WRITTEN COMMUNICATION TO THE PATIENT REGARDING COLLECTION OF
HOSPITAL BILL.

MEDSTAR HEALTH WILL PROVIDE A FINANCIAL ASSISTANCE PROBABLE AND LIKELY
ELIGIBILITY DETERMINATION TO THE PATIENT WITHIN TWO BUSINESS DAYS FROM
RECEIPT OF THE INITIAL MEDSTAR HEALTH UNIFORM FINANCIAL ASSISTANCE
APPLICATION. FINAL ELIGIBILITY DETERMINATIONS ARE MADE AND COMMUNICATED
TO THE PATIENT BASED ON RECEIPT AND REVIEW OF A COMPLETED APPLICATION.

MEDSTAR HEALTH BELIEVES THAT ITS PATIENTS HAVE PERSONAL
RESPONSIBILITIES RELATED TO THE FINANCIAL ASPECTS OF THEIR HEALTHCARE
NEEDS. FINANCIAL ASSISTANCE AND PERIODIC PAYMENT PLANS AVAILABLE UNDER
THIS POLICY WILL NOT BE AVAILABLE TO THOSE PATIENTS WHO FAIL TO FULFILL
THEIR RESPONSIBILITIES. FOR PURPOSES OF THIS POLICY, PATIENT

Part VI Supplemental Information (Continuation)

RESPONSIBILITIES INCLUDE:

- COMPLY WITH PROVIDING THE NECESSARY FINANCIAL DISCLOSURE FORMS TO EVALUATE THEIR ELIGIBILITY FOR PUBLICLY-FUNDED HEALTHCARE PROGRAMS, CHARITY CARE PROGRAMS, AND OTHER FORMS OF FINANCIAL ASSISTANCE. THESE DISCLOSURE FORMS MUST BE COMPLETED ACCURATELY, TRUTHFULLY, AND TIMELY TO ALLOW MEDSTAR HEALTH'S FACILITIES TO PROPERLY COUNSEL PATIENTS CONCERNING THE AVAILABILITY OF FINANCIAL ASSISTANCE.
- WORKING WITH MEDSTAR HOSPITAL PATIENT ADVOCATES AND PATIENT FINANCIAL SERVICES STAFF TO ENSURE THERE IS A COMPLETE UNDERSTANDING OF THE PATIENT'S FINANCIAL SITUATION AND CONSTRAINTS.
- MAKING APPLICABLE PAYMENTS FOR SERVICES IN A TIMELY FASHION, INCLUDING ANY PAYMENTS MADE PURSUANT TO DEFERRED AND PERIODIC PAYMENT SCHEDULES.
- PROVIDING UPDATED FINANCIAL INFORMATION TO MEDSTAR HOSPITAL PATIENT ADVOCATES OR CUSTOMER SERVICE REPRESENTATIVES ON A TIMELY BASIS AS THE PATIENT'S FINANCIAL CIRCUMSTANCES MAY CHANGE.
- IT IS A PATIENT'S RESPONSIBILITY, DURING THEIR 12-MONTH ELIGIBILITY PERIOD, TO NOTIFY MEDSTAR HEALTH OF THEIR EXISTING HOUSEHOLD ELIGIBILITY FOR FREE CARE, REDUCED COST-CARE, AND/OR ELIGIBILITY UNDER FINANCIAL HARDSHIP PROVISIONS FOR MEDICAL NECESSARY CARE RECEIVED DURING THE 12-MONTH ELIGIBILITY PERIOD..
- IN THE EVENT A PATIENT FAILS TO MEET THESE RESPONSIBILITIES, MEDSTAR RESERVES THE RIGHT TO PURSUE ADDITIONAL BILLING AND COLLECTION EFFORTS. IN THE EVENT OF NON-PAYMENT BILLING, AND COLLECTION EFFORTS ARE DEFINED IN THE MEDSTAR BILLING AND COLLECTION POLICY. A FREE COPY IS AVAILABLE ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS VIA THE FOLLOWING URL: WWW.MEDSTARHEALTH.ORG/FINANCIALASSISTANCE, OR BY CALLING CUSTOMER

Part VI Supplemental Information (Continuation)

SERVICE AT 1-800-280-9006.

PATIENTS OF MEDSTAR HEALTH'S HOSPITALS AND HOSPITAL-BASED PHYSICIAN

PRACTICES MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE OR PARTIAL

SLIDING-SCALE FINANCIAL ASSISTANCE AS SET FORTH UNDER THIS POLICY. THE

PATIENT ADVOCATE AND PATIENT FINANCIAL SERVICES STAFF WILL DETERMINE

ELIGIBILITY FOR FULL FINANCIAL ASSISTANCE AND PARTIAL SLIDING-SCALE

FINANCIAL ASSISTANCE BASED ON REVIEW OF INCOME FOR THE PATIENT AND

THEIR FAMILY (HOUSEHOLD), OTHER FINANCIAL RESOURCES AVAILABLE TO THE

PATIENT'S FAMILY, FAMILY SIZE, AND THE EXTENT OF THE MEDICAL COSTS TO

BE INCURRED BY THE PATIENT.

COMMUNITY INFORMATION

PART VI, LINE 4

GEOGRAPHIC AND DEMOGRAPHIC:

THE COMMUNITIES THE ORGANIZATION SERVES INCLUDES ZIP CODES 21213 AND

21218, BOTH URBAN GEOGRAPHIC SERVICE AREAS. THERE ARE 17 HOSPITALS

SERVING BALTIMORE CITY, AND 15 FEDERALLY DESIGNATED MEDICALLY

UNDERSERVED AREAS PRESENT IN THE COMMUNITY.

THERE ARE 32,733 PEOPLE IN 21213 (BELAIR/EDISON AREA) AND THE AVERAGE

INCOME IS \$34,046.

THERE ARE 49,796 PEOPLE IN 21218 (THE WAVERLY AREA) AND THE AVERAGE

INCOME IS \$38,261.

BALTIMORE CITY INCLUDES RESIDENTS WITH INCOMES BELOW THE FEDERAL

Part VI Supplemental Information (Continuation)

POVERTY GUIDELINE (15.3%), UNINSURED (5.9%) AND MEDICAID RECIPIENTS

(49.8%).

PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5

AS A COMMUNITY PARTNER, MEDSTAR UNION MEMORIAL HOSPITAL ENGAGES IN

SEVERAL COMMUNITY BENEFIT ACTIVITIES TO IMPROVE AND PROMOTE THE HEALTH

AND WELLBEING OF THE COMMUNITY. PRIORITY AREAS, AS DETERMINED BY THE

CHNA, FALL UNDER THREE AREAS OF FOCUS INCLUDING HEALTH AND WELLNESS,

ACCESS TO CARE, AND SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE

(BUT ARE NOT LIMITED TO):

HEALTH AND WELLNESS

MEDSTAR UNION MEMORIAL HOSPITAL ADDRESSES HEALTH AND WELLNESS BY

OFFERING A VARIETY OF PROGRAMS AND RESOURCES THAT SEEK TO ADDRESS

CHRONIC DISEASE PREVENTION AND MANAGEMENT.

MEDSTAR UNION MEMORIAL HOSPITAL'S COMMUNITY-BASED EDUCATION COURSES ARE

OFFERED TO SUPPORT HEALTHY LIFESTYLE CHANGES FOR COMMUNITY MEMBERS.

PROGRAMS INCLUDE THE CENTERS FOR DISEASE CONTROL LED DIABETES

PREVENTION PROGRAM, DIABETES SELF-MANAGEMENT EDUCATION, SENIOR PHYSICAL

FITNESS, AND SMOKING CESSATION.

MEDSTAR UNION MEMORIAL HOSPITAL HAS COLLABORATED WITH OTHER AREA

PROVIDERS TO ESTABLISH A HEALTH AND WELLNESS CENTER IN THE J VAN STORY

BRANCH APARTMENTS FOR THE SENIOR AND DISABLED RESIDENTS. HEALTH CARE

NAVIGATION, SOCIAL DETERMINANTS OF HEALTH RESOURCE PROVISION, AND

MENTAL HEALTH SERVICES ARE MADE AVAILABLE ONSITE TO ADDRESS THE

Part VI Supplemental Information (Continuation)

RESIDENTS' COMPLEX HEALTH CARE NEEDS.

ACCESS TO CARE

THE PRIORITY AREA IS ADDRESSING ACCESS TO BEHAVIORAL HEALTH SERVICES,

INCLUDING MENTAL HEALTH AND SUBSTANCE USE TREATMENT. MEDSTAR UNION

MEMORIAL HOSPITAL OFFERS SCREENING, BRIEF INTERVENTION, AND REFERRAL TO

TREATMENT (SBIRT) PROGRAM TO SUPPORT INDIVIDUALS WITH SUBSTANCE USE

DISORDER. AN ENHANCEMENT OF SBIRT INCLUDES THE OPIOID OVERDOSE SURVIVOR

OUTREACH PROGRAM (OSOP). OSOP LINKS COMMUNITY MEMBERS WITH A HISTORY OF

SUBSTANCE ABUSE TREATMENT WITH THE RESOURCES THEY NEED TO PREVENT A

FUTURE OVERDOSE.

MEDSTAR UNION MEMORIAL IS ALSO A FOUNDING AND CURRENT PARTNER OF

SHEPHERD'S CLINIC, A FREE CLINIC FOR UNDERINSURED AND UNINSURED

RESIDENTS OF THE HOSPITAL'S PRIMARY AND CBSA. STAFF ARE PROVIDED TO

SUPPORT CLINIC OPERATIONS, INCLUDING A PROVIDER, WELLNESS DIRECTOR, AND

ADMINISTRATIVE PERSONNEL. PATIENTS ARE SEEN THROUGH MEDICAL PERSONNEL

PROVIDED BY THE HOSPITALS WHILE ALSO ABLE TO TAKE ADVANTAGE OF WELLNESS

PROGRAM OFFERINGS AT JOY WELLNESS CENTER.

MEDSTAR UNION MEMORIAL ALSO ADDRESSES ACCESS TO CARE BY HELPING TO

REDUCE THE FINANCIAL BURDEN FOR PATIENTS AND THEIR FAMILIES. PATIENT

FINANCIAL SERVICES PROVIDES FINANCIAL ASSISTANCE TO UNINSURED PATIENTS

WHO RESIDE WITHIN THE COMMUNITY BY ASSISTING WITH ENROLLMENT IN

PUBLICLY FUNDED ENTITLEMENT PROGRAMS, REFERRING PATIENTS TO STATE OR

FEDERAL INSURANCE EXCHANGE NAVIGATOR RESOURCES AND ASSISTING WITH

CONSIDERATION OF FUNDING THAT MAY BE AVAILABLE FROM OTHER CHARITABLE

ORGANIZATIONS.

Part VI Supplemental Information (Continuation)

THE HOSPITAL SUBSIDIZES HEALTH SERVICES TO ENSURE RESIDENTS HAVE ACCESS TO THE CLINICAL CARE THEY NEED.

SOCIAL DETERMINANTS OF HEALTH

MEDSTAR UNION MEMORIAL HOSPITAL'S OTHER PRIORITY IS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH OF THE COMMUNITY. INITIATED BY THE BALTIMORE POPULATION HEALTH WORKFORCE COLLABORATIVE PROGRAM AND CONTINUED WITH HOSPITAL RESOURCES, COMMUNITY RESIDENTS ARE HIRED AND TRAINED AS COMMUNITY HEALTH ADVOCATES OR PEER RECOVERY COACHES. THESE POSITIONS SERVE TO EMPOWER INDIVIDUALS AND THEIR FAMILIES INTO BETTER ECONOMIC CONDITIONS.

AS PART OF THEIR RESPONSIBILITIES, THE COMMUNITY HEALTH ADVOCATE ROLES CONDUCT SOCIAL NEEDS SCREENINGS. SOCIAL NEEDS SCREENINGS ARE PROVIDED TO SCREEN FOR FOOD AND HOUSING INSECURITY, AND BARRIERS RELATED TO TRANSPORTATION, EMPLOYMENT, AND UTILITIES. IDENTIFIED NEEDS ARE ADDRESSED BY CONNECTING THE PARTICIPANT TO SOCIAL SERVICES AND OTHER RESOURCES IN THE COMMUNITY.

MEDSTAR UNION MEMORIAL HOSPITAL HAS A PARTNERSHIP WITH UBER TO ADDRESS TRANSPORTATION BARRIERS TO ACCESS MEDICAL SERVICES. THROUGH THIS PARTNERSHIP, RIDES ARE PROVIDED TO PATIENTS AND/OR FAMILIES WITH FINANCIAL NEED. THE TRANSPORTATION ASSISTANCE ENABLES PATIENTS TO ATTEND NECESSARY APPOINTMENTS WITH THEIR HEALTH CARE PROVIDERS. FURTHER, MEDSTAR UNION MEMORIAL HOSPITAL ADDRESSES FOOD INSECURITY BY ENROLLING PATIENTS INTO A FOOD PRESCRIPTION DELIVERY PROGRAM THROUGH ITS PARTNER HUNGRY HARVEST. THIS TEMPORARY SOURCE OF FOOD ASSISTANCE

Part VI Supplemental Information (Continuation)

ALLOWS COMMUNITY HEALTH ADVOCATES TO ADDRESS A LONG-TERM STRATEGY FOR
FOOD ACCESS (E.G. MEALS ON WHEELS, ETC.).

AFFILIATED HEALTH CARE SYSTEM

PART VI, LINE 6

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR UNION MEMORIAL HOSPITAL IS
ABLE TO EXPAND ITS CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY
PARTNERING WITH OTHER MEDSTAR HOSPITALS AND ASSOCIATED ENTITIES.
MEDSTAR HEALTH RESOURCES ASSIST THE HOSPITAL IN COMMUNITY HEALTH
PLANNING TO MEET THE NEEDS OF THE UNINSURED AND OTHER VULNERABLE
POPULATIONS. THROUGH ITS COMMUNITY HEALTH FUNCTION, MEDSTAR HEALTH
PROVIDES MEDSTAR UNION MEMORIAL HOSPITAL WITH TECHNICAL SUPPORT TO
ENHANCE COMMUNITY HEALTH PROGRAMMING AND EVALUATION. MEDSTAR'S
CORPORATE PHILANTHROPY DEPARTMENT IDENTIFIES AND SEEKS PUBLIC AND
PRIVATE FUNDING SOURCES TO ENSURE THE AVAILABILITY OF HIGH-QUALITY
HEALTH SERVICES, REGARDLESS OF ABILITY TO PAY.

STATE FILING OF COMMUNITY BENEFIT REPORT

PART VI, LINE 7

THE COMMUNITY BENEFIT REPORT FOR MEDSTAR UNION MEMORIAL HOSPITAL IS
FILED IN THE STATE OF MARYLAND.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **THE UNION MEMORIAL HOSPITAL** Employer identification number **52-0591685**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS DALLAS, TX 75231	13-5613797	501(C)(3)	65,000.	0.			SPONSORSHIP: HEART WALK 2022
BALTIMORE CIVIC FUND 1 N CHARLES ST, STE 1600 BALTIMORE, MD 21201	52-1212473	501(C)(3)	32,837.	0.			HOUSING INVESTMENT FUND
Y IN CENTRAL MARYLAND 303 W CHESAPEAKE AVE BALTIMORE, MD 21204	52-0591699	501(C)(3)	25,000.	0.			HEALTHY LIVING PARTNERSHIP

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	13	39,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

OUR GRANT MONITORING PROCEDURE BRINGS TOGETHER ALL KEY PERSONNEL INVOLVED IN THE GRANT AT THE ONSET OF THE AWARD TO DISCUSS MANAGEMENT, RESPONSIBILITIES, BUDGETS, AND REPORTING. THIS INITIAL MEETING IS DOCUMENTED AND DISBURSED TO ALL INVOLVED.

THE ACTUAL GRANT MONITORING IS DONE BY THE HOSPITAL DEPARTMENT IMPLEMENTING THE GRANT. MEDSTAR CORPORATE'S GRANTS AND PHILANTHROPY DEPARTMENT ENSURES THAT EACH GRANT HAS A COST CENTER AND/OR GRANT

Part IV Supplemental Information

ACCOUNT SET UP BASED ON THE TERMS OF THE GRANT AWARD. MEDSTAR

CORPORATE'S GRANTS AND PHILANTHROPY DEPARTMENT ALSO TRACKS AND REMINDS

HOSPITAL DEPARTMENTS WHEN PROGRESS REPORTS ARE DUE THROUGHOUT THE LIFE

OF THE GRANT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE UNION MEMORIAL HOSPITAL

Employer identification number

52-0591685

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNETH A. SAMET DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	2,106,059.	3,176,567.	79,000.	62,059.	35,882.	5,459,567.	0.
(2) BRADLEY CHAMBERS PRESIDENT/DIRECTOR	(i)	427,823.	387,195.	0.	11,922.	16,578.	843,518.	0.
	(ii)	427,823.	387,195.	0.	11,922.	16,578.	843,518.	0.
(3) DAVID ZACHARY MARTIN, M.D. DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,403,911.	147,063.	0.	8,700.	21,232.	1,580,906.	0.
(4) ZEENA DORAI, M.D. DIRECTOR	(i)	1,206,461.	89,015.	75,000.	8,700.	10,078.	1,389,254.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MESFIN A. LEMMA, M.D. DIRECTOR (UNTIL 3/2023)	(i)	715,168.	190,803.	0.	8,700.	2,103.	916,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SAMER S. NAJJAR, M.D. DIRECTOR (AS OF 3/2023)	(i)	694,323.	0.	0.	8,700.	20,893.	723,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAHSA MOHEBTASH, M.D. DIRECTOR (AS OF 4/2023)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	463,781.	236,310.	0.	8,700.	1,338.	710,129.	0.
(8) DEANA STOUT ASSISTANT TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	359,678.	175,405.	0.	30,422.	21,493.	586,998.	0.
(9) SHAMS T. QUAZI, M.D. DIRECTOR	(i)	212,776.	54,813.	0.	8,700.	20,927.	297,216.	0.
	(ii)	212,776.	54,813.	0.	0.	0.	267,589.	0.
(10) JUNG CHIN RESPIRATORY THERAPIST	(i)	474,692.	0.	0.	34,448.	8,832.	517,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELIAS K. SHAYA, M.D. DIRECTOR	(i)	220,992.	11,250.	0.	9,405.	1,330.	242,977.	0.
	(ii)	220,992.	11,250.	0.	0.	0.	232,242.	0.
(12) GEORGE HENNAWI, M.D. FORMER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	349,844.	34,733.	0.	8,700.	24,625.	417,902.	0.
(13) ESKANDAR YAZAJI, M.D. FORMER DIR., AND VP, MED. AFFAIRS	(i)	186,179.	7,766.	0.	8,700.	21,038.	223,683.	0.
	(ii)	186,179.	7,766.	0.	0.	0.	193,945.	0.
(14) KAREN OWINGS CNO	(i)	282,059.	84,373.	0.	20,220.	16,735.	403,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) BRIAN CAWLEY SENIOR VP, OPERATIONS	(i)	298,861.	70,740.	0.	8,700.	21,145.	399,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) STUART BELL, M.D. FORMER VP, MEDICAL AFFAIRS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	29,688.	272,809.	43,077.	17,184.	19,161.	381,919.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) PAUL SACK, M.D. DIRECTOR (AS OF 7/2022)	(i)	296,854.	23,664.	0.	8,700.	24,611.	353,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ALAN SHIKANI, M.D. PHYSICIAN	(i)	331,431.	0.	0.	13,644.	0.	345,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) PETER KUEHL, M.D. PHYSICIAN	(i)	310,721.	0.	0.	8,700.	1,263.	320,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SOCIAL CLUB DUES

SCHEDULE J, PART I, LINE 1

THE ORGANIZATION PAID BUSINESS CLUB DUES FOR TWO ASSOCIATES IN SENIOR

MANAGEMENT THIS YEAR. PARTICIPATION IN THESE ACTIVITIES WAS FOR

BUSINESS PURPOSES, AND HELPED THE ORGANIZATION FURTHER ITS EXEMPT

PURPOSE.

SCHEDULE J, PART III

DETAILED BELOW ARE SEVERAL ONE-TIME PAYMENTS TO CERTAIN EXECUTIVES

RELATED TO VARIOUS RETIREMENT, RETENTION AND LONG-TERM INCENTIVE PLANS.

THESE PLANS AND PAYMENTS ARE NOT A ROUTINE PART OF THE TYPICAL MEDSTAR

EXECUTIVE COMPENSATION PROGRAM, AND SUPPORTED IMPORTANT OBJECTIVES OF

OUR ORGANIZATION.

MR. SAMET'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)(III)

INCLUDES A CASH LUMP-SUM PAYMENT OF \$79,000, WHICH REPRESENTS THE

ANNUAL PREMIUM FOR A SPLIT DOLLAR LIFE INSURANCE POLICY.

DR. DORAI'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)(III)

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.

INCLUDES \$75,000 REPRESENTING A LONG-TERM RETENTION ARRANGEMENT.

BRADLEY CHAMBERS' COMPENSATION IS FOR SERVICES PROVIDED AS PRESIDENT AT

BOTH MEDSTAR GOOD SAMARITAN HOSPITAL AND MEDSTAR UNION MEMORIAL

HOSPITAL.

DEANA STOUT'S COMPENSATION IS FOR SERVICES PROVIDED AS CFO AT MEDSTAR

HARBOR HOSPITAL, MEDSTAR FRANKLIN SQUARE MEDICAL CENTER, MEDSTAR GOOD

SAMARITAN HOSPITAL AND MEDSTAR UNION MEMORIAL HOSPITAL.

STUART BELL'S COMPENSATION IS FOR SERVICES PROVIDED AS VP MEDICAL

AFFAIRS AT BOTH MEDSTAR GOOD SAMARITAN HOSPITAL AND MEDSTAR UNION

MEMORIAL HOSPITAL.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public
Inspection

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GREATER CHESAPEAKE HAND SP	SEE PART V	155,050.	CALL COVERA		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GREATER CHESAPEAKE HAND SPECIALISTS, P.A.

(D) DESCRIPTION OF TRANSACTION: CALL COVERAGE

BUSINESS TRANSACTION INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV

THE FOLLOWING ARE SUBSTANTIAL CONTRIBUTORS (IN EXCESS OF \$5,000) THAT

ALSO PROVIDED SERVICES TO MEDSTAR UNION MEMORIAL HOSPITAL VALUED IN

EXCESS OF \$100,000: GREATER CHESAPEAKE HAND SPECIALIST, P.A. PER

MEDSTAR'S CONFLICT OF INTEREST POLICY, THESE TRANSACTIONS ARE AT

ARMS-LENGTH FOR FAIR MARKET VALUE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
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 **THE UNION MEMORIAL HOSPITAL** Employer identification number **52-0591685**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	155,899. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B)

THIS COLUMN IS REPORTING THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS RECEIVED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO BE A COMPREHENSIVE HOSPITAL WITH REGIONAL SPECIALTY SERVICES OF
DISTINCTION AND QUALITY COMMUNITY SERVICES, ALL ENHANCED BY CLINICAL
EDUCATION & RESEARCH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR UNION MEMORIAL HOSPITAL'S
(MEDSTAR UNION MEMORIAL) MISSION IS TO BE A REGIONAL HOSPITAL WITH
SPECIALTY SERVICES OF DISTINCTION CONNECTED BY CLINICAL EDUCATION,
INNOVATION, AND AN INTEGRATED APPROACH TO CARE. MEDSTAR UNION MEMORIAL
IS AN ACUTE CARE HOSPITAL LOCATED IN THE NORTH-CENTRAL SECTION OF
BALTIMORE CITY, MARYLAND. IN FISCAL YEAR 2023, MEDSTAR UNION MEMORIAL
HAD 8,792 INPATIENT ADMISSIONS AND 106,669 OUTPATIENT VISITS INCLUDING
44,640 EMERGENCY VISITS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDSTAR UNION MEMORIAL'S LARGEST PROGRAM IS ACCESS TO AND THE PROVISION
OF ACUTE HOSPITAL SERVICES TO THE COMMUNITIES OF NORTHERN BALTIMORE
CITY, MARYLAND AND THE SURROUNDING AREAS. IN ADDITION TO THE PROGRAM
SERVICE EXPENSES LISTED ABOVE, MEDSTAR UNION MEMORIAL INCURRED \$69.2M
OF MANAGEMENT AND GENERAL EXPENSES IN PROVIDING SERVICES TO ITS
COMMUNITIES. MEDSTAR UNION MEMORIAL OPERATES A CARDIAC REGIONAL
TREATMENT CENTER IN PARTNERSHIP WITH MEDSTAR HEART & VASCULAR INSTITUTE
TO SHARE BEST PRACTICES AND IMPROVE CARE FOR HEART PATIENTS. MEDSTAR
UNION MEMORIAL'S CURTIS NATIONAL HAND CENTER IS DESIGNATED AS THE HAND
AND UPPER EXTREMITY TRAUMA CENTER FOR THE STATE OF MARYLAND BY THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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MARYLAND INSTITUTE OF EMERGENCY MEDICAL SYSTEMS - THE ONLY SUCH CENTER
 IN THE U.S. TO EARN THIS DISTINCTION. MEDSTAR UNION MEMORIAL HAS ONE OF
 THE MOST COMPREHENSIVE ORTHOPAEDIC AND SPORTS MEDICINE PROGRAMS IN THE
 REGION. ITS PROGRAM IS JOINT COMMISSION (TJC) CERTIFIED IN HIP AND KNEE
 REPLACEMENT SURGERY AND WAS THE FIRST PROGRAM IN THE REGION TO BE TJC
 CERTIFIED IN SHOULDER REPLACEMENT SURGERY, SPINE SURGERY AND PALLIATIVE
 CARE. MEDSTAR UNION MEMORIAL HAS BEEN RECOGNIZED BY U.S. NEWS & WORLD
 REPORT AS ONE OF THE TOP 50 HOSPITALS IN THE COUNTRY FOR ORTHOPAEDICS.
 MEDSTAR UNION MEMORIAL HAS THE UNIQUE DISTINCTION OF HAVING ITS OWN
 BIOMECHANICS RESEARCH FACILITY AND SURGICAL SKILLS TRAINING LAB. IN
 ADDITION, MEDSTAR UNION MEMORIAL RECEIVED 2023 GET WITH THE GUIDELINES
 - STROKE GOLD PLUS; TARGET STROKE HONOR ROLL; TARGET TYPE 2 DIABETES
 HONOR ROLL FROM THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE
 ASSOCIATION. THE HOSPITAL IS RECOGNIZED BY TJC AS AN ADVANCED PRIMARY
 STROKE CENTER.

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

ORGANIZATION MEMBERS

THE ORGANIZATION IS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC.
 MEDSTAR HEALTH, INC., OR ONE OF ITS AFFILIATES AND SUBSIDIARIES, IS THE
 SOLE MEMBER OF THE ORGANIZATION.

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

DESCRIPTION OF MEMBERS

AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC, THE ORGANIZATION MAY
 RECOMMEND PERSON(S) FOR MEMBERSHIP ON THE ORGANIZATION'S GOVERNING BODY.
 ANY SUCH RECOMMENDATION BY THE ORGANIZATION IS SUBJECT TO APPROVAL BY THE
 GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC. THE

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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BOARD OF MEDSTAR HEALTH, INC. HAS DELEGATED CERTAIN APPROVAL AUTHORITY TO

THE GOVERNANCE COMMITTEE AND THE PRESIDENT & CEO OF MEDSTAR HEALTH, INC.

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

DECISIONS OF GOVERNING BODY

AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., THE BYLAWS OF THE

ORGANIZATION ARE SUBJECT TO CERTAIN RESERVED POWERS, WHICH PROVIDE THAT THE

SOLE MEMBER OF THE ORGANIZATION MUST APPROVE CERTAIN DECISIONS, INCLUDING

BUT NOT LIMITED TO MATTERS CONCERNING THE SALE OR PURCHASE OF REAL OR

PERSONAL PROPERTY, CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND

CORPORATE GOVERNANCE.

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

PROCESS FOR REVIEWING FORM 990

THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND TRANSPARENCY.

SENIOR FINANCIAL EXECUTIVES, WORKING WITH INDEPENDENT OUTSIDE EXPERTS,

THOROUGHLY REVIEWED FORM 990 AND ACCOMPANYING INSTRUCTIONS. IN ADDITION,

SENIOR EXECUTIVES REVIEWED THE RELEVANT SECTIONS OF THE FORM 990 WITH THE

FOLLOWING COMMITTEES OF THE ORGANIZATION'S GOVERNING BODY: FINANCE, AUDIT,

GOVERNANCE, STRATEGIC PLANNING, AND EXECUTIVE COMPENSATION. FOLLOWING THESE

MEETINGS, THE GOVERNING BODY WAS PROVIDED A COPY OF THE FORM 990 IN ITS

FINAL FORM AND GIVEN AN OPPORTUNITY TO PROVIDE ANY INPUT OR COMMENTS

RELATING TO THE FORM 990 PRIOR TO ITS FILING.

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

CONFLICT OF INTEREST POLICY

APPOINTMENT OF BOARDS OF DIRECTORS MEDSTAR HEALTH (AND ITS SUBSIDIARIES)

REQUIRE ALL NOMINATED DIRECTORS, PRIOR TO THEIR APPOINTMENT OR ELECTION, TO

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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DISCLOSE THE EXISTENCE OF (OR POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH
MEDSTAR THAT WOULD RESULT IN A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF
ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD
OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED.

ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGERS ALL
OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT LESS THAN
ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRANSACTIONS OR
RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF INTEREST. SUCH
DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE
MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE
RESOLVED.

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

EXECUTIVE COMPENSATION PROCESS

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR
HEALTH, INC. (THE "COMMITTEE") HAS OVERSIGHT OF THE EXECUTIVE COMPENSATION
PROGRAM (THE "PROGRAM") OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES. TOTAL
COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY EMPLOYEES
OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES ARE REVIEWED AND APPROVED BY THE
COMMITTEE WITH ASSISTANCE AND GUIDANCE FROM AN INDEPENDENT THIRD PARTY
ADVISOR. THE MEMBERS OF THE COMMITTEE ARE INDEPENDENT FROM ALL OF THE
PARTICIPANTS IN THE PROGRAM.

THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET COMPETITIVE TOTAL
COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG
PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED AT THE SYSTEM,
OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TOTAL COMPENSATION

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR

COMPARABLE SIZE (NET REVENUE) AND TYPE ("TAX-EXEMPT HEALTHCARE

ORGANIZATIONS"). WHERE APPROPRIATE, ADDITIONAL INDUSTRY DATA IS CONSIDERED

(GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELECTED POSITIONS THAT

CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE INDUSTRIES (E.G.,

INFORMATION TECHNOLOGY, FINANCE, ETC.).

THE COMMITTEE HAS ENGAGED ERNST & YOUNG LLP ("E&Y") TO SERVE AS AN ADVISOR

ON THE REASONABLENESS AND COMPETITIVENESS OF THE PROGRAM. IN DETERMINING

REASONABLENESS AND COMPETITIVENESS, E&Y REVIEWS MARKET PRACTICES AND

TRENDS, AND MAKES RECOMMENDATIONS RELATED TO THE PROGRAM. E&Y UTILIZES

INFORMATION FROM CUSTOM SURVEYS, NATIONAL COMPENSATION SURVEYS, PROPRIETARY

DATABASES, AND CLIENT EXPERIENCES TO DETERMINE ITS FINAL RECOMMENDATIONS.

E&Y PRESENTS THEIR FINDINGS AND RECOMMENDATIONS TO THE COMMITTEE. THE

COMMITTEE MAKES THE FINAL DECISIONS ON ALL OF THE COMPENSATION

DETERMINATIONS OF THE PROGRAM. ALL DECISIONS MADE BY THE COMMITTEE ARE

CONTEMPORANEOUSLY DOCUMENTED.

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

FINANCIAL STATEMENTS AVAILABILITY

MEDSTAR HEALTH POSTS ITS ANNUAL FINANCIAL AUDIT AND QUARTERLY FINANCIAL

REPORTS TO THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) SYSTEM. THE

ORGANIZATION ALSO E-MAILS ITS ANNUAL AND QUARTERLY DISCLOSURES TO HOLDERS

OF THE COMPANY'S PUBLICLY TRADED DEBT. THE COMPANY'S GOVERNANCE DOCUMENTS

AND CONFLICTS OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST THROUGH ITS

CORPORATE (OR AS APPLICABLE ENTITY) PUBLIC INFORMATION OFFICES.

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

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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PURCHASED PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	5,019,570.
MANAGEMENT AND GENERAL EXPENSES	359,682.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,379,252.

PHYSICIAN SERVICES:

PROGRAM SERVICE EXPENSES	755,327.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	755,327.

LAB SERVICES:

PROGRAM SERVICE EXPENSES	244,480.
MANAGEMENT AND GENERAL EXPENSES	40,261.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	284,741.

MISC PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	152,025.
MANAGEMENT AND GENERAL EXPENSES	262,748.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	414,773.

SUBSIDY EXPENSE - INTERCOMPANY:

PROGRAM SERVICE EXPENSES	53,765,060.
MANAGEMENT AND GENERAL EXPENSES	110,717.
FUNDRAISING EXPENSES	0.

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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TOTAL EXPENSES 53,875,777.

NON-PHYS INTERCO PURCH SRVS:

PROGRAM SERVICE EXPENSES 1,861,817.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,861,817.

MISC FIXED PURCH SRVCS:

PROGRAM SERVICE EXPENSES 254,429.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 254,429.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES 99,012.

MANAGEMENT AND GENERAL EXPENSES 54,503.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 153,515.

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES 3,935,152.

MANAGEMENT AND GENERAL EXPENSES 3,592,922.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 7,528,074.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 70,507,705.

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

Name of the organization THE UNION MEMORIAL HOSPITAL	Employer identification number 52-0591685
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EQUITY TRANSFERS 17,122,632.

FINANCIAL STATEMENTS AND REPORTING

PART XII, LINE 2C

THE UNION MEMORIAL HOSPITAL IS PART OF THE MEDSTAR HEALTH, INC. AUDIT

AND SUBJECT TO OVERSIGHT BY THE AUDIT COMMITTEE OF THE MEDSTAR BOARD.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization <p align="center">THE UNION MEMORIAL HOSPITAL</p>	Employer identification number <p align="center">52-0591685</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MEDSTAR HEALTH ANESTHESIA SERVICES D LLC - 20-5909921, 201 EAST UNIVERSITY PARKWAY, BALTIMORE, MD 21218	HEALTH SVCS	MARYLAND	0.	0.	N/A
BALTIMORE/WASHINGTON PATHOLOGY GROUP LLC - 52-2242146, 201 EAST UNIVERSITY PARKWAY, BALTIMORE, MD 21218	HEALTH SVCS	MARYLAND	0.	0.	N/A
UNION MEMORIAL IMAGING, LLC - 27-2549579 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	HEALTH SVCS	MARYLAND	0.	0.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FRANKLIN SQUARE HOSPITAL CENTER, INC. - 52-0608007, 9000 FRANKLIN SQUARE DRIVE, BALTIMORE, MD 21237	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
HARBOR HOSPITAL, INC. - 52-0491660 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
MEDSTAR HEALTH, INC. - 52-2087445 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
MONTGOMERY GENERAL HOSPITAL - 52-0646893 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
THE GOOD SAMARITAN HOSPITAL OF MARYLAND - 52-0591607, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 21239	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
MEDSTAR HEALTH RESEARCH INSTITUTE - 52-6056274, 108 IRVING STREET NW, WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 4	N/A	X	
THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I - 52-2218584, HOPSITAL ADMIN, 1 MAIN BLDG, WASHINGTON, DC 20007	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
WASHINGTON HOSPITAL CENTER CORPORATION - 52-1272129, 110 IRVING STREET NW, WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
HH MEDSTAR HEALTH, INC. - 52-1542230 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A	X	
MEDSTAR AMBULATORY SERVICES, INC. - 52-1132992, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A	X	
BAY LIFE SERVICES, INC. - 52-1496539 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MENTAL HEALTH	MARYLAND	501(C)(3)	LINE 10	N/A	X	
CHURCH HOME AND HOSPITAL OF THE CITY OF - 52-0591600, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	MEDICAL FUND	MARYLAND	501(C)(3)	LINE 12A, I	N/A	X	
GOOD SAMARITAN NURSING CENTER, INC. - 52-1672866, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 21239	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
GS HOUSING, INC. - 52-1481656 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSING	MARYLAND	501(C)(3)	LINE 10	N/A	X	
GS PROPERTIES, INC. - 52-1429853 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12A, I	N/A	X	
MEDSTAR HEALTH VISITING NURSES ASSOCIATI - 53-0196597, 4061 POWDERMILL ROAD, CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MEDSTAR VNA HEALTHCARE - 52-1458516 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MGH WOMEN'S BOARD - 52-6039600 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A	X	
NATIONAL REHABILITATION HOSPITAL - 52-1369749, 102 IRVING STREET NW, WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
NRH REGIONAL REHAB AT OLNEY, INC. - 52-2310902, 18101 PRINCE PHILIP DRIVE, OLNEY, MD 20832	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 3	N/A	X	
SUBURBAN / NRH MEDICAL REHABILITATION, I - 52-1931151, 102 IRVING STREET NW, WASHINGTON, DC 20010	MEDICAL SVCS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
THE THOMAS O'NEIL CATHOLIC HEALTH CARE F - 52-1104382, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 21239	FOUNDATION	MARYLAND	501(C)(3)	LINE 12D, III-O	N/A	X	
VNA, INC. - 52-1332411 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12A, I	N/A	X	
WOODBOURNE WOODS, INC. - 52-2299070 5601 LOCH RAVEN BLVD. BALTIMORE, MD 21239	ELDER HOUSING	MARYLAND	501(C)(3)	LINE 10	N/A	X	
HOSPICE OF ST. MARY'S, INC. - 52-2153926 PB BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MARYLAND	501(C)(3)	LINE 12A, I	N/A	X	
ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY - 52-0619006, 25500 POINT LOOKOUT ROAD, LEONARDTOWN, MD 20650	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
MEDSTAR SOUTHERN MD HOSPITAL CENTER - 46-0726303, 7503 SURRATTS ROAD, CLINTON, MD 20735	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
MEDSTAR HEALTH INC & AFFILIATES MASTER - 46-7454613, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	RET. TRUST	MARYLAND	501(A)	N/A	N/A	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CHURCH HOME CORPORATION - 23-7374724 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL FUND	MARYLAND	501(C)(3)	PF	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEDSTAR SHAH MSO, LLC - 46-2700536, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	MGMT SVCS	MD	N/A	N/A				X	N/A		X	
22590 SHADY COURT, LLC - 47-3361777, 24035 THREE NOTCH ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
24035 THREE NOTCH ROAD, LLC - 47-3375076, 24035 THREE NOTCH ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
37767 MARKET DRIVE, LLC 37767 MARKET DRIVE CHARLOTTE HALL, MD 20622	REAL ESTATE	MD	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MEDSTAR PHARMACIES, INC. - 52-1513056 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	DRUG SALES	MD	N/A	C CORP					X
EXTENCARE, INC. - 52-1556228 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					X
HELIX RESOURCES MANAGEMENT, INC. - 52-1913070, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	ADMIN SVCS	MD	N/A	C CORP					X
HELIXCARE PROPERTIES, LLC - 52-1966695 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					X
PARKWAY VENTURES, INC. - 52-1893569 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	HOLDING CO.	MD	N/A	C CORP					X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
26840 POINT LOOKOUT ROAD, LLC - 47-3393670, 24035 THREE NOTCH ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
MONTGOMERY COMMUNITY MRI LP - 52-1534253, 4110 ASPEN HILL ROAD, ROCKVILLE, MD 20853	MRI SCREENING	MD	N/A	N/A				X	N/A		X	
PHYSIOTHERAPY ASSOCIATES NRH REHAB, LLC - 52-2212036, 4714 GETTYSBURG ROAD, MECHANICSBURG, PA 17055	PHYSIOTHERAPY	PA	N/A	N/A				X	N/A		X	
PHYSICIAN IMAGING OF WASHINGTON - 56-2616090, 840 CRESCENT CENTRE DR, FRANKLIN, TN 37067	RADIOLOGY SVC	TN	N/A	N/A				X	N/A		X	
FRANKLIN IMAGING, LLC - 52-1588688, 7253 AMBASSADOR RD., BALTIMORE, MD 21244	IMAGING	MD	N/A	N/A				X	N/A		X	
10 ST. PATRICK'S DRIVE, LLC - 83-2261766, 10 ST. PATRICK'S DRIVE, WALDORF, MD 20603	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
MEDSTAR ENDOSCOPY CTR AT LUTHERVILLE, LLC - 82-3193901, 1300 BELLONA AVE, LUTHERVILLE, MD 21093	SURGERY	MD	N/A	N/A				X	N/A		X	
CAPITAL ENDOSCOPY, LLC - 13-4244093, 6475 NEW HAMPSHIRE AVE, HYATTSVILLE, MD 20783	SURGERY	MD	N/A	N/A				X	N/A		X	
4240 ALTAMONT PLACE, LLC - 86-1202310, 103 CENTENNIAL STREET, SUITE K, LA PLATA, MD 20646	REAL ESTATE	MD	N/A	N/A				X	N/A		X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEDSTAR ENDOSCOPY CENTER-SILVER SPRING, LLC - 87-2341245, 12002 VEIRS MILL ROAD, SILVER SPRING, MD	SURGERY	MD	N/A	N/A				X	N/A		X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PHYSICIANS ADMINISTRATIVE SERVICES, INC. - 23-7042074, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	BILLING SVCS	MD	N/A	C CORP					X
MEDSTAR FAMILY CHOICE, INC. - 52-1995521 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MANAGED CARE	MD	N/A	C CORP					X
MEDSTAR ENTERPRISES, INC. - 52-2139841 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SERVICE	MD	N/A	C CORP					X
SITEL, INC. - 90-0753340 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	EDUCATIONAL	MD	N/A	C CORP					X
STAR BILLING, INC. - 52-1850113 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	BILLING SVCS	MD	N/A	C CORP					X
WASHINGTON RISK NETWORK MANAGEMENT, INC. - 52-2132677, 4061 POWDERMILL ROAD, SUITE 210, CALVERTON, MD 20705	MEDICAL SVCS	MD	N/A	C CORP					X
WASHINGTON HOSPITAL CENTER PHYSICIAN HOS - 52-1931000, 100 IRVING STREET NW, WASHINGTON, DC 20010	MEDICAL SVCS	DC	N/A	C CORP					X
MEDSTAR PHYSICIAN PARTNERS, INC. - 52-2030809, 4061 POWDERMILL ROAD, SUITE 210, CALVERTON, MD 20705	MEDICAL SVCS	MD	N/A	C CORP					X
FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA - 76-0756352, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	CONDOMINIUMS	MD	N/A	C CORP					X
MGH DIVERSIFIED SERVICES, INC. - 52-1943602 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	N/A	C CORP					X
ST. MARY'S HEALTH ALLIANCE, INC. - 52-1930331, 25500 POINT LOOKOUT ROAD, LEONARDTOWN, MD 20650	MEDICAL SVCS	MD	N/A	C CORP					X
GREENSPRING FINANCIAL INSURANCE LIMITED - 98-0188617, 878 WEST BAY RD., PO BOX 1159, GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	N/A	C CORP					X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ST MARY'S CONDO ASSOCIATION - 27-3377216 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20650	CONDOMINIUMS	MD	N/A	C CORP					X
MEDSTAR HEALTH MASTER RETIREMENT TRUST I - 98-1371657, 103 SOUTH CHURCH ST., GRAND CAYMAN, CAYMAN ISLANDS KY1-1002	INVESTMENTS	CAYMAN ISLANDS	N/A	C CORP					X
MEDSTAR HEALTH, INC. - INVESTMENT FUND I - 98-1310273, 103 SOUTH CHURCH ST., GRAND CAYMAN, CAYMAN ISLANDS KY1-1002	INVESTMENTS	CAYMAN ISLANDS	N/A	C CORP					X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MEDSTAR ENDOSCOPY CENTER-SILVER SPRING, LLC

EIN: 87-2341245

12002 VEIRS MILL ROAD

SILVER SPRING, MD 20906